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**A mixed-methods evaluation of a Recovery College in South East Essex for people with mental health difficulties.**

**Abstract**

Recovery Colleges aim to assist people with mental health difficulties in the journey to recovery through education. They bring together professional and lived experience of mental health challenges in a non-stigmatising college environment and operate on college principles. All courses are designed to contribute towards wellbeing and recovery. Despite the ever-growing number of Recovery Colleges (both in the UK and internationally), the evaluative evidence is limited; comprising mostly non-peer-reviewed evaluations, audits and case studies. The present article comprises a mixed-methods evaluation of a newly established Recovery College in South East Essex, UK. The evaluation comprised questionnaires of mental wellbeing and social inclusion at baseline, and three and six month follow-up; in addition to three focus groups. There were significant improvements in both mental wellbeing and social inclusion from baseline to six month follow-up (25 participants completed the measure of wellbeing at both time points, and 19 completed the measure of social inclusion). This was supported by additional free-text questionnaire comments and focus group findings (17 participants participated across the focus groups), with reports of increased confidence, reduced anxiety, and increased social inclusion/reduced social isolation. Additionally, at six month follow-up the majority of respondents were planning on attending courses external to the Recovery College, volunteering, and/or gaining paid employment. Challenges and recommendations identified through the focus groups indicate the importance for standardisation of processes (which is particularly important when multiple organisations are involved in the running of a Recovery College), as well as consideration of longer-running courses. Funders should continue to invest in the Recovery College movement as the growing evidence-base is demonstrating how these colleges can help address the high prevalence of mental health difficulties, by promoting mental wellbeing and social inclusion.

*Keywords*: Mental health; Mental wellbeing; Mixed methods; Recovery, Recovery College; Social inclusion.

**What is known about this topic?**

* Recovery Colleges are growing in number across the UK and internationally.
* Initial evidence indicates some improvement to mental wellbeing and social inclusion.
* The evaluative evidence is limited; comprising mostly non-peer-reviewed evaluations, audits and case studies.

**What this paper adds**

* Evaluation of a Recovery College exploring mental wellbeing and social inclusion impacts, with six month follow-up.
* There were significant improvements in self-reported mental wellbeing and social inclusion from baseline to six month follow-up, with wellbeing and social impacts further supported by qualitative findings.
* Challenges and recommendations identified through the focus groups indicate the importance for standardisation of processes when multiple organisations are involved in the running of a college, as well as consideration of longer-running courses.

**Introduction**

Every week one in six adults experience symptoms of a common mental health problem such as anxiety or depression, and nearly half of all adults believe that in their lifetime they have had a diagnosable mental health problem (Mental Health Foundation, 2016). Mental health difficulties impact on individual, societal, and financial levels: for example; at least a third of all families include someone who is currently mentally unwell (Centre for Economic Performance, 2012), mental illness accounts for nearly half of all work absenteeism (Centre for Mental Health, 2010), and mental ill-health costs the UK economy an estimated £105 billion annually (Sainsbury Centre for Mental Health, 2007).

It has been suggested that ‘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). Leamy et al’s (2011) conceptual framework of personal recovery identifies: 1. Characteristics of the recovery journey (e.g. recovery is an active, individual, unique and gradual process); 2. Recovery processes (CHIME: Connectedness; Hope and optimism about the future; Identity; Meaning in life; Empowerment); and recovery stages (Precontemplation, contemplation, preparation, action, maintenance and growth). Recovery Colleges aim to assist people with mental health difficulties in the journey to recovery through education. They bring together both professional and lived experience of mental health challenges in a non-stigmatising community-based college environment and operate on college principles (but are not a substitute for traditional assessment/treatment or mainstream colleges). All of the courses provided are designed to contribute towards wellbeing and recovery, to put people back in control of their lives, increase their confidence and skills, and provide support for accessing further opportunities.

Recovery Colleges provide a base for recovery resources; promote an educational model in supporting people to become experts in self-care on their recovery journey; break down barriers between ‘us’ and ‘them’ by offering training run for and by people with professional experience and lived experience of mental health challenges; provide peer support; allow choice and control; and promote participation in the local community. Recovery Colleges reflect recovery principles in all aspects of their culture and operation. Recovery Colleges form a core part of the development of more recovery-focused mental health services that enable people to grow; discover a new sense of self, meaning and purpose in life; explore their possibilities and rebuild a satisfying life (Perkins, Meddings, Williams & Repper, 2018).

