

Meddings, S., Guglietti, S., Lambe, H. & Byrne, D. (2014). Student perspectives: recovery college experience. *Mental Health and Social Inclusion*, **18**, 142-150.

## STUDENT PERSPECTIVES: RECOVERY COLLEGE EXPERIENCE

Sara Meddings, Shannon Guglietti, Hazel Lambe and Diana Byrne

### Abstract

*Purpose* – We explore Recovery College from a student perspective and consider what contributes to making Recovery College effective.

*Design* – We draw on interviews with students, course feedback forms, a detailed narrative of one of our experiences as a student and our own reflections .

*Findings* - Students' experience is that Recovery College is effective because of the social relational factors, learning from other students and the collaborative co-production approach; the educational approach learning skills and knowledge, and choice and progression to personal goals.

*Originality/value* – This paper explores key aspects of Recovery College from a student perspective, informing us about possible components to their effectiveness.

*Keywords* – Recovery, Recovery College, Education, Mental Health, Student Perspective

### Introduction

'Recovery is a personal journey of discovery. It involves making sense of, and finding meaning in, what has happened; becoming an expert in your own self-care; building a new sense of self and purpose in life; discovering your own resourcefulness and possibilities and using these, and the resources available to you, to pursue your aspirations and goals' (Perkins et al., 2012, p.2). People using mental health services have long requested more information, empowerment, choice, support for self-directed care and self-management, and involvement of peers (e.g. Social Care Institute for Excellence, 2007). Over the past two decades there has been a shift in mental health services and policy to more recovery oriented practice, reflected in current mental health strategy (Department of Health, 2011). Mental health services need facilitate people to pursue their goals and recovery.

Recovery Colleges are a relatively new approach, becoming a key component of recovery oriented mental health care. The defining features of Recovery Colleges are collaboration and co-production between people with personal and professional experience of mental health challenges; educational approach operating on college principles; strengths based and person-centred; inclusive and for people with mental health challenges, their relatives and carers and staff; mental health recovery oriented; and progressive, helping people reach their own goals (Perkins et al, 2012; McGregor et al 2014).

Recovery Colleges meet recovery principles outlined in Shepherd et al (2008, 2010): they help people build a meaningful and satisfying life pursuing personal goals; focus on strengths and hope; support people to take back control and develop self-management; change the relationship between people who use services and mental health professionals to one of partners where expertise is not 'on top' but 'on tap' and where lived experience is valued equally. They explicitly set out to be recovery oriented in all aspects of culture and operation.

Early indications suggest Recovery Colleges are effective, albeit based on audits, evaluations and case studies rather than robust research. South West London and St. George's Recovery College

found that, after attending, students felt more hopeful about the future; more able to achieve their goals; had their own recovery plans; had more friendships and work opportunities; and used mental health services less (Rinaldi and Wybourn, 2011). Others reflect on Recovery College development; values of education, co-production and accessibility; and organisational context. (Zucchelli and Sinner, 2013; Meddings et al 2014). At Sussex Recovery College, we found that students made significant progress towards their own personal recovery goals; course learning outcomes and, using standardised questionnaires, about recovery, quality of life, wellbeing and mental health (Meddings, et al forthcoming).

In this paper, we explore what students think are the key elements of the Recovery College that contribute to its effectiveness. After introducing Sussex Recovery College, we outline our findings from interviews with forty students then give a detailed account of the experience of one of us (HL) as a student, offering our own reflections.

## **Background – Sussex Recovery College**

Sussex is a large county on the southeast coast with a population of 1.6 million, covering 1500 square miles. The two pilots were in Hastings and Rother (180,000) and Brighton and Hove (250,000) - both relatively deprived urban areas with affluent surrounding areas.

Sussex Recovery College is a partnership between Sussex Partnership NHS Foundation Trust ) and local third sector organisations such as Mind and Southdown. The college is based on principles of co-production, education, recovery and reflective practice drawing on student feedback and evaluation. The development of the college is discussed in our case study of the co-production of Hastings campus (Meddings, et. al. 2014).

