



Faculty of Health, Social Care & Education

**Evaluation of the Mid Essex Recovery College
October – December 2013**

North Essex Research Network

with

South Essex Service User Research Group

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The North Essex Research Network

Introduction

Recovery from mental health difficulties involves a process of making sense of what has happened, becoming an expert in self-care, building a new sense of purpose, discovering your own resourcefulness, and using resources in order to pursue goals (Perkins, Repper, Rinaldi, & Brown, 2012). Indeed, evidence demonstrates the effectiveness of supported self-management education in health conditions (e.g. Cook et al., 2011; Foster et al., 2007). Recovery Colleges aim to assist people in the journey to recovery through education, bringing together both professional and lived experience of mental health challenges in a non-stigmatising college environment.

Recovery Colleges have eight defining features (Repper et al., 2012):

- Co-production between people with personal and professional experience of mental health problems
- A physical base with classrooms and a library
- They operate on college principles
- All courses and resources are free of charge and open to those with personal experience of mental health challenges, carers, and staff from mental health services
- Personal tuition is provided
- They are not a substitute for traditional assessment and treatment
- They are not a substitute for mainstream colleges
- They reflect recovery principles in all aspects of its culture and operation.

All of the courses provided are intended to contribute towards wellbeing and recovery. They are designed to put people back in control of their lives, increase their confidence and skills, and provide support for accessing further opportunities.

Recovery Colleges have been successfully developed in the UK, for example in South West London in 2009 (www.swlstg-tr.nhs.uk), and Nottingham in 2011 (www.nottinghamshirehealthcare.nhs.uk). Recovery Colleges are still in their infancy in the UK and the evaluative evidence is limited. However, a pilot study revealed that as a result of attending recovery courses in South West London 68% of students felt more hopeful for the future, 81% had developed their own plan for managing their problems, and 70% had become mainstream students, gained employment or become a volunteer. Furthermore those who attended more than 70% of their scheduled sessions showed a significant reduction in the use of community mental health services (Rinaldi, Wybourn & Clenahan, *in press* in Repper et al. 2012). In view of these promising results, a decision was taken by mental health commissioners at the NHS Greater Eastern Commissioning

Support Unit to pilot a Recovery College in Mid Essex for one year, beginning in the autumn of 2013. Since this was a pilot project, evaluation was important to inform future planning and it was agreed that this should focus on the first term in order to provide early feedback. The North Essex Research Network (NERN) was asked to develop an evaluation proposal, with support from the longer-established South Essex Service User Research Group (SE-SURG). NERN and SE-SURG are hosted by Anglia Ruskin University and were set up to provide research and evaluation informed by service user perspectives. Members of both groups are all themselves current or former mental health service users.

The following sections of this report describe the methods used for the evaluation and the results obtained. The implications of the results are then discussed and suggestions put forward for the further development of the Recovery College.

Evaluation methods

In order to provide a rounded picture of experiences of the Recovery College the evaluation used a combination of quantitative and qualitative methods.

Quantitative methods

For the quantitative strand of the evaluation, Recovery College students were asked to complete measures of social inclusion and mental wellbeing at the beginning of their college attendance (baseline) and again three months later (follow-up). At baseline, students were also asked to provide demographic information (gender, age group and ethnicity). At follow-up they were asked whether they would recommend the Recovery College to a friend (Yes, No, or Maybe) and to rate the extent to which they had benefitted from attending the college in relation to enjoyment, skills development, confidence, motivation, feeling positive and relationships with other people (A lot, A little, Not much, Not at all). Space was provided at the end of the follow-up survey for respondents to describe any other ways in which they had benefitted from attending the college.

In line with data protection requirements, the baseline and follow-up surveys were distributed by the Recovery College on behalf of NERN. An information sheet provided by NERN was enclosed with the baseline survey to ensure that students understood why the evaluation was being carried out and what it would involve for them.

The measure of mental wellbeing was the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS: Tennant et al., 2007). This measures

positive affect, psychological functioning and interpersonal relationships. It is an ordinal scale consisting of 14 positively phrased statements rated on Likert scales: 'None of the time', 'Rarely', 'Some of the time', 'Often' and 'All of the time'. The overall score is the sum of each item with a higher score reflecting higher mental wellbeing. This scale has demonstrated high internal consistency, construct validity, discriminant validity, and test-retest reliability (e.g. Bartram et al., 2011; Clarke et al., 2011; Tennant et al., 2007).

The measure of social inclusion was the Social Inclusion Scale (SIS) developed by Secker et al. (2009). The original version of this scale consisted of 22 items and three subscales: social isolation, social relations and social acceptance. This measure has demonstrated good internal consistency and concurrent validity (Secker et al., 2009). The shortened 12-item version used in the present evaluation has also demonstrated good internal consistency and has been found to be responsive to change over time brought about by a specific intervention designed to promote social inclusion (Margrove et al., 2013). The scale consists of statements in which participants choose the option on a Likert scale ('Not at all', 'Not particularly', 'Yes a bit' and 'Yes definitely') that best describes their relationships with other people over the last month. The overall score is the sum of each item; the score of each subscale is the sum of each item in that subscale.