The first Recovery College was established in South West London, UK in 2009, later followed by a Recovery College in Nottingham in 2011. Since these initial Recovery Colleges, many more have been set up across the UK (totalling 85: Anfossi, 2017); for example in Southampton, Cambridge, Devon, and Northern Ireland. Recovery Colleges have also been established internationally, for example in Australia, Italy, Canada, and Japan. Despite the growing number of Recovery Colleges, the evaluative evidence is limited; comprising mostly non-peer-reviewed evaluations, audits and case studies.

The emerging evaluative evidence for the benefits of Recovery Colleges for their students began with Rinaldi, Morland and Wybourn’s (2012) evaluation of the South West London Recovery College. They reported that 84% of attenders felt more hopeful for the future, 85% said the course/s helped them set goals, and 75% were able to do the things they wanted to do in life as a result of attendance. After 12 months there was a significant reduction in mean community mental health contacts and occupied hospital bed days. Zucchelli and Skinner (2013) later conducted a qualitative evaluation of the Central and North West London (CNWL) Recovery College, and put emphasis on the power of the peer (with peers found to be empowering and inspiring within the Recovery College setting). The CNWL NHS Foundation Trust’s (2015) annual report 2014-2015 later reported on a mixed-methods evaluation of the CNWL Recovery College. The evaluation did not comprise the use of a validated questionnaire and did not ask questions specifically related to mental wellbeing and social inclusion, but rather asked questions about learning and skill development. However, interviews indicated that students increased in confidence and socialising.

In 2014 a mixed-methods evaluation of the first term of a Recovery College in Mid-Essex was completed (NERN, SE-SURG, Wilson, & Secker, 2014). Quantitative results revealed a significant increase in wellbeing scores from baseline to three month follow-up, and a non-significant increase in social inclusion. Participants’ additional comments and focus group findings supported the quantitative results in that the benefits attributed by participants to attending 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. Subsequently, a follow-up qualitative evaluation of the second term of the college was conducted (NERN, SE-SURG, & Secker, 2014). The most commonly mentioned benefits revolved around aspects of recovery, including improved self-worth, coping strategies and motivation; alongside social benefits.

Meddings, Guglietti, Lambe and Byrne (2014) published a small-scale evaluation of the Sussex Recovery College in the same year, finding from four interviews the key importance of peer support and social opportunities that were reported to have resulted from the college. The following year Meddings et al. (2015) published quantitative data using validated measures of quality of life and wellbeing; finding significant improvements in both measures from pre-to-post-Recovery College attendance. Bourne, Meddings and Whittington (2018) later found significant reductions amongst students in occupied bed days, overall admissions, admissions under a Mental Health Act, and community mental health contacts from the 18-month period before to the 18-month period after registration at the Sussex Recovery College. There were also trends of a larger reduction in service use compared to course non-completers. Furthermore, attendance at an arts-based recovery college hosted within Sussex Partnership NHS Foundation Trust, has been found to coincide with significant improvements to wellbeing (Stevens et al., 2018). Interviews conducted at three, six and nine month follow-up indicated that some participants’ wellbeing had been maintained. Qualitative data indicated that there were some positive social impacts, but the authors recommended that a measure of social inclusion such as the Social Inclusion Scale (Secker et al., 2009) should be utilised in future evaluations.

Looking internationally, an evaluation of Mind Recovery College in Australia concluded that amongst attenders there were high levels of satisfaction, education and learning, which encouraged students to adopt and maintain a healthy lifestyle and employment (Hall, Brophy & Jordan, 2016; Hall et al., 2018). Finally, Lucchi et al (2018) described the implementation of the first Recovery College in Italy. Surveys explored student and staff views of quality, expectations, and the learning process (with one question asking if the courses were helpful in improving their quality of life, of which 70% responded positively). Focus groups also suggested that service users gained new social connections and felt that their relationships had improved.

