A Process and Intermediate Outcomes Evaluation of an Australian Recovery College

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Recovery Outcomes, Recovery Colleges, Process Evaluation

Abstract

Recovery Colleges are a rapidly expanding innovative approach aimed at supporting the personal recovery of people with mental health issues, yet there is a dearth of high quality evidence that evaluates this service delivery model.

Objective: The aim of this evaluation was to systematically examine the processes involved in the implementation of the Mind Recovery College™ model in Australia and to measure intermediate outcomes for people who engaged with it.

Research Design and Methods: The evaluation employed a co-produced mixed-methods design, involving document review, individual semi-structured interviews, a survey and focus group discussion with people engaged with metropolitan and regional Victorian College campuses. Fifty-one people participated in the evaluation, including: previous and current students with a lived experience of mental ill-health; families and carers; staff members; and community stakeholders. Qualitative data were analyzed using framework and content analysis, and quantitative survey results were descriptively interpreted.

Results: Students reported a high level of satisfaction with the Mind Recovery College™ and positive impacts on various aspects of their lives, such as regarding the promotion of learning and growth, the adoption and maintenance of a healthy lifestyle, employment and cultural activities. The results suggest that the Mind Recovery
College™ is operating primarily as an educational service that uses a strengths-based and co-production model to emphasize hope in recovery, the utility of lived experience of mental ill-health, and the value of education and social inclusion.

**Conclusions:** Through its emphasis on personal strength and education, the Mind Recovery College™ appears to be assisting people with mental illness to feel more empowered and able to address their personal recovery goals.

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**Introduction**

Recovery Colleges are a rapidly expanding innovative approach aimed at supporting the personal recovery of people with mental health issues. The concept goes back to early international initiatives that were first developed and trialled in the United States and United Kingdom (UK).¹ The Recovery College Model complements existing mental health support services by establishing educational platforms to support self-directed recovery and learning opportunities for those experiencing mental ill-health. This model is also designed to advance the recovery orientation of services through co-production of relevant learning content by people with and without lived experience of mental illness. This model enables power sharing that promotes stigma reduction, social inclusion and choice.²

According to McGregor et al. (2015), there are over forty Recovery Colleges in existence across at least seven countries; and as they are being established, efforts to systematically evaluate these Colleges (e.g., in terms of resulting outcomes or effectiveness) are still in their relative infancy.³ Nevertheless, since the first international review of Recovery College models and associated evaluation approaches⁴, international efforts to strengthen and systematize research and evaluation efforts in regard to Recovery Colleges have gained considerable momentum, particularly through the REFOCUS research collaborative in the UK.⁵ There have been evaluations of similar education initiatives in a diverse range of settings that have been encouraging in relation to the promotion of recovery and rehabilitation.⁵⁻⁸ There is some evidence that Recovery Colleges may reduce acute mental health service usage⁹ and have a positive impact on students' sense of empowerment and self-efficacy.¹⁰ However, McGregor et al. (2015) explain that the current evidence tends to be limited to client feedback and little is known about what aspects of Recovery Colleges are effective and for whom.³

Meddings et al. (2015) found that Recovery Colleges have the potential to benefit not only students but also those who deliver the training and the surrounding service system.¹¹ Thus, Recovery Colleges may be described as having a transformative effect. The authors concluded that practice-based evidence that describes the characteristics of students, defines the processes undertaken and accumulates evidence about outcomes using agreed criteria, is important to determine the value of Recovery Colleges.¹¹

McGregor et al. (2015) summarize the situation as follows:
Available evidence is consistent in demonstrating that those attending [Recovery Colleges] appear to benefit in terms of increased feelings of empowerment, self-confidence and a willingness to pursue opportunities to achieve personal recovery goals, including but not limited to; enrolling for further education, applying for jobs, learning to drive, establishing or re-establishing social contacts. The presence of [Recovery Colleges] within traditional mental health services also appears to be associated with positive changes in relation to staff attitudes, raising expectations, and believing that it is possible for many people to achieve their personal goals. These outcomes can be understood in terms of stigma reduction: (a) on the part of the individuals themselves (reduced ‘self-stigma’); and (b) reductions in stigmatizing attitudes held by some staff (institutional stigma) (p.4).