The majority of students who used the pilot college were people with mental health challenges: 60% were people using secondary mental health services and 18% primary care; 8% were relatives or carers (11% including carers with mental health challenges) and 16% were staff. The majority identified as female (66%); white British (86%); and heterosexual (85%). There was a spread of ages from early 20s to late eighties with 76% aged 25-54.

The Recovery College has been popular. During the pilots in 2013 over 300 students registered with the college. Attendance rates of 60-70% were average for adult education. The most popular courses were: Using the Arts to Aid Recovery; Coping with Depression/Anxiety; Happiness; Mindfulness; Coping Strategies and Problem Solving; Improving your Sleep and Understanding a Diagnosis of Psychosis/Mood Disorders.

## **Student Perspectives**

### **Methodology**

Forty students agreed at registration to participate in interviews to discuss their experience. They were largely representative of students overall except that we interviewed more students with mental health challenges: staff and carers were under-represented. We had targeted this group for their views and linked it with the Individual Learning Planning meeting (ILP). Interviews asked 'what were the best aspects of the Recovery College' and 'what could be improved'. We gave prompts asking how they found the trainers and other students. We recorded verbatim what students said. A content analysis of the interview transcripts was performed. Each distinct idea was written on a separate piece of paper. They were sorted into themes which were then labelled as categories by the

researchers (SM and SG). To test the reliability of the categorisation, the statements were shuffled and an independent rater re-sorted them into the same categories. There was a high level of agreement, 89%, between the separate raters. Two others (HL and DB) examined the validity of the categories, reporting that they made sense, and reflected important themes they could relate to as a student or peer. All quotes are from the interviews.

In addition, at the end of each course we asked students for feedback using a structured questionnaire where students reported their responses on likert scales with space for comments. Descriptive statistics were computed. Data from 220 course feedback forms is presented here in the form of valid percentages.

## Findings

Students reported high levels of satisfaction according to feedback forms.

- 96% students said that the course they attended was 'good' or 'excellent'.
- 97% students said they would be 'likely' or 'extremely likely' to recommend the Recovery College to friends, family or colleagues

Students were positive about the college in the interviews:

*The best idea I've ever heard of in mental health. Made a big change to life, and gave help when needed most.*

*Improved self-esteem and confidence. Sense of fulfillment and achievement.*

*Giving me a smile again.*

We identified nine categories of what made the Recovery College helpful:

1. Learning from other students
  - You're not the only one
  - We share and learn from each other
  - Learning from a mixed group
2. Co-production and the value of lived experience
  - Having both peer and professional trainers
  - Specific to peer trainers
3. Safe supportive environment
4. Learning new knowledge
5. Social opportunity
6. Structure to the day
7. Choice
8. Curriculum and progression
  - a. Longer courses – curriculum
  - b. Scheduling conflicts – timetabling
  - c. Signposting - progression
9. Supporting Learning
  - a. Specialist CPD for trainers
  - b. It's hard but it's worth it – student effort and support needs

### 1. Learning from other students (41 statements)

Students emphasised the value of learning from each other.

- 86% described their relationship with the other adult learners as 'good' or 'excellent'.

- 81% said it was 'helpful' or 'very helpful' being on a course with a mixed group of students with mental health challenges, relatives / carers and staff / professionals.

Meeting others who had experienced similar challenges helped them realise they were not alone. They valued talking with people who had been in a similar situation. Students valued seeing one another's strengths and contributions, and supporting each other with challenges. They appreciated mixed groups of like-minded people from different backgrounds. This highlights the contribution students make to each other's recovery and how each student is also a 'teacher' to fellow students.

- You're not the only one (16)**  
*Realise you're not the only one.*  
*Meeting people in the same boat as me.*  
*Reassuring to meet other people who have been in the same situation.*
- We share and learn from each other (11)**  
*We were able to share and learn from each other.*  
*It was comforting to share experiences.*  
*It was helpful to hear about someone else's personal journey.*
- Learning from a mixed group (14)**  
*Interested in aspects of other people's lives and how it affects their behaviour.*  
*Mixed group was very helpful.*  
*Helpful to see how anxiety affects people at different stages in their lives*  
*Exchange of experiences is essential for improving practice.*

## **2. Co-production and the value of lived experience (28)**

Students valued the relationship with trainers and the co-production environment.