The present article comprises a mixed-methods evaluation of a newly established Recovery College in South East Essex. This adds to the sparse robust evaluative evidence for the impact of Recovery Colleges on mental wellbeing and social inclusion. The majority of Recovery Colleges in the UK are run by mental health trusts; however, the South East Essex Recovery College is a unique partnership hosted by a local third sector provider (Trust Links), working with the Essex Partnership NHS Foundation Trust, and a range of other local and national third sector providers through a Consortium Board. The South East Essex Recovery College aims to support people through an individual recovery journey and support transition from dependency to self-management in the longer-term. Through an educational approach, the Recovery College uses psychoeducational and vocational training as well as social and peer support as tools to promote mental health recovery. The Recovery College Manager first started in September 2016 and the formal launch was in January 2017. Over the first year 403 students enrolled.

As part of the pilot phase, branding was developed for the South East Essex Recovery College in co-production with students. The College was named ‘REACH’, which is an acronym for Recovery, Empowerment, Achievement, Community and Hope: the principles of the college. The college offers courses related to ‘Mental Health and Self-Management’ (e.g. Anxiety Management, Confidence Building), ‘Life Skills’ (e.g. Preparing to Volunteer, Work Preparation), and ‘Creative and Wellbeing’ (e.g. Healthy Living, Writing for Wellbeing). Course lengths range from once weekly for four weeks to 12 weeks.

Anglia Ruskin University were commissioned to conduct an independent evaluation over the first year of the running of the South East Essex Recovery College pilot through qualitative and quantitative methods; exploring the mental wellbeing and social inclusion impacts. This paper reports on these findings.

**Methods**

**Design**

This was a mixed-methods design comprising:

1. A quantitative strand: pre/post intervention group only design; whereby questionnaire measures of wellbeing and social inclusion were completed at baseline, and three and six month follow-up by attending students.
2. A qualitative strand: three focus groups with attending students within the first year of the college’s operation.

A mixed-methods design was chosen in order to gain a deeper, broader understanding of the experience of and benefits from the Recovery College. Mixed-methods allow for bringing together a more comprehensive account, enhance the integrity of the findings, draw on the strengths of each method, and allow for qualitative lines of enquiry to provide context to the quantitative findings (Bryman, 2006).

**Participants**

All students who attended the Recovery College were invited to take part in both components of the research. Recovery College staff invited students to take part using participant information sheets (which made it clear that participation was voluntary).

**Ethics**

Ethical approval was obtained from the formerly named South Essex Partnership NHS Foundation Trust (now Essex Partnership University NHS Foundation Trust) Research Governance Group in November 2016. All participants provided written informed consent prior to taking part.

**Quantitative measures**

**The Short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS: Tennant et al., 2007).** The WEMWBS measures positive affect, psychological functioning and interpersonal relationships. This measure has been employed in evaluations of recovery-oriented services since 2008. The short measure consists of seven positively-phrased statements (e.g. ‘I’ve been feeling optimistic about the future’) 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 levels of reliability and validity (e.g. Tennant et al., 2007; Stewart-Brown et al., 2009; Bartram et al., 2011; Clarke et al., 2011).

**The Social Inclusion Scale (SIS: Secker et al., 2009).** The original SIS consisted of 22 items and three subscales: social isolation, social relations and social acceptance. This measure has demonstrated good reliability and validity (Secker et al., 2009; Wilson & Secker, 2015). The shortened version (12 items) used in the present study has also demonstrated good internal consistency (Margrove et al., 2013). The scale consists of statements (e.g. ‘I have friends I see or talk to every week’) 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 experience over the last month. The overall score is the sum of each item; the score of each subscale is the sum of items in that subscale.