Established in 2013, the Mind Recovery College™ was the first Recovery College created in Australia. As with other Recovery Colleges internationally that adopt a health inequalities and rights-based approach to health development, the goals of the Mind Recovery College™ were to: prioritize co-production and role of people with a lived experience in design and delivery of learning activities; and implement adult learning principles, oriented to support personal recovery. Despite the emerging evidence base for Recovery Colleges internationally, there is limited research to date that evaluates the Recovery College model in the Australian context. As such, systematic evaluation of the implementation of the Mind Recovery College™ model is important to inform the continuing organizational rollout and improvement of this program in Australia and to strengthen the associated international evidence base underpinning the concept more generally. Support for further innovation and service improvement is critical in the context of ongoing evidence that current models of mental health service delivery are performing poorly in improving the health and wellbeing of Australians with mental ill-health. This paper will describe the first systematic process and intermediate outcomes evaluation of the Mind Recovery College™.

Research Design and Methods

The aim of the process and intermediate outcomes evaluation was to systematically examine the processes involved in the implementation of the Mind Recovery College™ model and to measure intermediate outcomes for people who engaged with this Australian Recovery College. Intermediate outcomes are those that allow an assessment of the impact the College is having on the students and other stakeholders in the medium term, and whether the College is meeting expectations. Intermediate outcomes complement process indicators that explore whether the College has maintained fidelity to the original plan developed by Mind Australia Limited, and what is emerging in the international literature about the Recovery College model.

Specifically, the evaluation sought to examine: (A) how Mind Australia had adapted the Recovery College model to the Australian context; (B) the fidelity of the Mind Recovery College™ implementation to its plan; (C) the impacts and any potential harms of the
Mind Recovery College™ on the different stakeholder groups; and (D) the ‘active ingredients’ of the Mind Recovery College™ model in the short-term.

The evaluation employed a co-produced mixed-methods design involving document review, individual semi-structured interviews, a survey and a focus group discussion. In this evaluation, co-design was achieved through, not only consultation and participation, but having people with lived experience involved in designing the College’s overall evaluation framework and, later, employing a consumer researcher (SB) who was involved in the design of this project, data collection and analysis. Persons with a lived experience of mental ill-health, families and carers worked collaboratively with the research team to co-design the methods and materials, and implement the focus group discussion. This was a deliberate strategy to ensure the perspective of people with lived experience was invited and valued throughout all aspects of the project. The principal investigator (LB) has significant experience in working alongside and supporting consumer researchers.

This co-design process created space for the historically marginalized voices of persons with lived-experience of mental ill-health and their families, and aimed to better translate the findings into practice. Ethics approval was granted by the University of Melbourne Health Sciences Human Ethics Sub-Committee (number: 1545741).

Setting

The Mind Recovery College™ has a hub and spokes model, with a main campus in the Melbourne metropolitan area and five satellite campuses in regional Victoria at the time of the research. Data collection occurred from January to April 2016 at the central Melbourne metropolitan campus and the largest regional campus. During this time, the Mind Recovery College™ had ten staff including a College Director, Operations Manager, several Learning and Development Consultants and a pool of sessional facilitators. The sessional facilitators were people with specific subject expertise and/or a lived experience of mental ill-health and/or were concurrently undertaking courses offered by the Mind Recovery College™. In 2014, the College ran 50 courses that were attended by 345 students (126 of whom were unique students). In 2015, this increased to 516 students, and 636 students attended courses in the first and second terms of 2016 (the number of unique students is not available).