- 94% said it was 'helpful' or 'very helpful' that the training was facilitated by both peer trainers with lived experience and trainers with professional expertise.
- 91% described their relationship with the trainers as 'good' or 'excellent'.

They spoke about the value of co-production and co-delivery; courses taught by both a professional with expertise by training and a peer trainer with lived expertise. Students specifically valued peer trainers' lived experience as they knew what they were going through. Peers offer hope, inspiration and a role-model for recovery.

- Having both peer and professional trainers (19)**  
*Good to have a course with professionals and people who've experienced it.*  
*Way it was delivered: having two types of trainers.*  
*Different insights and perspectives.*  
*It was the equality, learning from peer trainers' lived experience and professionals that helped.*
- Specific to peer trainers (9)**  
*Gave me an idea of what I could build on.*  
*Knew they could identify with my experiences.*  
*Because [they] had lived it, they had a good understanding of what we were experiencing.*

## **3. Safe supportive environment (17)**

Students valued the personal qualities of the staff: empathy, warmth and the safe and supportive environment the Recovery College, and trainers in particular, created.

*The staff were great and made everyone feel comfortable.  
All courses have created a safe and welcoming environment.  
I felt more relaxed and understood.  
It's the personal qualities of the staff, both peers and professionals, that makes the difference.*

#### **4. Learning new Knowledge (26)**

- 84% students reported improved knowledge and skills
- 72% felt confident using what they had learned.

Session content and what students learned was one of the most valued aspects of the Recovery College. Students appreciated the combination of knowledge and skills taught from lived experience and the expertise of psychologists, pharmacists, nurses and other professionals. This highlighted the educational component of courses. Students appreciated being given information so that they could become experts in their own care and be in the 'driving seat' of their own recovery.

*It was helpful to learn techniques that help me manage my anxiety.  
It gave me a better understanding about problems in mental health and my illness.  
Learning something new gave me confidence.  
The combination of professional and research evidence knowledge coupled with real life knowledge made it come alive  
Courses have interesting information and handouts at an accessible level building over the weeks improving knowledge and confidence in specific areas.*

#### **5. Social Opportunity (15)**

Students valued meeting new people, making friends and the social aspects of Recovery College.

*I have met people who I will continue to meet up with.  
I enjoyed interacting with others.  
Meeting up regularly with other people with similar goals [...] has improved my social life and reduced isolation.*

#### **6. Structure to the day (5)**

Recovery College provides structure, increasing structured activity and creating spaces for reflection.

*Nice to have some stuff in my day - structure.  
Switch off the 'fast forward' - it's greatly improved my life.*

#### **7. Choice (2)**

During the interviews only two students spoke about the importance of being given choice from a range of options. Suggestions around curriculum and timetabling below may also relate to choice.

*Choice is empowering – it's not being prescribed, not being forced, but actively choosing - you choose what course from a prospectus, instead of professionals assessing and referring.  
Range of options.*

## **Suggested Improvements**

### **8. Curriculum and progression (17)**

#### **a. Longer courses - curriculum (7)**

The most common suggestions for improvement were for longer and more courses.

*Go on more courses if possible.  
The courses longer and more in-depth.*

#### **b. Scheduling conflicts – timetabling (4)**

*Kept getting dates mixed up and changed.  
Have courses running at different times so they do not overlap.*

#### **c. Signposting - progression (6)**

*Links up to something after the course finishes.  
Being able to find out how to become a peer trainer.  
I feel more prepared to tackle voluntary work.*

### **9. Supporting learning (10)**

A number of students talked about the challenges of attending college either from the perspective of what trainers could do to support the class more or of how challenging they found it

#### **a. Specialist CPD (continuing professional development) for Trainers (2)**

A couple of students mentioned specific areas of skills development for some trainers around classroom management and recovery orientation:

*Different strengths being able to tell people to wait for the end to ask questions, to control the courses better, take over conversation, whispering.  
Trainers being more recovery focused.*

#### **b. 'It's hard but it's worth it' – student effort (8)**

Finally, a number of students found the courses challenging but worthwhile.