**Quantitative data collection and analysis**

Questionnaire measures were passed on to Recovery College staff who then provided these to the Recovery College attendees at, or shortly after, enrolment of individual students. All students who enrolled at the college were invited by Recovery College staff to take part in the research and were provided a participant information sheet (but were reassured both verbally and in the information sheet that taking part in the research was not a requirement of attending and a decision not to take part would not affect their service or treatment at the College). As individuals enrolled at different times, the baseline questionnaires were not completed at the same time for all participants (baseline questionnaires were completed between January and May 2017, during which time 280 students enrolled). These baseline questionnaires were also accompanied by questions asking about gender, age, ethnicity, and whether the student was a mental health service user, carer or staff member in mental health services (all indicated that they were mental health service users). Students were asked in person whilst attending the Recovery College sites at approximately three months and six months after they had completed their baseline questionnaire to complete the SIS and SWEMWBS, along with additional questions (e.g. concerning enjoyment of the course, confidence, motivation, as used in previous mental health intervention evaluations e.g. Wilson et al., 2014; Wilson et al., 2017) alongside questions related to future plans in terms of course attendance, volunteering or employment (which were analysed thematically). Participants were reminded that they did not have to take part if they did not wish to. A participant code was allocated to each participant in order to link up pre- and post-questionnaires whilst retaining confidentiality. Following tests of normal distribution (all data were normally distributed), SWEMWBS and SIS scores were analysed using paired t-tests using SPSS in order to assess whether there was a statistically significant difference between time points. The significance level was set at 0.05.

**Qualitative data collection and analysis**

Three focus groups were conducted, one in May, one in June and one in August 2017 by independent researchers from [*Name of University*]. A list of questions were used as a guide for the discussion (including questions about reasons for attending, whether they had benefitted from the course/s, whether the course/s had made a difference to their lives, what was helpful and not helpful. See Appendix for the topic guide). Focus groups took approximately one hour and participants were offered a £15 voucher as a ‘thank you’ gift for their time and assistance. Focus groups took place at Recovery College sites. Audio recordings of the focus groups were transcribed and all identifying data were anonymised. Thematic analysis (Braun & Clarke, 2006) was used to inductively identify key themes. The data analysis was carried out primarily by the first author, who transcribed the focus groups, repeatedly listened to the audio recordings, and read and re-read the transcripts. The first author initially coded and reviewed the data, and the themes were checked and reviewed by two other academics at Anglia Ruskin University who had also read through each of the transcripts.

**Findings**

**Quantitative findings**

**Demographics.** Baseline questionnaires were completed by 101 students (out of 280 who were enrolled during the baseline data collection period). Smaller numbers completed questionnaires at baseline and at either three or six month follow-up. Only those participants who completed questionnaires on at least two time points were included in the statistical analysis.

All participants included in the analysis identified as someone with mental health difficulties. Eleven participants completed the SWEMWBS and SIS at both baseline and three month follow-up; 25 completed the SWEMWBS at both baseline and six month follow-up; and 19 completed the SIS at both baseline and six month follow-up (see Table 1 for demographics). Information was not collected on specific diagnosis for the purposes of the research evaluation, as the aim was to focus on impact on mental wellbeing and social inclusion; not on clinical diagnosis or symptom incidence/changes. Diagnosis information is routinely collected by the Recovery College at the point of enrolment, but we do not have details of diagnosis for the participants who specifically took part in the evaluation.

[INSERT TABLE 1 HERE]

**Mental wellbeing.** A paired t-test found no significant difference between SWEMWBS scores at baseline and three month follow-up: *t*=.603, *df*=10, *p*=.560. However, a paired t-test revealed a significant increase in wellbeing from baseline to six month follow-up: *t*=2.563, *df*=24, *p*=.017 (see Table 2).

[INSERT TABLE 2 HERE]

**Social inclusion.** Social Inclusion scores increased from baseline to three month follow-up, however this was non-significant: *t*=1.56, *df*=10, *p*=.150. There were also increases in scores from baseline to three month follow-up on each individual subscale of the SIS; however these were also non-significant (all *p*>.05).

However, a paired t-test revealed a significant increase from baseline to six month follow-up: *t*=2.529, *df*=18, *p*=.021 (see Table 3). Out of the individual subscales, scores increased significantly on the social relations subscale (see Table 3).

[INSERT TABLE 3 HERE]

**Follow-up questions about the Recovery College.** When asked at three month follow-up whether they would recommend the Recovery College to a friend, 13 said ‘Yes’, one said ‘Maybe’, and one said ‘No’. Table 4 shows responses to the questions included in the three month follow-up survey asking participants to rate their enjoyment of the College, and whether they had gained from attending (individual question response rates varied). Notably, 11 out of 13 responding participants said that they enjoyed their course/s; and 10 out of 11 responding participants said that their relationships with other people had improved, their skills had developed, and their confidence increased as a result of attending.