SPSS version 20 for Windows was used to carry out the data analysis. In order to decide which statistical tests would be most appropriate for the data, normality testing was carried out. Where the data appeared to be normally distributed according to histograms, box plots, and skewness and kurtosis z-scores ($<+/-1.96$), parametric tests were employed. Where data did not appear to be normally distributed non-parametric tests were carried out. Paired t-tests were used to assess if there were any significant differences between baseline and follow-up scores on the WEMWBS and the SIS. Spearman's rho correlations were also carried out between participants' ratings of the Recovery College's impact on wellbeing and social inclusion and improvements in scores.

Qualitative methods

For the qualitative evaluation strand, three focus groups were planned in the three localities in which courses had run (Chelmsford, Witham and Maldon). An invitation from NERN was sent by the Recovery College to everyone who had attended a course in the three localities, with the proviso that if more than eight people wished to attend in a locality a representative sample of students in that locality would be selected to take part. In the event, however, selection was unnecessary, and in Maldon only one student was able to attend the planned focus group. In that locality an individual interview was therefore carried out instead.

A topic guide was developed to facilitate exploration of participants' experience of attending courses in terms of enjoyment, social support, increased skills, making future plans, confidence, motivation and wellbeing. An opportunity was also provided for any other feedback or suggestions for improvement participants wished to add. Training, including role-play of the topic guide, was provided for members of NERN and SE-SURG and the topic guide was finalised in light of their experience of the role-play.

The focus groups and interview were facilitated by one service user researcher while another took notes. With participants' permission, the discussions were also audio-recorded to augment and provide a back-up for the notes. The discussions lasted between one hour and 90 minutes and participants were offered a gift of £15 to thank them for their time and cover any out of pocket expenses.

Notes were written up as soon as possible, omitting any information that could identify participants, and checked against the audio-recordings. The data for each locality were then analysed and compared across localities to identify key themes using the approach described by Braun and Clarke (2006).

Quantitative results

Participants

Of 47 students who completed baseline questionnaires, 17 (36%) completed the follow-up version. These students comprised three males (17.6%) and 14 females (82.4%). The majority of students who completed both questionnaires were aged 50-65+ ($n=8$; 47.1%), with two students aged 20-29 (11.8%), three aged 30-39 (17.6%) and four aged 40-49 (23.5%). All 17 participants were White British.

Mental wellbeing

WEMWBS scores at baseline and follow-up were normally distributed, and a paired t-test revealed that participants had significantly higher wellbeing scores at follow-up than at baseline: $t=2.87$, $df=16$, $p=.01$ (see Table 1). Individual item mean scores were non-normally distributed, therefore Wilcoxon tests were used to assess if there were significant changes in each item from baseline to follow-up. Scores increased for each item, and responses on four of the items significantly increased at follow-up (see Table 2).

Table 1: Baseline and follow-up total wellbeing scores.

Wellbeing baseline M (SD)	Wellbeing follow-up M (SD)	<i>t</i>	<i>p</i>	Wellbeing change (Time 2– Time 1) M (SD)
21.00 (10.82)	26.53 (11.51)	2.87	.01*	+5.53 (7.95)

* $p < .05$

Table 2: Baseline and follow-up scores for individual items on the WEMWBS.

Question	Mean baseline score (SD)	Mean follow-up score (SD)	<i>z</i>	<i>p</i>
1. I've been feeling optimistic about the future	1.47 (1.23)	2.06 (1.03)	2.23	.026*
2. I've been feeling useful	1.25 (1.06)	1.94 (.97)	2.65	.008*
3. I've been feeling relaxed	1.35 (.70)	2.00 (.87)	2.81	.005*
4. I've been feeling interested in other people	1.88 (.60)	2.35 (1.00)	1.89	.059
5. I've had energy to spare	1.13 (.81)	1.69 (1.01)	1.98	.048*
6. I've been dealing with problems well	1.47 (.94)	1.82 (1.07)	1.61	.107
7. I've been thinking clearly	1.56 (.96)	1.88 (1.03)	1.67	.096
8. I've been feeling good about myself	1.19 (1.04)	1.69 (1.08)	1.90	.057
9. I've been feeling close to other people	1.59 (.94)	1.87 (.92)	1.39	.166
10. I've been feeling confident	1.29 (1.05)	1.69 (1.01)	1.23	.218
11. I've been able to make up my own mind about things	1.88 (1.12)	2.13 (.89)	1.13	.257
12. I've been feeling loved	1.56 (1.09)	1.94 (1.25)	.91	.361
13. I've been interested in new things	2.06 (1.03)	1.94 (1.09)	.372	.710
14. I've been feeling cheerful	1.94 (.97)	1.82 (1.07)	1.26	.207

* $p < .05$

Males ($M=+5.67$; $SD=4.73$) and females ($M=+5.50$; $SD=8.63$) displayed similar increases in wellbeing scores. As there were only three males who completed both questionnaires, statistical comparison between males and females was not possible. It was also not possible to carry out statistical analysis with age group due to small numbers in each category. Descriptive data show that those aged 30-39 increased in wellbeing the most (see Table 3).