Data Collection

Four stakeholder groups were recruited for the evaluation: (1) previous and current students with a lived experience of mental ill-health; (2) families and carers; (3) staff members; and (4) community stakeholders who self-identified as having a connection to the Mind Recovery College™. Participants were recruited using flyers, online advertisement through the Mind Australia website, and direct contact at the research locations. To reduce barriers to participation, students and family members were invited to participate in one of three ways: an individual interview, an online survey or a focus group discussion.
The primary data source for the evaluation was from individual interviews conducted with students, family members, staff and community stakeholders. Individual semi-structured interviews lasting approximately 45 minutes were conducted face-to-face in a private location using an interview guide tailored to participant type. The interview guide enquired about the participants’ experience at the Mind Recovery College™ to address both process and intermediate outcome questions. For example, participants were asked about any aspects of the College – the physical and symbolic space, and the delivery and content of courses – that they liked, found challenging or wanted to improve. A pictorial version of the Inclusion Web was used to prompt discussion during student interviews about the impact of the Mind Recovery College™. The Inclusion Web is a validated tool used to assess eight recovery-orientated domains of social inclusion: education and learning; volunteering; spirituality; family, friends and carers; mental health services (clinical or community); and healthy lifestyle. Students also completed two self-report questionnaires, the Mind Australia Satisfaction Survey (MASS) and the Developing Recovery Enhancing Environments Measure (DREEM), that respectively assessed service satisfaction and the adherence of the service to recovery-oriented principles. A copy of the interview guide is available from the authors upon request. Individual interviews were audiotaped with permission and transcribed by an independent transcriber. In addition, a survey was completed by some students, staff and community stakeholders using the same questions as the interview guide for each participant type.

The documentation analysis reviewed all Mind Recovery College™ documentation (n = 56) supplied or available online, including concept and programming documents, promotional and staff training materials, course prospectus and internal memorandums and reports (See Appendix). The documentation analysis provided information to assess the processes of implementing the Mind Recovery College™. A focus group with students and a family member was conducted to explore further the key themes relating to the process and intermediate outcomes that emerged from the documentation analysis, interview and survey responses and was co-facilitated by a consumer researcher. Participants in the individual interviews and focus group were remunerated with a $25 shopping voucher.

Data Analysis

Framework analysis with NVivo 11.0 was used to analyze the transcribed interviews and the focus group data as follows. Framework analysis is a “systematic and flexible approach to analysis that enables the involvement of multiple researchers in analysis.” After familiarization with the transcripts, one researcher (TH) developed a preliminary thematic framework based on a priori themes derived from the interview guide and newly emergent themes, totalling 15 main themes. The researcher applied this thematic framework to code six interviews (20% of the total), which were independently coded by a second researcher (LB). The researchers differed on three categories (“space,” “principles” and “process”) which were discussed, and a new theme “enabling environment” was agreed on. The refined thematic framework was then applied to all interviews and confirmed through consultation with other members of the research
team. Data saturation for the student interviews was identified after 12 interviews, but all interviews were analyzed. Focus group data was used to corroborate trends emerging from the individual interviews and as a primary source of data to elaborate on these existing themes. Thirteen main themes and 52 subthemes were identified in the data. Quantitative analysis (frequency and averages for the satisfaction and recovery orientation measures) was conducted using SPSS 23.0. Mind Recovery College™ documentation was synthesized using content analysis.

Results

Fifty-one unique individuals participated in the evaluation as 30 interview participants, 16 survey respondents, and five focus group participants (refer to Table 1). The sample was 81.5% female (n = 44; male: n = 9, 16.7%; gender-free: n = 1, 1.9%), with a mean age of 43.4 years (SD = 13.1 years; range = 19 to 71 years). The majority of participants had a connection to the central campus (75.9%, n = 41).