[INSERT TABLE 4 HERE]

When asked at six month follow-up whether they would recommend the Recovery College to a friend, 20 out of 23 responding students said ‘Yes’, one said ‘Maybe’, and two said ‘No’. Table 5 shows responses to the questions included in the six month follow-up survey asking participants to rate their enjoyment of the College, and whether they had gained from attending. Notably, 22 out of 23 responding participants said that they enjoyed their course/s’; and 21 out of 23 said their skills had developed as a result of attending; and that their wellbeing had been maintained.

[INSERT TABLE 5 HERE]

**Follow-up questions about future plans.** At three and six month follow-up participants were asked about their future plans in terms of attendance at further Recovery College or external courses, volunteering or paid work. Individual question response rates varied. Out of nine respondents at three month follow-up, all nine said that they were planning on attending further Recovery College courses. Three out of seven respondents said that they were planning on attending another course external to the Recovery College, seven out of nine respondents said they were planning on volunteering, and two out of seven said they were planning to obtain paid employment.

At six month follow-up, 16 out of 17 respondents said they were planning on attending further Recovery College courses, nine out of 14 were planning on attending other courses external to the Recovery College, six out of 10 were planning to volunteer, and four out of 10 were planning on obtaining paid employment.

**Participant’s additional comments.** When asked if they had benefitted in any other way from attending the Recovery College, seven participants at three month follow-up provided free-text responses citing improved confidence, reduced anxiety and being given tools for recovery, for example:

*Been given the tools for recovery. Now I just need to use them effectively.*

*It gave me more confidence and meeting others.*

*I've got more used to being around people and speaking in group situations.*

When asked if they had benefitted in any other way from attending the Recovery College at six month follow-up, 18 participants provided free-text responses. These participants cited enjoyment, improvements to mental health, increased confidence, and gaining new skills; along with social benefits such as feeling less isolated, meeting new people, and making friends. For example:

*I have learnt a lot of new skills.*

*I feel that I have gained my confidence and I feel much better within myself.*

*I have socialised much more than previously.*

When asked to provide any additional comments at six months, nine provided free-text responses. Respondents used this as an opportunity to cite further benefits of attending, express a desire for the courses to continue, as well as to praise the staff at the Recovery College, for example:

*If these courses can continue as they are very helpful to people like myself.*

*I would recommend this course to other people. Also I feel that staff at REACH are not judgemental.*

*It’s been great coming here, encouraged me to do a lot of other things like talking to people. I’ve been feeling better and more accepted.*

**Qualitative findings**

In total 17 Recovery College students attended the focus groups (seven females and ten males of varying ages). The findings are presented under the following main themes which were identified through the data: 1) enjoyment; 2) mental health benefits; 3) social benefits (representing the positive experience of and impact from the Recovery College); and 4) communication and organisation; and 5) course length and follow-up (reflecting identified challenges and suggestions for further improvement). 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.

**Enjoyment.** Enjoyment of the courses was emphasised across all three focus groups, with students expressing enjoyment of the content and structure, and the Recovery College staff and ethos:

*For many people who attend the courses this may be the highlight of their week…for some people that’s something they look forward to, that’s literally the best part of their week… (Focus group 1)*

*I’ve enjoyed them… / I liked it when they asked questions and put them on the board and when they put papers on the table that we could sort out. I enjoyed that very much. But I enjoyed the course as a whole really. / …I’ve enjoyed every one of them…I can’t wait to go back next week… / The anxiety [course] I’ve done twice because I thought it was so good./ …I enjoyed the staff so much and the ethos… (Focus group 2)*

**Mental health benefits.** A number of mental health benefits were described in two of the focus groups, including improved mental health in general, increased confidence and motivation, and decreased anxiety. Students identified these improvements to their mental health as direct consequences of the Recovery College courses, with improvements being noticed by others as well:

*It helped me emotionally, a lot. My psychiatrist told me I look better than when she first know me. / It’s given me a lot more confidence…the confidence to go out and meet people… / I’m able to go to different places whereas before I wouldn’t go to certain places if I didn’t know the place. But now I go to different places and meet different people… / I feel better in myself…/ it’s given me the drive and impetus…it has added motivation…/ …when you do it you go home and you feel a lot better. A lot more confident. /…all the staff… they’ve pushed me on and now I’m going to start a journalism course at college and they’ve helped me to become confident enough. (Focus group 2)*