Table 3: Wellbeing change according to age

Age group	<i>n</i>	Mean wellbeing change (SD)
20-29	2	-3.00 (5.66)
30-39	3	+13.00 (9.00)
40-49	4	+4.50 (3.11)
50-65+	8	+5.38 (8.21)

Social inclusion

Mean SIS scores at baseline and follow-up were normally distributed; therefore, a paired t-test was carried out. Scores increased from baseline to follow-up, however this was non-significant: $t=1.72$, $df=16$, $p=.105$. Scores on each of the three subscales were normally distributed. Despite an increase in scores from baseline to follow-up on each subscale, these increases were also non-significant (see Table 4).

Table 4: Baseline and follow-up scores on each subscale of the SIS.

SIS Subscale	Mean baseline score (SD)	Mean follow-up score (SD)	<i>t</i>	<i>p</i>
Social Isolation	5.94 (2.49)	6.88 (2.89)	1.84	.084
Social Acceptance	8.47 (3.00)	9.35 (3.04)	1.61	.127
Social Relations	5.65 (3.22)	7.12 (3.52)	1.42	.175
SIS Total	17.24 (6.51)	19.94 (6.96)	1.72	.105

* $p<.05$

Males ($M=+3.00$; $SD=3.46$) and females ($M=+2.64$; $SD=7.08$) displayed similar increases in social inclusion scores. Similar changes in scores were also noted across age groups (see Table 5).

Table 5: Social inclusion change according to age

Age group	<i>n</i>	Mean SIS change (SD)
20-29	2	+3.50 (12.02)
30-39	3	+4.33 (4.16)
40-49	4	+2.25 (1.71)
50-65+	8	+2.13 (8.24)

Attributing improvements to the Recovery College

Responses to the two questions at follow-up designed to assess whether improvements in scores could be attributed to the Recovery College were not normally distributed; therefore, Spearman's rho correlations were carried out between change in scores and attribution question responses. Change in wellbeing from baseline to follow-up approached a significant correlation with responses to the question 'Do you feel more positive about things?' (see Table 6). The correlation between

change in social inclusion scores and responses to 'Have your relationships with other people improved?' was in a positive direction, but was also non-significant (see Table 6).

Table 6: Correlations between attribution question responses and change in questionnaire scores

Measures correlated	<i>n</i>	<i>r_s</i>	<i>p</i>
'Do you feel more positive about things?' and change in wellbeing	16	.475	.063
'Have your relationships with other people improved?' and change in social inclusion	16	.277	.282

**p*<.05

Follow-up Recovery College evaluation questions

Table 7 shows responses to the questions included in the follow-up survey asking participants to rate their enjoyment of the Recovery College, and whether they had gained from attending. Notably, 93.3% of responding participants said that they enjoyed their course/s either 'a little' or 'a lot'; 87.5% said that they felt more positive about things as a result of attending the Recovery College; and 70.6% said that their relationships with other people had improved as a result of attending. When asked whether they would recommend the Recovery College to a friend, 82.4% of responding students (*n*=17) said 'Yes' and 17.6% said 'Maybe'.

Table 7: Responses to the questions about the Recovery College

Question	<i>n</i>	Not at all (0) Frequency (%)	No not much (1) Frequency (%)	Yes a little (2) Frequency (%)	Yes a lot (3) Frequency (%)
Have you enjoyed your course/s?	15	-	1 (6.7%)	3 (20%)	11 (73.3%)
Have your skills developed?	16	1 (6.3%)	5 (31.3%)	5 (31.3%)	5 (31.3%)
Has your confidence increased?	17	2 (11.8%)	5 (29.4%)	7 (41.2%)	3 (17.6%)
Has your motivation increased?	17	1 (5.9%)	5 (29.4%)	4 (23.5%)	7 (41.2%)
Do you feel more positive?	16	1 (6.3%)	1 (6.3%)	10 (62.5%)	4 (25%)
Have your relationships with other people improved?	17	1 (5.9%)	4 (23.5%)	8 (47.1%)	4 (23.5%)

*The most frequent response is in **bold**.

Students' additional comments

Eleven students added comments about ways in which they had benefitted from attending the Recovery College. The most frequent (five comments) re-emphasised the importance of the support provided, particularly from peers. For example:

Working with like-minded people & not being judged in anyway.
(Female student)

Chance to hear other people's experiences and approach to dealing with problems. (Male student)

Two comments related to improvements in mental health and/or decreased isolation:

I've gained skills, confidence and met people who are dealing with the same problems which eases the feeling of isolation. (Female student)

I have gained a greater understanding of my condition and this has helped me put things in perspective and encouraged me to be kinder to myself. (Female student)

A further two students commented on the complementary relationship between their Recovery College course and other services they received, while two others highlighted a renewed interest in learning:

I feel the course complemented my other therapies very well (e.g. one to one counselling). Was good to talk in a group setting. (Male student)

Going to classes at the Hub made me realise I was still very interested in a) depression etc., b) learning again! (Female student)

Qualitative results

Information about the participants who took part in discussions is provided here first. Their views are then presented under headings relating to:

- Their reasons for attending the Recovery College
- Perceived benefits of attending
- Future plans
- Helpful aspects of the Recovery College
- Less helpful aspects

- Support from the Recovery College
- Suggestions for developing the College
- Further comments.