Table 1. Participant Demographics

<table>
<thead>
<tr>
<th>Participant type</th>
<th>Methodology</th>
<th>n</th>
<th>Mean age in years (range)</th>
<th>n female (% of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Interview</td>
<td>20</td>
<td>45.0 (29 - 71)</td>
<td>15 (75.0)</td>
</tr>
<tr>
<td></td>
<td>Survey</td>
<td>6</td>
<td>46.3 (35 – 74)</td>
<td>6 (85.7)</td>
</tr>
<tr>
<td></td>
<td>Focus group^</td>
<td>4</td>
<td>41.3 (26 – 54)</td>
<td>3 (75.0)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>30</td>
<td>44.8 (26 – 74)</td>
<td>24 (77.4)</td>
</tr>
<tr>
<td>Family and carer</td>
<td>Interview</td>
<td>2</td>
<td>35.5 (19 – 52)</td>
<td>2 (100)</td>
</tr>
<tr>
<td></td>
<td>Survey</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Focus group</td>
<td>1^</td>
<td>*</td>
<td>1 (100)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>3</td>
<td>44.7 (19 – 52)</td>
<td>3 (100)</td>
</tr>
<tr>
<td>Staff</td>
<td>Interview</td>
<td>7</td>
<td>41.1 (31 – 58)</td>
<td>7 (77.8)</td>
</tr>
<tr>
<td></td>
<td>Survey</td>
<td>4</td>
<td>29.25 (25 – 38)</td>
<td>4 (100)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>11</td>
<td>37.5 (25 – 58)</td>
<td>11 (84.6)</td>
</tr>
<tr>
<td>Community stakeholder</td>
<td>Interview</td>
<td>1</td>
<td>*</td>
<td>1 (100)</td>
</tr>
<tr>
<td></td>
<td>Survey</td>
<td>6</td>
<td>46 (25 – 71)</td>
<td>5 (83.3)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>7</td>
<td>47.9 (25 – 71)</td>
<td>6 (85.7)</td>
</tr>
</tbody>
</table>

*values have been omitted to protect participant identity when n = 1
^ a combined focus group was conducted with the student members and the family member.
Satisfaction and Intermediate Outcomes

The MASS findings indicated that students had a high overall level of satisfaction with the Mind Recovery College™; satisfaction was highest for ‘staff respect of students’ and the ‘safety and comfort’ of the service. Satisfaction with ‘staff respect for students’ was in line with interview comments that highlighted the neutral power dynamics between staff and students, and the approachability and professionalism of staff. The standardized DREEM measure revealed that the Mind Recovery College™ service environment was orientated towards promoting learning and growth (mean = 4.88/5), for being inspiring and encouraging (mean = 4.79/5), and that the staff were caring and compassionate (mean = 4.79/5). This finding was also reflected in student reports that the Mind Recovery College™ had the greatest impact on education and learning in their lives.

Some students interviewed reported that it was challenging to handle distress from other students during a course (n = 8) and that course content was sometimes a trigger for their past pain (n = 4). Several students were also dissatisfied with the concept of recovery as promoted by the Mind Recovery College™, believing instead that recovery was not possible but ‘discovery’ was (n = 3). Students also reported difficulties managing the time conflict between taking courses and involvement in other activities (n = 3). However, all the students who reported these adverse experiences continued to attend the College.

Overall, in the interviews, students reported that the Mind Recovery College™ had a resoundingly positive impact on many aspects of their lives in response to the Inclusion Web questions. The most commonly reported impact for students was in education and learning. For many students, attendance at the service provided them with access to new knowledge, ways of thinking and recovery opportunities that had been unavailable to them in other settings due to their level of disability.

The second most frequently reported impact on students in the Inclusion Web was that the Mind Recovery College™ encouraged them to adopt and maintain a healthy lifestyle. Specifically, attendance at the service had supported one participant to reduce smoking and several others to be more physically active. The third most common area of impact reported by students was on employment. Several students had taken up the opportunity to participate in the formulation and facilitation of College courses either on a paid or voluntary basis. Other students reported learning about career options such as peer support positions after coming to the Mind Recovery College™. All respondents to the MASS reported their intention to use the Mind Recovery College™ again.

Implementation Process and Conceptualizations of the Mind Recovery College™

The documentation analysis and staff interviews demonstrated a strong commitment by the Mind Recovery College™ to use a strengths-based and co-production model to emphasize hope in recovery, the utility of lived experience of mental ill-health, and the value of education and social inclusion, as proposed in the initial plans for the College.
The Mind Recovery College™ has adopted the operational structure of an adult educational institution, including a staffing structure with a Director, learning and development consultants, an administrative officer, a pool of sessional facilitators, and course development overseen by a Curriculum Committee. The Mind Recovery College™ provides a wide range of courses to assist persons with lived experience of mental ill-health in their recovery including educational materials, individual learning plans and a prospectus to enhance student choice and agency. The Mind Recovery College™ has largely co-produced its own courses and training materials. The Mind Recovery College™ collects attendance and enrolment information in line with an educational framework.