*I felt a lot better when I left here because I hadn’t been going out an awful lot, I’d been staying in and not going to the shops. Well I’ve got a bit of a phobia about going to the shops and after I left here I walked in to town, I had a cup of coffee and sat there and I thought ‘ooh I’ve done this’…I feel quite pleased with myself…/ I stand up for myself more... / …When you leave here from a group you feel a lot more up, a lot more confident in yourself. (Focus Group 3)*

**Social benefits.** A number of social benefits were reported, such as the opportunity for social interaction (with staff and other students), increased social inclusion, peer support, development of new friendships, a sense of belonging, and shared understanding. This was particularly valued by the students. A camaraderie and a sense of mutual support and encouragement between students was also apparent in the focus groups themselves.

***For many people who attend the courses this may be…the only chance to socialise and make new friends./ ...everybody there has some form of mental illness, so if you have absences you’re not expected to catch up or anything, it’s just accepted. (Focus Group 1)***

***You learn new ways to cope from other people on the course. You can learn from other people... / I enjoyed going out every week to the mindfulness group. It helped me speak about how I feel. Like around me I don’t speak to anyone and now I’m speaking to other people. / You don’t feel so cross or lonely in a way. You feel part of things. / Everybody encourages everybody else and people bounce off each other. As soon as somebody starts saying something it gives you ideas because you are thinking along similar lines so it promotes you to discuss things. / …It makes you feel a part of something doesn’t it? / …It lets you get out and talk to people whereas I’d just stay indoors otherwise. I wouldn’t see anybody for weeks. (Focus Group 2)***

**Communication and organisation.** The participants in the first focus group identified some challenges with the consistency and clarity of communication across the multiple organisations involved in the implementation of the college. The later focus groups did not identify the same challenges and frustrations, suggesting that many early challenges were resolved over time and represented early teething problems with the setting up of a college which had the added complexity of being implemented collaboratively between multiple organisations.

*…one of the issues is you’ve got all these different organisations…people get confused…you’ve got Rethink, Trust Links, Ways for Wellbeing, you know there’s so many. (Focus Group 1)*

**Course length and follow-up.** A point raised across all three focus groups was that the courses were considered to be too short and there was an expressed desire for longer courses, for example:

*…I’ve enjoyed them but they don’t last. / …Once you’ve done that what’s next? ...The courses, you just get into it and then you sort of come up to the next week and then you’ve only got one week left and you think what am I gonna do now. (Focus Group 2)*

*…I would have felt better if we could have had more time on the course, like another few weeks... / …I don’t like it when they end, I always feel better when I know that I’ve got something to do. /…we need more sessions…they ought to go on a bit longer… (Focus Group 3)*

**Discussion**

The results presented in this paper indicate numerous self-reported mental health and social benefits to those participating Recovery College students such as increased confidence, social inclusion, peer support, and reduced anxiety. The quantitative results showed significant improvements in both mental wellbeing and social inclusion from baseline to final follow-up (six months later). Significant improvements in one subscale of the SIS (Social Relations) and nearing significant improvements in another (Social Isolation) indicate that the Recovery College was associated with increased feelings of playing a useful role in society, feeling valued by others, having been to new places and feeling less socially isolated. However, there was only a small non-significant increase on the Social Acceptance subscale, indicating that the Recovery College was not associated with increased feelings of acceptance from significant others. There were no significant differences between baseline and three month follow-up scores; however, this may be due to smaller numbers completing the questionnaires at this time point meaning there may have not been sufficient statistical power to detect significant differences.

The significant increases in mental wellbeing and social inclusion were supported by additional free-text questionnaire comments and focus group findings, with reports of increased confidence, reduced anxiety, and increased social inclusion/reduced social isolation. Participants directly related these benefits with their attendance at the Recovery College. Answers to follow-up questions about the Recovery College were also answered largely positively. At final follow-up 20/23 responding students said they would recommend the Recovery College to a friend, 22/23 said they enjoyed attending, 21/23 said their skills had developed, 19/23 said their confidence had increased, and 20/23 said that they felt more positive about things and that their relationships with others had improved as a result of attending. In terms of future plans following Recovery College attendance, at final follow-up: 9/14 responding students were planning on attending courses external to the Recovery College, 6/10 were planning to volunteer, and 4/10 were planning on gaining paid employment.