When extracts from the data are presented to illustrate key themes, three dots (...) indicates that material less relevant to that theme has been omitted. A forward slash (/) indicates a change of speaker. Because only one student took part in Maldon her views have been incorporated with those of the Chelmsford focus group in order to maintain anonymity.

Participants

A total of ten people, six women and four men, took part in the discussions. Three of the women were in the younger age groups while the other seven participants were in their middle years. All ten participants were from White ethnic backgrounds and all were current or former service users. Two of the men explained that they also had carer roles.

Five participants had heard about the Recovery College from a mental health worker at the North Essex Partnership Foundation Trust (NEPFT), two had learnt about it while attending a voluntary sector organisation and another two had found out from their NEPFT employment advisor. One of the women explained that someone she knew had heard about it from a community psychiatric nurse (CPN) and had then shown her the prospectus, while another had been told about it by a support coordinator.

The number of sessions attended by participants during the autumn term ranged from 1 to 12, with an average of 5 sessions attended by Witham participants and an average of 5.6 at Chelmsford and Maldon.

Reasons for attending

One of the most common reasons given for deciding to attend the Recovery College was the sense of security from knowing that all the students would be service users:

One of the reasons was the people who were going to be coming were going to be service users... I knew people around would be trying to aim at the same sort of thing as me... I thought everyone would be like-minded / The feeling I got from reading the information was that everyone was in the same boat in some way... not like other courses. No need to have quiet word with the tutor about specific problems, you could discuss them in the group / I knew I was going into a safe environment. Although everyone was not there for exactly the same reason...we were all on the

same page. When people ask how are you?, you just say fine, but here I felt I could say what I felt. I could say, actually today isn't a great day for me, and they would say that's fine, I know how that feels. (*General agreement from group*) (Female and male participants, Chelmsford)

The sense of purpose and motivation provided by having a reason to leave the house was also a common reason for attending amongst the female participants, four of whom explained that they had difficulty leaving the house:

A big part was it gave me a purpose to get up, get sorted and leave the house... In a way I was forced to go out, socialise with people / I was very anxious about going out and decided I would go even though it was challenging. That's why I did it and I'm glad I did. (Female participants, Chelmsford & Maldon)

I wanted to use it as a way of getting out of the house and meet other people. I've been diagnosed with agoraphobia so I don't really get out that much and talk to people. If I come here, I can say there's a reason for me coming here and not just aimlessly just wandering about and I might learn something at the same time / I didn't go out, my daughter made me come out. We threaten one another if we don't go through with it. She threatened me today to come out... I didn't want to come, I didn't want to come. (Female participants, Witham)

Equally, the impression that the approach would be more positive than at other services was important for several participants:

I have found the NHS clinical model very harmful... I wanted something different. For a day I felt NOT totally unimportant, I was not put in a pigeonhole. Not a clinical object. So that was a relief / I liked the idea that it was Recovery. It sounded positive. I have been under mental health services for a while and didn't feel I was making any progress, going round in circles and never getting anywhere, I thought that's what I need. It was a different approach... It's going from always being told what you can't do because of your illness to being positive. I was in a different situation for years I had been told I can't work, you can't do this you can't do that. Perhaps this will tell me what I can do. / Yes, I liked the prospectus, the colours, pictures, words, it's positive. You look at it and smile. (Male and female participants, Chelmsford)

For one participant, knowing that tutors by experience would be involved was a further motivation to attend. For another the college was seen as an opportunity to move towards employment, and for a third the focus on recovery itself was key:

When I lost my job my partner walked out on me, so I had a complete 'meltdown' of my life. So, for me it was part of my recovery programme, to start building my confidence, understanding anxiety, depression and all those sorts of things. Trying to get myself back on track with a recovery plan. (Male participant, Witham)

Later in the discussions some participants did mention feeling somewhat coerced to attend due to the withdrawal of other services:

I had a bad experience, I was discharged by the CMHT [community mental health team] and pointed to the Recovery College. I was dependent on them, then I was discharged and told to go to the Recovery College. It was too much, too abrupt, it's different, you are supporting yourself... It was a big shock to me... And when I went to enrol I could only get on two half-day courses, the rest were booked so I had to wait until this term. (Female participant, Chelmsford)

I come to them because [NEPFT service] just dropped me... They said to me do the course and as soon as I done the course I got a letter... I got told to do the course, I was pushed into it / They dropped me too / Me too, that's why I found it really disappointing about the service there / They did the same to me – she said to me they had so many people they are trying to put through the system we can't handle the number so we are doing the minimal amount of time with each person and getting rid of them. (Female and male participants, Witham)

However, despite the sense of grievance that emerged from this aspect of the discussions, two of the participants concerned did go on to reflect more positively on the role of the Recovery College in relation to other services:

For a lot of people they are not getting the service. The Recovery Hub seems to me a great vehicle to bringing a lot of that together and making it work / I'd rather come here, I feel myself quite lucky... I did feel I'd been passed person to person like a game of pass the parcel but I know it's all settled down and this has been running through all of it and has kept me stable – I think this is a good thing. (Male and female participants, Witham)

Perceived benefits of attending

In keeping with the aims of the Recovery College, the most commonly mentioned benefits of attending did revolve around aspects of recovery, including improved confidence and self-worth:

I felt I was treated as a human being, it gave me relief, a sense of self-worth for a day. Going into college, a lecture room... made me feel better / It's going from doing nothing... this gives you confidence, self-confidence to help you get out there / It did give me a bit of confidence, each week I felt a little bit better and looked forward to coming, it wasn't so much of a challenge, it got easier each week. Walking up on my own, before I needed someone to walk with me. / It has helped with my confidence. (Male and female participants, Chelmsford & Maldon)

Ways of coping with challenges was a further key theme of significance for recovery:

I get up in the morning and put on my make-up to get here and do my hair / It has certainly made me feel more worth-while, I had a problem with that. Staying at home all the time when every other 'worthy' person is out doing something. It gave me a bit more self-worth to say that's what I did, I did that... It definitely has changed my life, it brought me out to meet people. (Female participants, Witham)

They have helped me cope with my illness more. I think I understand my illness better than I did. The anxiety I understand a bit better, and I can control that a bit better. I don't get so many panic attacks. They have given me the techniques that I need to deal with that / You are gaining coping mechanisms, learning about things you are going to have to face in the future. (Female participants, Chelmsford & Maldon)

The exercises they showed you, the breathing. If I get panicky, I don't go out that often, if I do go out and get panicky I can do the breathing exercises and no-one knows I'm doing them. I do get out a little bit more than I used to but most of the time I go out with my daughter. I don't go shopping on my own / I learned that I need to have a structure to the week. Having to be somewhere and do some homework gave me a structure. I realised I need that, it's one of things I needed, so now I try to get structure, it acts like a scaffolding. (Female and male participants, Witham)

At both Chelmsford and Maldon more positive thinking was also important:

I was restricted, I knew what I wanted to do but was restricted in asking for it, learning through the course opened up doors. It even opened doors in my own mind, if you know what I mean / I think I have been more motivated by the idea of the Recovery College being put in my head. I need to do something myself not just rely on services / It put a light at the end of the tunnel, it's given me a

bit of hope / If I can do this then perhaps I can do something else / It benefitted me in that I saw a light at the end of the tunnel for the first time in nearly a year. (Female and male participants, Chelmsford & Maldon)

In addition, several participants highlighted social gains of importance for recovery, including reduced isolation and feeling more able to engage in everyday life:

It got me out of the house again, and not to be so frightened about going around a supermarket. In a way it has given me a reason to live, I was very low before I came here... I shut everybody out, my friends I have turned away from, everything... Coming here gives me a renewed strength of character and I could see them again and let them in again... Now I can hold a conversation with everybody, it's getting me to shut up is the problem / I'm less intimidated by others and more able to handle not feeling unique or bizarre. (Female and male participants, Chelmsford & Maldon)

It encouraged me to engage with people and as [a fellow participant] said it's that ability to interact with people and have a conversation, because it creates an environment for conversation. You walk into a gym or you walk into a bar or restaurant and people might say hello to you and it's only surface level, there's no real discussion. When you are talking about things that are deeper and more meaningful that means so much to people that are not well to feel valued. People ask you how you are and how you feel and want to share their experience as well... It's very difficult in society these days to make social connections, everyone has a mobile phone, everyone has got a car maybe and everything is done electronically, by emails. And people don't meet up socially not like they used to, unless you're a teenager. For most mature adults there aren't the same common issues unless you do an Adult Learning Course. I would certainly say that the Recovery Hub has done a fantastic job in that sense. (Male participant, Witham)

Six participants also mentioned specific achievements that they attributed to attending the Recovery College. Four reported that they had already started courses offered by mainstream education providers, while for three others traveling alone to an unknown venue, re-joining a meditation group and taking regular exercise were significant achievements. In addition, two participants thought the Recovery College was contributing to public education as well as supporting individual gains:

There were a lot of different people, one of the first courses I did was Understanding Personality Disorder and there were a couple

of blokes there who had no mental health problems at all. No-one they knew had mental health problems they were just curious. They were curious to know what was going on, they wanted to educate themselves which I thought was really good. It was also good they were allowed in. I thought they might be turned away as there was 'nothing wrong with you' / There was a gentleman on one I went to last week he was just interested academically what it was all about. I think the more people who are publically aware of certain issues the better it is. (Female and male participants, Witham)

Future plans

When asked whether they had plans to try other courses, five participants indicated that they were planning to do further courses at the Recovery College. Three of the five were also planning to take courses at their local adult community learning college or other colleges, and a fourth participant thought she might do so:

Maybe a short course in something not related to mental health. The courses here went really well but they were only short so maybe my concentration is back and I could do a short course. I wouldn't have known that unless I came here and experienced it. I liked the experience of being in a classroom again, learning, writing things down. (Female participant, Witham)

In addition to their current and planned courses, the two male participants at Witham aspired to become tutors by experience with the Recovery College and had already taken steps towards achieving this.