The Mind Recovery College™ was conceptualized in three main ways across the interview, survey and focus group responses and documents: (1) as an education service, (2) as a different service model, and (3) as a complementary mental health service. A third of participants in the interviews thought of the Mind Recovery College™ as an education service. Many students saw the Mind Recovery College™ as a source of knowledge through which to gain new perspectives:

“I’m getting more knowledge and learning skills and getting information and resources… and also access to people who have expertise in certain areas” (Student).

Other students saw the Mind Recovery College™ as providing a “stepping stone” to other options in education, such as TAFE (vocational training facility), and in other aspects of their life such as employment and volunteering:

"at the moment…I don’t have the confidence to be in a so called normal classroom environment and university setup. So I sort of feel this will be a good stepping stone until I get into that university sort of set up" (Student).

The interaction of people as students and peers neutralized power dynamics between staff and students consistent with underlying principles of the Recovery College model. One staff member with a lived experience of mental ill-health commented:

“…it seems like everyone’s mutual and you just go in there and just being curious with all these subjects, and you can learn things along the way” (Staff).

Staff members saw the Mind Recovery College™ operating as an education service because of its structure:

“[it has the] procedural environment of a standard educational institution, [with] a director,…learning advisors,…teachers and the people who attended the College [are] students, and the…policy and procedure that you’d see in an education environment,… like course development processes,…student progress monitoring” (Staff).
Students and staff members emphasized the recovery orientation of the education service:

“it's just an education-based facility for people to come and learn about recovery principles and self-development skills and strategies to help with living with mental illness” (Staff).

Another staff member said it was important that the Mind Recovery College emphasized that recovery is not a linear process so instead:

“[provided] a whole menu of ways...[to] contribute to your recovery. And...a normalization that what they're living with...I think it can provide them with a pathway” (Staff).

The second most frequent conceptualization of the Mind Recovery College in the interviews was as a different model of mental health service provision (n = 9):

“Here we have an open environment that’s safe and again we see people as people, not as a diagnosis or as a patient or as a label” (Staff 1).

One student saw the Mind Recovery College as providing recovery-orientated education in ways that they had not previously experienced:

“it’s really relevant to where I am in life...because we are not really taught about the mind at school or how to cope...here you are getting at least some sort of tool, some sort of education, some sort of guidance” (Student).

For another student, the interaction between staff and students at the Mind Recovery College was in stark contrast to their experience in mainstream mental health services:

“The language [mainstream mental health services are] using and the way in which [they're] treating [consumers] is keeping them down...This College gets people to stand up. You come in and you might be crawling on the floor and then you get to sitting up you know it's like you’ve got to walk before you can run before you can fly and the College can get you to do that” (Student).

The Mind Recovery College was also seen as a complementary mental health service by interview participants (n = 5), being an education service operating within the jurisdiction of a mental health organization. Staff members underscored that:

“Recovery Colleges are [not] here to take over the way things are run, and only ever be just recovery Colleges, I think we’re just here to complement other services” (Staff).

For one student, the Mind Recovery College was:
“not necessarily therapeutic or straight out educational information it was a hybrid …it’s not therapy but people still share their experiences which can have that value. So I really like that mix” (Student).

The focus group reiterated that the Mind Recovery College™ had “therapeutic value but it may not be therapy – that’s the point” (Focus group student participant).

**Key Ingredients of the College**

The ‘enabling environment’ of the Mind Recovery College™ was identified as a key driver for positive experiences from students and families and carers. The Mind Recovery College™ has promoted a strong community and connection between students and staff. Participants enjoyed their ability to relate to other students and staff with lived experience in a way that they had not experienced in other mental health settings. Many students reported that the environment of the Mind Recovery College™ instilled hope that their lived experience of mental ill-health had value. For some students, it was the idea that they could use their lived experience in the future:

“…it’s an encouraging thing to sort of see people that have a lived experience that were actually running and facilitating the course, and then speaking openly about that, it does give you hope that you are not going to be stuck where you may have been for a long time” (Carer).