*For me, it was a good learning curve.  
It was daunting.  
Hard at first but as time progressed I felt more at ease.*

The following is the story of one of our student journeys through the Recovery College.

## **A Student's story**

I'd like to give some background information leading up to my introduction to the Recovery College; and then my journey as a student.

In May 2013, I was in a state of shock from three bombshells in my life. First, a 'mental health' diagnosis that January of Bi-Polar Disorder. Second, a three month Hospital stay in an acute wing, following the Christmas of 2012. Third, a massive adjustment to life on medication. I am highly sensitive to medication and was pretty sedated.

At 42, all three factors loomed large in my life, and were devastating life events for me. Their combined effect led to a massive crash in my self-esteem and confidence, my sense of self-worth, and ability to function.

So, in the not too distant past I was in a really fragile state. At this point, I feel very lucky to have been introduced to The Recovery College, by my amazing Occupational Therapist. She brought round the 2013 June – October Prospectus to my flat. This was to become an important document to me. Looking through it, I was relieved to see Course Summaries that read like windows of opportunity, and courses that were really relevant to my recent experience, such as Understanding a Diagnosis of Mood Disorder, and Understanding Medication. This information would be crucial to help fill big and important knowledge gaps, part of my Recovery jigsaw puzzle. Combined with subjects of Mindfulness and Recovery, these studies helped put me in the driving seat of my own Recovery.

Other Courses were aimed at different interests, such as Writing for Recovery, The Meaning of Life, Food and Mood, and Exercise. These topics were creative, philosophical, practical and beneficial. The Prospectus choice felt empowering to me, and respected my intelligence. The Course time-table was easy to understand. I enrolled on three courses to start with. The process was simple and friendly, and I felt like I was in safe hands. As my interest had been sparked on several courses, and as I progressed as a keen student I asked if there were opportunities to study more than three Courses. Where spaces were still available I was included.

My Recovery Journey was still in its early stages and the attitude of staff was of great importance. My first face to face encounter with Recovery College staff was when I had been called to attend an initial pre-course Individual Learning Planning (ILP) and Evaluation meeting. I remember being warmly greeted into a small group room by a Peer Trainer who explained she had suffered with a serious depression herself. This caused a wave of relief and a resonant connection. Each time a Peer Trainer subsequently talked openly about mental health challenges I felt strengthened. I am now realising the power of such statements, and am taking courage to make them more often myself.

To fill in an ILP was important, and made me reflect on my own personal goals. These included improving my social skills, and improving my confidence. There was plenty of opportunity to practise social skills at the Recovery College, in a supportive atmosphere. Encouragement from trainers and fellow classmates helped naturally boost confidence levels, so the College certainly helped me

This article is © Emerald Group Publishing and permission has been granted for this version to appear here ([www.sussexrecoverycollege.org.uk](http://www.sussexrecoverycollege.org.uk)). Emerald does not grant permission for this article to be further copied/distributed or hosted elsewhere without the express permission from Emerald Group Publishing Limited.

achieve my overall goals. It was also helpful to look at specific learning goals with each course. I was surprised, and pleased to see how much I had learned and progressed on specific Courses. For example Creative Writing kick-started me writing about my personal recovery journey at home, so the knock on effects of skills learned can be pretty tangible.

Filling in a series of questionnaires that would help gain research results for the Evaluation could have been a daunting and long-winded task, but our staff were so positive and friendly that the task became fun, and relevant.

Friendships and shared experience from classmates helped glue the courses together where an atmosphere of confidentiality, respect and support was fostered as we learned from one another. In all classes we were encouraged rather than forced to take part.

At a very difficult patch in my life the Recovery College helped support me, and smooth my transition through with encouragement, warmth and compassion. These personal qualities of Trainers and staff were a common thread which ran through all courses and procedures of the College, and are I believe, one of the Recovery College's biggest strengths.