Helpful aspects of the Recovery College

In the course of the discussions about ways in which they had benefitted from attending the Recovery College, several participants indicated that the material presented was less helpful than the support of their peers, a point on which these three participants in particular placed great emphasis:

I always find when I go to the class I feel better when I come out, but it doesn't always help me in the way I think it would. It's more like the banter and talk between the people during the course that helps me more than what the leader of the course is telling us what to do. I feel more heard than when I am talking to my therapist and hearing other people's experience of it / I would echo all that... I think there is something quite cathartic about being in a group with other people going through similar challenges, not always the same but similar challenges in their lives, and the sense of belonging to a community. Everyone in the groups I have

experienced roots for each other... As [the previous speaker] said, my experience is perfectly the same in that I didn't get out of each course what I expected from the course... Everybody in the group was really supportive and to me that was worth more than the course itself / Yes, it's always reassuring to know the things you are going through for yourself. Once you know other people are in a similar situation that you have been in you don't feel isolated. (Female and male participants, Witham)

However, in response to direct questions about helpful aspects of the courses they attended most participants, including the three quoted above, did identify course content they had found helpful:

I liked the exercise where we wrote down things about ourselves that was good and things we could change. It was just nice to talk about me rather than talking about what's wrong with me. Somebody told me, don't be defined by what's wrong with you, don't let your mental health issues become the main thing about you. It's just something you are suffering from, it's not you / I think it was little nuggets here and there. There were some interesting little exercises. There was one with circles on the confidence course where you had to place people that you knew on different bands of circles with you in the centre, and it was about who was most important to you and who did you treat as not so important. It makes you reflect on how you see the world and how you value people. How you look at priorities, it's a thought provoking exercise. It's not the sort of thing you would do at home. It made you think about things slightly differently. These kind of things were little gems / I did the Bi-polar course and I thought it was good how they talked about the history of it. They talked about how they called people lunatics and how it all evolved. It was interesting how they started diagnosing stuff. It's nice to know where things have come from rather than it just happened. Being unwell mentally, you can be unwell mentally and physically there's no wrong in either. It's not like you're guilty of anything. (Female and male participants, Witham)

Even though I had been to university I still learnt something... It made me remember why I wanted to go to university in the first place... Coming here gave me a taste of that again – I want to do more / The employment course helped answer a lot of questions I had about things... Each week I learned new stuff. Each week it seemed a bit much but at the end I realised how much I knew. (Female participants, Chelmsford & Maldon)

At Chelmsford and Maldon the tutors were singled out as helpful, and particularly the tutors by experience:

Generally pleasant and helpful... All the people were very likeable / It wasn't like school, tutors spoke to you on a one to one level, as if you were the same as them, they weren't above you... The last course was well-constructed as there was a lot to get through... I liked the informality of them all but on the last one, the way it was pulled back if someone had been talking a long time, me included, in a nice way as opposed to being allowed to ramble on / The first course I liked that we had different tutors each week... their stories too... On the second course, the tutors by experience, you could tell they were learning too. They were becoming more confident as we were / Positives are tutors by experience in there. On the employment course having different tutors broadened it, it was not too closed in / It was good to have the professional and the expert by experience (Male and female participants, Chelmsford & Maldon)

For three of these participants, the role model provided by the tutors by experience was especially inspiring:

One of the tutors by experience also works at the Recovery Hub. Being able to see that she has been through the mill and now she is a tutor and working at the hub, productive, worthwhile, benefitting others... / It gives hope, you can compare notes, she is doing this now / If she has managed to live with it and still make a valuable contribution, I might not be able to do that now, but I might in the future / Each course had a tutor and also another person who had been in the past a service user themselves. That really impressed me an awful lot and that's what has impressed me to go further with it (Female participants, Chelmsford & Maldon)

Less helpful aspects

In contrast with the earlier comment from Chelmsford and Maldon about a particularly well-constructed course, there was general agreement at Witham that some sessions had been too rushed:

I know this for a fact, I went on the depression one, and literally it went on all day long and it was too long. It was so ironic, it just dragged and dragged and dragged. The tutor was giving out leaflets and leaflets and pamphlets and stacks of paper I felt like an office worker... I just ended up crying and skipping lunch and stuff, it was just dreadful. I went in feeling fairly vulnerable, but mostly ok. But at the end of it I was like, just stop, I'm just out of here / She was trying to do a 6 week course in one day / It was a 6 week course in day. I was sitting at the back thinking, please go, please go... I wouldn't have gone, it was quite intense you couldn't keep up what they were saying / You want to spend time

reflecting on it and taking it in. (Female and male participants, Witham)

The amount of information presented at sessions was also an issue at Chelmsford, where participants thought extending some single sessions to a short course and spreading some courses over more weeks with shorter sessions each week would have been more helpful:

At first it was a bit much, a bit lengthy for me, it was hard to concentrate all day... Make the length of the course longer, the topics covered were all fine, going one day a week is fine / In terms of courses I am used to doing half a day so it was not a problem for me. I do think some of the courses could really do with an extra day and with reduced hours each day, three or four hours and add a day on... (Female and male participants, Chelmsford)