The findings build on earlier evaluations of Recovery Colleges both in the UK (e.g. NERN et al., 2014; Meddings et al., 2015) and internationally (e.g. Lucchi et al., 2018); and indicate that the Recovery College facilitated/enabled the CHIME recovery process (Leamy et al., 2011). In particular it enabled Connectedness; as demonstrated through significant improvements in the SIS, in particular the Social Relations subscale which measures how much an individual feels they are playing a useful role in society and feels that what they do is valued by others. The qualitative data also indicated that the Recovery College gave an opportunity for social interaction and development of friendships (with staff and other students), reduced social isolation, provided peer support, and a sense of belonging. The findings also indicate that the Recovery College facilitated Empowerment, as demonstrated by the significant improvements in the SWEMWBS (which includes statements such as “I’ve been dealing with problems well”), and the qualitative data which indicated increased confidence, motivation, and overall mental health.

In addition to numerous mental health and social benefits indicated in the study, the focus group data identified some early teething problems around communication and organisation. This was due to the complexity of working collaboratively across multiple organisations, and the latter two focus groups no longer identified communication and organisational concerns indicating that these early teething problems settled down as the college had more time to establish itself. Through the research it is clear that there is a need for standardisation of processes which is particularly important when multiple organisations are involved in the running of a Recovery College. The South East Essex Recovery College recognise the need to standardise the process across the delivery locations which they are now enacting in the form of a REACH operations manual. Additionally, across the focus groups there was a desire for longer courses and follow-up after courses had ended which is an important consideration for future running of Recovery Colleges; although it is recognised that financial/resource constraints may impact on the feasibility of this.

Limitations of the research need acknowledgement. Firstly, due to time and funding constraints it was not feasible to include a control group in the quantitative strand. This means that we cannot conclude that the changes in mental wellbeing and social inclusion over time would not have happened simply due to passing of time alone and cannot reliably conclude that the changes happened as a result of Recovery College attendance. Recovery College staff also experienced challenges in recruitment at the three month follow-up point meaning that we had a small sample size for this time point which may have meant we did not have sufficient power to detect significant differences at this time point. It is also acknowledged that in addition to asking participants about their future plans in the questionnaire, it would have also been valuable to ask about current social participation. Finally, it is also worth reflecting on the possibility that those participants who self-selected to take part may have represented a group who were particularly in engaged in the college. Despite these limitations these findings add to the sparse evidence-base for the mental wellbeing and social inclusion benefits of Recovery Colleges; through mixed-methods research including the use of validated questionnaire measures at three time points: baseline, three month and six month follow-up.

In summary, attendance at the South East Essex Recovery College coincides with significant improvements to mental wellbeing and social inclusion, with attenders enjoying their courses and making future plans as a result of attending (such as volunteering or obtaining paid employment). This fits well with UK Governmental policies (e.g. DH, 2011; Independent Mental Health Task Force, 2016) where the importance of recovery (and recovery-focused community-based care) is emphasised. These policies emphasise the need for improving people’s quality of life, ability to self-manage, social relationships, skills needed for living and working, and improved opportunities for education and employment: all of which are addressed within the Recovery College framework. The Recovery College is still in its early stages and needs long-term investment to make it work and provide stability for students. Funders should continue to invest in the Recovery College movement as the growing evidence-base is demonstrating how these colleges can help address the high prevalence of mental health difficulties, by promoting mental wellbeing and social inclusion and fulfilling governmental recommendations for mental health promotion.

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Table 1: Sample of participants.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Baseline & 3 month follow-up (SWEMWBS & SIS) | Baseline & 6 month follow-up (SWEMWBS) | Baseline & 6 month follow-up (SIS) |
| *n* | 11 | 25 | 19 |
| *Gender split (M/F)* | 7 M / 4 F  64% / 36% | 11 M / 14 F  44% / 56% | 7 M / 12 F  37% / 63% |
| *Ethnicity* | 10 White British (91%)  1 Indian (9%) | 23 White British (92%)  1 Indian (4%)  1 British Muslim (4%) | 17 White British (90%)  1 Indian (5%)  1 British Muslim (5%) |
| *Mean age (SD)* | 46 (15) | 46 (14) | 49 (13) |

*Note:* M=male, F=female; SD=standard deviation.