Interview, survey and focus group participants also emphasized the importance of ensuring that all courses were recovery oriented and holistic including aspects of both physical and mental wellbeing. Students also enjoyed and requested employment oriented courses that assisted them to build their skills and curriculum vitae. For many students, the Mind Recovery College™ provided them with a space for meaningful social interaction.

Staff in individual interviews and survey responses reported a positive experience of working at the Mind Recovery College™. For some staff, the chance to witness personal growth in the students was rewarding. For other staff, it was the experience of working in the service environment that encouraged them to think that a ‘different way' of delivering mental health services was possible. The majority of students valued the skills and passion of the Mind Recovery College™ staff, particularly the course facilitators.

Several challenges were identified in the implementation of the Mind Recovery College™. The documentation analysis, individual interviews and survey suggested that there were delays in the development of some key policies and procedures, including the enrolment and attendance information, standardization of evaluation measures and course standardization. Staff and students suggested a number of potential contributing factors to this delay, including: lack of resources, funding and staffing, staff turnover, less defined staff roles, and the expansion of the Mind Recovery College™. In addition,
understandings about the Mind Recovery College™ co-production model were not consistent between staff members. Specifically, some staff members were uncertain about the procedures of co-production (i.e., the proportional input to a course necessary from each different stakeholder group for the process to be considered ‘co-production’) and were concerned about delivery of courses developed by external facilitators. In addition, no documents reviewed discussed the specific adaptations of the Recovery College model to account for the more geographically-dispersed Australian population compared to the UK. Some staff members saw the UK model as a benchmark for the implementation of the Mind Recovery College™ model. There was an expectation that the Mind Recovery College™ would act as a “vehicle for impacting on [mental health service] culture” (Staff) even though its relationship with clinical mental health services was quite different due to its location in a mental health community support service.

Finally, staff and students also identified partnerships between the Mind Recovery College™ and other services both internal and external to Mind Australia (for example, community services like libraries and employment services) as an area for further development.

**Mind Recovery College™ Activities After the Evaluation**

In response to the evaluation activities, the College has strengthened the focus of the curriculum committee meetings on revisions and new course proposal processes. Development and revision of courses are now more clearly tracked to completion. This has ensured all new courses and course revisions are fully documented with consistent expectations around co-production and quality measures incorporated. The Mind Recovery College™ has developed a description of the co-production stages as a guideline to enhance the capability of the learning and development consultants, in particular, building the co-production understanding and capability of all team members. This has been in line with the co-production model defined in 2014 but with increased coaching and documentation of the practical processes involved as a guide. The model for thinking about the different things that students want from the College has been useful in understanding the potential needs of students and how these might be accommodated within the Mind Recovery College™ model. Ensuring students understand the model and what is out of scope, for example students wanting more extended informal interaction, has led to strategies around referrals and community linkages. Some specific issues have also been considered such as the introduction of more learning challenges, including extending some courses and offering optional homework if appropriate. There has been staff turnover that has enabled the College to further develop its 'Australian' identity in contrast to the UK model while also remaining in line with fundamental Recovery College features. The Mind Recovery College™ has continued to pursue partnerships with clinical and other mental health service providers to contribute to course quality and system transformation. The main impact of the evaluation has been to provide the College with independent evidence of the value students derive from the Mind Recovery College™. This has been helpful in the continuing work to establish sustainable funding for College activities and in establishing partnerships that enable further impact on service transformation.
Discussion

Mind Australia has adapted the Recovery College model to the Australian context with considerable fidelity to its original plan. The ability for the Mind Recovery College™ to cater to the needs, learning preferences, abilities and support needs of a wide range of people was evident. There were high rates of satisfaction with the College, especially in regard to the neutral power dynamics between staff and students and its respectful environment. The impacts discussed by students demonstrate positive outcomes in relation to achievement of educational qualifications, employment, lifestyle and self-care, and social engagement within the community. The College assists people with mental illness to feel more empowered and able to address their personal recovery goals. Key findings from the process evaluation suggest that the College operates primarily as an education service, but also as a complementary mental health service and a safe haven for some students. The findings highlighted the need for adequate administrative resources for Recovery Colleges to enable important features such as enrolment, documentation and course standardization to be achieved and this is especially important in the context of rapid expansion. There is also the need to develop skills and wisdom around co-production as this continues to be embedded as a core feature of Recovery Colleges.