So, what did I learn? Well, too much to go through here, so I will give you a few examples. One week, in a Mindfulness class, I could be following a guided meditation in our group on thoughts, feelings and sensations, learning to increase my awareness and live in the present - really helpful techniques which have a profound and lasting beneficial effect on thought patterns. This was complemented by positive thinking, tips and practise on the Recovery course. Both helped put me in more control of my own thoughts. The next week, in Food and Mood, I practised monitoring my own weeks' diet with a food and mood chart. I learnt how different foods directly affect neurotransmitters in the brain, which in turn influence moods, energy levels and even sleep. Class notes, inspiring practical teaching and take home resources helped me retain knowledge, skills and techniques, which I could then apply to my daily life.

I was proud to graduate from the Recovery College with seven courses under my belt. The Graduation Ceremony really marked significant achievements of students and staff, and was a special social opportunity. It was a privilege to witness the pride that many students displayed on receiving their graduation certificates. I chose to write a speech as a way of saying 'Thank-you' to all those involved which (once delivered) was another confidence boost.

Since graduating as a student, I was keen to become involved with behind the scenes work of the RC. This means working with an inspirational, supportive and fun bunch. I have been really lucky to be involved in meetings and tasks where my brain is challenged, my input is valued and my confidence grows. I am proud to be Volunteer Student Representative this year. I have already started introducing new students with heart felt recommendations. We plan on running a friendly student union this year to help feedback opinion and data to the Recovery College, to develop a newsletter, and to provide a social sphere.

I am also enjoying volunteering at the Your Way Café. Plus, I am applying to work and train in Peer Support. With all this progression, my Psychiatrist is looking towards discharging me. A big thanks to the Recovery College that things are looking brighter!

## **Discussion**

The student interviews and narrative suggest that Recovery College helps through learning from other students, realising you are not the only one; co-production and the value of lived experience as well as professional training; safe supportive environment; learning new knowledge and skills; social opportunities and structure to the day; choice, curriculum and progression. Our findings support McGregor et al (2014)'s core components of Recovery College and the features initially defined by Perkins et al.(2012).

The narrative highlights choice from the prospectus, personal goals and being in the driving seat. Students have also spoken about how choice is empowering, but this was mentioned less in the interviews. This may be because the interviews were part of end of term reviews, some time since registration choices and before graduation.

Curriculum and timetabling were identified as areas for improvement. This mirrors feedback from the student union who suggested additional courses. During the pilots some course dates were unavailable when the prospectus was printed and some changed; some courses coincided; others were over-subscribed. Clashes are not necessarily negative as students can choose their preferred course at that time however students have requested fewer clashes. We wonder if those students who did not get on a chosen course might have suggested having more courses or running some twice. We hope to expand the college so that there are more course places and to reduce scheduling conflicts.

Two students criticised trainers. Trainers need to be skilled in teaching, in mental health topics their course covers, and recovery oriented. We are tightening governance at the college and offering more training in core areas of recovery and teaching practice.

We reflected on how we do this from trainer perspectives. Students feel inspired. Recovery can happen. We give people hope. Recovery College is not what you can't do, but what you can do. We look at 'what is strong not wrong'. Students gain confidence, and trust in their own ability to self-manage. Students become empowered. They develop self-awareness and self-esteem. Students begin to have goals and dreams for their future, and a meaningful life.

The Recovery College helped students progress with their lives but they would have valued more signposting. At initial ILP meetings, students identified their goals and learning support needs / reasonable adjustments, and finalised their course choices. Recovery College offers support to maximise the potential, effort and contribution of students. Buddies, text reminders and large-print handouts enable as wide a range of students as possible to attend, regardless of disability. The narrative suggests students value assessing their progress. We could review these after the courses ended. We have since introduced follow up ILP meetings focusing on recording achievements, assessing progress with goals and signposting next steps. These form the basis of routine outcome measurement for individuals, and when collated, the college as a whole.

The current paper is a qualitative service evaluation and case study. There is a need for further research to establish effectiveness and on the key elements that contribute to this.

Recommendations for the development of Recovery Colleges include focus on choice, the involvement of students in taking back control of their own recovery and building a successful college; co-production of courses and the college itself, bringing together peers with lived experience, mental health professionals and student representatives. Students need to be guided through the

journey including using ILPs to identify goals, progress and opportunities at the college and then onward progression. Mental health based colleges need to establish an educational ethos with a curriculum, learning and timetabling which offers structure and choice.