Table 2: Baseline and 6 month follow-up total wellbeing scores.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Wellbeing baseline  Mean (SD) | Wellbeing  6 month follow-up  Mean (SD) | *t* | *p* | Wellbeing change  Mean (SD) |
| 19.56 (4.81) | 21.96 (5.18) | 2.563 | .017\* | +2.40 (4.68) |

\**p*<.05

Table 3: Baseline and 6 month follow-up scores on each subscale of the SIS.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SIS Subscale | Mean baseline score (SD) | Mean 6 month follow-up score (SD) | *t* | *p* |
| Social Isolation | 9.79 (2.99) | 11.21 (2.53) | 2.087 | .051 |
| Social Acceptance | 13.37 (3.39) | 13.95 (2.53) | .824 | .420 |
| Social Relations | 11.11 (3.91) | 12.42 (3.37) | 2.385 | .028\* |
| SIS Total | 29.21 (7.87) | 31.84 (5.50) | 2.529 | .021\* |

\**p*<.05

Table 4: Responses to questions about the Recovery College at 3 month follow-up.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question** | ***n*** | **Not at all**  **(0)**  Frequency (%) | **No not much (1)**  Frequency (%) | **Yes a little** **(2)**  Frequency (%) | **Yes a lot**  **(3)**  Frequency (%) |
| Have you enjoyed your Recovery College course/s? | *13* | - | 2 (15%) | 3 (23%) | **8 (62%)** |
| Have your skills developed? | *11* | - | 1 (9%) | **6 (55%)** | 4 (36%) |
| Has your confidence increased? | *11* | - | 1 (9%) | **5 (46%)** | **5 (46%)** |
| Has your motivation increased? | *11* | - | 2 (18%) | **6 (56%)** | 3 (27%) |
| Do you feel more positive about things? | *11* | - | 2 (18%) | **5 (46%)** | 4 (36%) |
| Have your relationships with other people improved? | *11* | - | 1 (9%) | **7 (64%)** | 3 (27%) |
| Do you feel that your wellbeing has been maintained? | *11* | 1 (9%) | 2 (18%) | **5 (46%)** | 3 (27%) |

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

Table 5: Responses to questions about the Recovery College at 6 month follow-up.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question** | ***n*** | **Not at all**  **(0)**  Frequency (%) | **No not much (1)**  Frequency (%) | **Yes a little** **(2)**  Frequency (%) | **Yes a lot**  **(3)**  Frequency (%) |
| Have you enjoyed your Recovery College course/s? | *23* | - | 1 (4%) | 6 (26%) | **16 (70%)** |
| Have your skills developed? | *23* | - | 2 (9%) | **15 (65%)** | 6 (26%) |
| Has your confidence increased? | *23* | - | 4 (17%) | **13 (57%)** | 6 (26%) |
| Has your motivation increased? | *23* | 1 (4%) | 3 (13%) | **11 (48%)** | 8 (35%) |
| Do you feel more positive about things? | *23* | 1 (4%) | 2 (9%) | **13 (57%)** | 7 (30%) |
| Have your relationships with other people improved? | *23* | - | 3 (13%) | **14 (61%)** | 6 (26%) |
| Do you feel that your wellbeing has been maintained? | *23* | 1 (4%) | 1 (4%) | **14 (61%)** | 7 (30%) |

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

**Appendix**

*Focus Group Questions*

1. Could you tell me how you found out about the Recovery College?

2. What were the main reasons you decided to come to the Recovery College?

3. Do you think the course benefitted you in the way you had hoped?

4. Do you feel that completing the course has made a difference to your life? E.g. how you feel/what you do?

5. Are there things you found especially helpful or enjoyable about the course you did?

6. Was there anything about the course that wasn’t helpful or enjoyable?

7. Are there any ways you think the course could have been improved?

8. Can you tell me about any support you have received at the Recovery College?

9. Since completing the course have you tried any other courses?

*Probe: either within the Recovery College or a mainstream college?*

10. Do you think you are likely to try any other courses in the future?

11. Are there any other comments about the Recovery College that anyone would like to make?