These findings are consistent with findings elsewhere that the mechanism of change for those who attend Recovery Colleges is more than what might be achieved simply through attending social skills classes or traditional mental health group work focused on new skill development. Through an emphasis on respect, directly addressing differences in power and enabling a safe and supportive environment, Recovery Colleges provide students with a new and satisfying experience that contributes to recovery focused outcomes, including reductions in self stigma and social inclusion. However, there are also challenges for Recovery Colleges as they seek to innovate and provide a genuine alternative model. This evaluation has led to process improvements that have particularly focused on developing a shared understanding of ‘co-production’ and enhancing the College’s initial intention to influence culture change beyond the College through the development of strategic partnerships, locally, nationally and internationally.

This study had some limitations. First, there was less involvement by mental health practitioners than initially anticipated, therefore limiting their perspective. This appeared to be a by-product of the separation between the Mind Recovery College™ and other mental health services. Current developments that co-locate Mind Recovery College™ campuses with other mental health services may enable improved engagement in future research. Second, there was also limited carer perspectives, and alternative ways to improve engagement by carers in these evaluation efforts need to be considered in future. Third, the iterative nature of the implementation of the Mind Recovery College™ meant that there were no key defining features of the College developed from the outset against which to map fidelity to the model over time. Future research should adapt the newly defined fidelity criteria for Recovery Colleges developed in the UK for use in the
Australian context. Finally, there was only limited involvement by a consumer researcher (SB). Considering the value of consumer researchers to engagement and honesty in this type of research effort\(^{15}\), it is recommended that consumer researcher involvement in the research team be enhanced.

**Conclusions**

This paper presented the findings from the first systematic process and intermediate outcomes evaluation of the Mind Recovery College. This mixed-methods evaluation contributes to the development of evidence regarding the appropriateness and effectiveness of Recovery Colleges in the Australian context, adding to the growing international literature about the implementation of Recovery Colleges. The findings indicate that the Mind Recovery College™ uses a process of co-production, and a strengths-based approach to enable a genuine alternative type of recovery-oriented environment for students. Giving ongoing consideration to recognizing the different ways in which people are engaging with Recovery Colleges, and what meaning this holds for them, will be an important aspect of future evaluation activities. The role of the College in a broad range of people’s lives, including those with complex needs, is of importance in the context of the roll out of the National Disability Insurance Scheme (NDIS) in Australia. Recovery Colleges may enhance the potential for genuine choice in the scheme through offering an alternative recovery focused environment that is achieving positive outcomes in relation to economic and social inclusion.\(^{22}\) This is likely to be the focus of future research because of the significance of the NDIS to the future Australian context.

**Acknowledgements**

Mind Australia (Mind) commissioned the University of Melbourne to conduct an independent evaluation of the Mind Recovery College™. Associate Professor Lisa Brophy is Mind Australia’s Principal research fellow (formerly the Director of Research). Her position at the University is fully funded by Mind, but she is employed full time at the University of Melbourne. Her position is designed to enable her to ‘in-reach’ into Mind, encouraging and undertaking research and evaluation activities. Lisa does not have any role in the day-to-day operations of Mind other than supporting Mind’s role in research and evaluation activities that are in partnership with Universities and external researchers. Associate Professor Lisa Brophy was not involved in the data collection for the evaluation.

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Supplemental File

Appendix  Overview of Documents Included in Analysis
Author/s:
Hall, T; Jordan, H; Reifels, L; Belmore, S; Hardy, D; Thompson, H; Brophy, L

Title:
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