## Conclusion

Sussex Recovery College is many things; alchemy, more than the sum of its parts. Its leadership inspires, drawing on both professional and peer expertise gained from years working and living within the field of mental health. The brave and deep teachings from Peer Trainers who skilfully and compassionately use their lived experience of mental health challenges supports others. It provides practical skills, tools and knowledge based on current theories and research. It brings students together to support and learn from each other. It offers the empowerment that comes from being able to choose what works for you, building on your strengths and celebrating your successes. Recovery College is a special learning environment, respectful of the individual's experience, welcoming and nurturing; with an underlying passion for empowerment and the journey of recovery and growth.

## References

- Department of Health (2011). *No Health Without Mental Health: a Cross Governmental Mental Health Outcomes Strategy for People of all Ages*. London HMGovernment.
- McGregor, J., Repper, J. and Brown, H. (2014), 'The College is so different from anything I have done'. A study of the characteristics of Nottingham Recovery College, *Journal of Mental Health Education Training and Practice*, Vol. 9(1); pp.3-15.
- Meddings, S., Byrne, D., Barnicoat, S., Campbell, E. and Locks, L. (2014). Co-Delivered and Co-Produced: Creating a Recovery College in Partnership. *Journal of Mental Health Training, Education and Practice*. Vol 9(1); pp.16-25.
- Meddings, S., Campbell, E. Guglietti, S., Lambe, H., Locks, L., Byrne, D. and Whittington, A. (forthcoming). From service user to student – the benefits of recovery college. *Clinical Psychology Forum*.
- Perkins, R., Repper, J., Rinaldi, M. and Brown, H. (2012). *Recovery Colleges*. ImROC, NHS Confederation, Centre for Mental Health.
- Rinaldi, M. and Wybourn, S. (2011). *The Recovery College Pilot in Merton and Sutton: Longer Term Individual and Service Level Outcomes*, SW London and St Georges NHS Trust, London.
- Shepherd, G., Boardman, J. and Slade, M. (2008). *Making Recovery a Reality*. London: Sainsbury Centre for Mental Health.
- Shepherd, G., Boardman, J and Burns, M. (2010). *Implementing Recovery: a methodology for organisational change*. London: Sainsbury Centre for Mental Health.
- Social Care Institute for Excellence (SCIE), CSIP and RCPSYCH (2007). *A Common Purpose: Recovery in future mental health services*. London: SCIE.

Zucchelli, FA and Skinner, S (2013) Central and North West London NHS Foundation Trust's (CNWL) Recovery College: the story so far... *Mental Health and Social Inclusion*, Vol 17(4), pp.183-189.

### **To find out more about Sussex Recovery College**

See our website: [www.sussexrecoverycollege.org.uk](http://www.sussexrecoverycollege.org.uk)

Or watch our film: [http://youtu.be/QFc\\_9nZNY\\_k](http://youtu.be/QFc_9nZNY_k)

Address for correspondence: [sara.meddings@sussexpartnership.nhs.uk](mailto:sara.meddings@sussexpartnership.nhs.uk)

### **About the Authors**

Sara Meddings: psychology and psychological therapies lead for recovery and wellbeing at Sussex Partnership NHS Foundation Trust and Sussex Recovery College joint lead. She draws on her lived experience in her work with the college.

Shannon Guglietti: assistant psychologist at Sussex Partnership.

Hazel Lambe: Sussex Recovery College student; volunteer buddy, and student representative. She has lived experience of mental health challenges with a recent diagnosis of Bipolar Disorder.

Diana Byrne: Senior Peer Recovery Trainer at Sussex Recovery College / Sussex Partnership; diagnosed with Bi-polar disorder 33 years ago; lecturer and founding member of 'Cuser' at Brighton University; activist, campaigning for 15 years for better mental health care.

### **Acknowledgements**

Thank you to all the students of the Recovery College who took part in the interviews, Emogen Campbell for carrying out interviews, Emily Skye for reliability testing and Lucy Locks.