In addition to the rushed delivery described by the Witham participants, other reasons put forward for sessions feeling rushed included the wide range of participants' needs and group dynamics, which were perceived to be handled better by some tutors than others:

It may be a question of how the Recovery College assess people and how they translate that into a recovery programme for that individual. I think they are not doing that at this point, I think they are very focused on building up experience on running courses but not tailoring those solutions to particular needs. It's quite a generic process... Some people are there because they have other challenges in their lives, homelessness, problems adapting to the job market or whatever it is. It is a broader base and it's very easy for me with a mental health focus to think of it as recovery in terms of getting well but I accept you are going to have a wide range of people / I would agree with that. (Male and female participants, Witham)

On a couple of days a person or a couple of people, 'characters', they could end up hi-jacking it. They could be loud, boisterous, dominating, with no one else getting a word in edgeways. That makes it even harder for others... In one group the tutor was really very good at drawing others back in, other tutors really struggled to stop it happening / Some tutors do say the rules at the beginning. Some people do share their own stories continuously, that gets boring / If they have the rules that means they can refer back to the rules. Some tutors forget or they don't do this / This is all very new for the tutors too. (Female participants, Chelmsford)

A lack of information about the professional tutors for each course had also been an issue for two of the women who attended the Chelmsford

group. Although a third participant had received this information, she reported that in the event a different tutor was working on the course:

One downside was that I was booked to do the a course this term but when I got there I found that the professional was one of my old social workers and in the past I had actually asked to be taken off her caseload I went to a couple of sessions to give it a try but found she hadn't changed / Yes, that happened to me with a CPN I had been with in the past. It was a shock, a surprise I didn't like it. The unpreparedness of it was awful / Like a kick to the guts / I was another person then, I kept getting flashbacks / If I had known in advance she was the tutor I wouldn't have gone, that would have freed up places for others / For both of the courses I went on it said on the letter who was leading it but when I got there it was actually someone else. (Female participants, Chelmsford)

A further issue raised at Chelmsford concerned the course handouts, about which views were mixed:

I came out with loads of handouts, I haven't even looked at them. It seemed like the whole day they were giving them out, there were just so many, where do I start? / I find it very difficult to concentrate, like my brain is filled with cotton wool. By the time I get to the bottom of the page I have forgotten what I have read. I keep all the handouts in a file, I try to look at them but where do I start? / You should look at them, they are very useful... Take the time, there is method to it. Those handouts are your memory. (Female participants, Chelmsford)

At Witham, a further issue raised by one participant concerned the formatting of some PowerPoint presentations, which he thought too cramped up and in need of better line spacing.

Support from the Recovery College

In response to questions about support received from the Recovery College one of the male participants at Witham explained that he had not needed support because his mental health had been stable for some years. However, other participants described receiving both practical and emotional support.

At Chelmsford and Maldon, the practical support described by one participant concerned a reference from a tutor for an employer. Two others commented on help from staff at the Recovery Hub with booking courses and went on to describe the emotional support they had also received at the Hub, and in one case from a tutor by experience:

A couple of times I have gone into the hub and had a chat with them, they are absolutely lovely. One day I was in town and not doing well. [One of the workers] took me into a room and had a chat and then called me a few days later to see how I was doing. You need confidence to go in there yourself, once you are past that hurdle they are really lovely / Even the admin staff on the phone have been very knowledgeable too, they are good listeners. You know if someone is really interested in what you're saying. I have found them to be human... One of the experiential tutors was very caring and understanding and when I was upset by one of the topics he went and got me a cup of coffee... He sat beside me, didn't say anything, just let me be and I respected that. When I was ready to talk to him I was able to communicate. (Female participants, Chelmsford & Maldon)

At Witham, one of the male participants had particularly appreciated the library and common room facilities at the Hub, although he would like to be able to borrow material from the library rather than being constrained to read it on the premises. He also went on to describe receiving emotional support from a worker there:

I went into the Recovery College and asked to speak to someone who'd had a similar experience to what I was going through so that I could relate to it. I actually sat down with [staff member] and we talked about whether I needed to confront certain traumatic issues or I should try to deal with things a different way. All of my trauma was related to what had happened to me and I was trying to deal with the symptoms of it and not the actual cause. It was kind of a eureka moment where I was able to realise that I needed to tackle the problem itself and then work from that to relieve the symptoms, so that was really helpful. It was her contribution that was key. (Male participant, Witham)

However, the Witham participant emphasised that he had taken the initiative in seeking this support, whereas other participants at both Witham and Chelmsford spoke of not realising that support was available:

They are there to give you information not to support you. (Female participant, Chelmsford)

No support from the college / No support from the college... I wasn't aware there was support if I needed it. I knew the Recovery Hub in Chelmsford exists but no one ever told me what it was for and you could go there and people would be nice to you and stuff. (Female participants, Witham)

For one of the Witham participants, access to the Hub was a compounding issue:

I don't live in Chelmsford and we don't have a Hub building here. We do our courses here but it doesn't belong to the Recovery Hub, it belongs to the community college. To get to Chelmsford is £7.50 on the train or a 20 mile bike ride. (Female participant, Witham)

Suggestions for developing the Recovery College

In addition to the suggestions documented earlier regarding the length of sessions and courses, participants proposed a range of other ways in which the Recovery College could be developed or improved. These included:

- More frequent breaks alongside greater attention to structure (2 participants, Chelmsford & Maldon)
- Over-recruitment and a 'reserve list' to address non-attendance and drop out from courses (2 participants, Chelmsford)
- The introduction of prior assessment to gear courses to different levels of need (1 participant, Witham)
- Extending facilities at the Recovery Hub to create a community centre (1 participant, Witham)
- Time allocated after each session to allow participants to 'cool down' from the intensity of the discussions (2 participants, Witham)

Additional courses suggested by Witham participants included volunteering, physical activity, arts and creativity and literacy skills. At Chelmsford and Maldon, counselling and confidence-building were the main suggestions.

Further comments

Despite identifying several areas where they thought improvements could be made, overall participants at all three localities were very positive about the Recovery College and had clearly valued their courses. These final comments give a flavour of their very positive views:

I would like to say thank you to them for giving me back my life. For making me feel I can be who I want to really be and not the person I become when I'm in that place of depression. For allowing me to be me and getting upset if I needed to get upset. I can't thank them enough. It's amazing – long may it continue. (Female participant)

I think it's brilliant, I have a friend who suffers with depression and lives in Oxfordshire and they don't seem to have any services like this in that part of the county. I have looked up things on the web site to try and help him and to encourage him to do the same kind of thing, because I find it useful. In terms of North Essex it seems to me they are quite ahead of the curve in terms of developing it. It's not a job done yet, it's a work in progress. The first season is very 'trial and error', I give them a lot of credit in going through that slowly and developing their understanding of what's required. (Male participant)

Discussion

The conclusions that can be drawn from the evaluation are necessarily limited by the relatively small sample sizes in both the quantitative and qualitative strands. Taken together, however, results from the two strands do provide promising initial evidence that the Recovery College is achieving its aims and has the potential to provide an important stepping stone towards recovery for service users in Mid Essex.

Students' overall mental wellbeing significantly improved from baseline to follow-up. In particular, scores significantly increased in feeling optimistic for the future, feeling useful, feeling relaxed, and having energy to spare. Furthermore, 58.8% of responding participants said that their confidence had increased, 64.7% said that their motivation had increased and 87.5% said that they felt more positive about things as a result of attending the Recovery College. Participants' ratings in response to the follow-up question about whether they felt more positive about things as a result of attending the Recovery College approached a statistically significant correlation with change in wellbeing scores.

Students' social inclusion scores also increased from baseline to follow-up, although the increase did not reach statistical significance either overall or on the individual subscales. Change in social inclusion was not significantly correlated with responses to the question 'Have your relationships with other people improved?', although the relationship was in a positive direction. However, 70.6% of responding participants said that their relationships with other people had improved as a result of attending the Recovery College. It is possible that the small sample size meant that there was not enough power to detect statistically significant results and these might therefore have reached significance with a larger sample size.

Also due to the small sample size, it was not possible to assess the possible influence of age and gender in the statistical analysis. Furthermore, the sample was limited in terms of ethnicity, as only

White British participants took part in the quantitative strand of the evaluation. Future evaluations would ideally include a larger and more representative sample.

Participants' additional comments and the findings from the qualitative strand support the quantitative results in that the benefits attributed by participants to attending the Recovery College included important aspects of mental wellbeing, such as increased confidence, self-worth, coping skills and positive thinking. Participants also reported benefits of significance for social inclusion, including reduced isolation and increased social activity. Of particular significance, almost all the participants had already started or were planning to start mainstream courses as a move on from or in addition to courses at the Recovery College.

Although some of the ways in which the Recovery College was achieving these results, such as providing a motivation to leave the house, are common to other types of service, others are specific to recovery-oriented services. In particular, peer support, a positive, strengths-based approach and tutors by experience were highlighted by participants as unique, or at least unusual, in their experience of service use.

Developing the Recovery College

While participants clearly valued the courses offered highly, they also made several suggestions as to how the Recovery College might be developed. Some, such as those concerning the development of the Hub, seem rather too akin to a traditional day service drop-in model to sit comfortably with the Recovery College ethos. However, others may be useful as a stimulus for considering future developments. In relation to the courses themselves these include:

- Spreading more intense sessions and courses over a longer time period with shorter sessions
- Offering courses at basic and follow-on level to meet the range of needs and provide for progression
- Including advice on how to make best use of course handouts so these do not become overwhelming
- Over-recruiting to courses to allow for non-attendance and early drop out (this works well for other courses we have evaluated)
- Allowing a 'cooling off' period at the end of sessions with a high emotive content
- Providing further courses in the topics suggested by participants (see page 22) where these are not already offered.

In relation to the course tutors, participants' views suggest that it may be useful to provide training in presentation and group management skills and to ensure advance information is provided about the tutors for each course to avoid the difficult situations described by two participants at Chelmsford.

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