

CASE STUDY – MAKING AN IMPACT

Learning in a Recovery College



The Collaboration for Leadership in Applied Health Research and Care North West Coast (CLAHRC NWC) provided a unique opportunity for Leanne Harper, Assistant Psychologist at Cheshire and Wirral Partnership NHS Foundation Trust, to become a Research Intern and carry out her proposed research "*Why make the effort? Exploring recovery college engagement*".

As part of its Partner Priority Programme partners of CLAHRC NWC can benefit by nominating staff for Internship opportunities, whereby participants gain valuable skills in areas such as evaluation techniques, research methods, publishing research, learning analytical skills and are supported by top academics at North West universities. In this instance, Leanne was supported by the University of Central Lancashire.

Leanne was keen to explore students' perceptions of learning in a recovery college, and if this relates to their perceived mental health 'recovery'.

The Key Objectives of the research were:

1. To explore students' perceptions of what they have learnt in the recovery college.
2. To identify factors which may hinder or facilitate students' learning within the recovery college setting.
3. To analyse if there is a link between students' perceived learning and their self-reported mental health recovery.

Recovery Colleges (RC) offer short educational workshops about mental health conditions and ways to improve mental wellbeing. They are open to service users, carers and staff and aim to give students a better understanding of mental health and how to manage symptoms, day-to-day life and deal with challenges.

Meddings and colleagues (2014) suggested that "*session content and what students learn was one of the most valued aspects of the Recovery College*". This was a critical element which required focused analysis. Further, an understanding of factors which could hinder or facilitate an individual's learning at recovery colleges is paramount to a greater understanding of their overall impact.

Before attending any course participants in the research were invited to complete the Recovery Assessment Scale (Gifford et al., 1995) and study-specific questions.

- Three months later Participants complete the final questionnaire pack, including the Recovery Assessment Scale and set of questions regarding students' experiences at the recovery college; specifically focusing on learning experiences.
- All participants were then invited to take part in a semi-structured interview about their learning experiences with the college, and share their perceptions of what hindered and facilitated engagement.

Findings

Participants stated that factors such as anxiety and motivation could prevent them from attending courses at the Recovery College; however two thirds of participants also noted that their motivation may also support their engagement. Support from family and the care team was also influencing factors, in addition to wanting to spend time with other people.

- Educational motivations for attending the college were double social motivations
- No participants had any expectations about the Recovery College prior to attending

The research has been published in the Journal of Mental Health and Social Inclusion.

Leanne Harper, Mick McKeown, (2018) "Why make the effort? Exploring recovery college engagement", Mental Health and Social Inclusion, Vol. 22 Issue: 1, pp.27-33, <https://doi.org/10.1108/MHSI-10-2017-0043>

A working group of volunteers who have attended the college were also involved in all stages of research design, and the findings were shared with staff, volunteers and students at the college.

Implementation



Cheshire and Wirral Partnership 
NHS Foundation Trust

Leanne's research led to six recommendations presented to the Trust:

1. RC continues to focus on educational courses within their prospectus.
2. The RC supportive environment should receive continued attention and support.
3. The benefits of professionals sharing lived experience should continue to be encouraged.

4. Practitioners should remain mindful of 'over-sharing'.
5. Routine use of measurements to continue to monitor possibly self-perceived mental health recovery.
6. The RC should offer time and resources to explicitly discuss students' practical and personal barriers to attendance and engagement, and support plans subsequently offered.

In response to these recommendations Tracey Williamson, Team Manager for Central & East Recovery Colleges, Expert Patient Programme and Engagement & Participation Team, at the Trust, said (abridged):

"The teaching of self-management is a direction we as a team have always believed passionately is the way to proceed. However, we as a service/Trust needed to know this to be correct so that we can continue to give a service that is meaningful and beneficial to our service users. To receive this confirmation via your research is encouraging, validating and an absolute pleasure to receive.

We also take on board recommendation 4, which is safeguarded via supervision.

The Central & East Recovery College learner support workers and guest trainers have now received training, during group supervision on the importance of not oversharing. They have also been given guidance on how to become more self-aware of this happening, as well as having been taught strategies on how they can bring the discussion back to the group from one individual's learning or emotional needs.

Recovery College staff continue to utilise the Recovery Assessment Scale (RAS) which you introduced. This is presented at a service user's first appointment (Learning Plan) and then, three or six months later.

We are therefore, designing a set of telephone questions with the help of our volunteers which will link with the RAS. We can then utilise these on a 'straw poll' basis to ascertain learning and monitor self-perceived mental health recovery.

In order to increase learning plan appointments, as well as to enable us to be able to offer more one-to-one recovery work with WRAP plans, One Page Profiles etc., we have recruited more peer support volunteers to support staff to do this.

Thank you again Leanne, for carrying out this research project and for all your hard work, it is very much appreciated."

Professor Mark Gabbay, Director of CLAHRC NWC, said: "This is a good example of how organisations benefit from being a Partner of CLAHRC NWC. To see Leanne take back her skills and help impact on improving front-line delivery of services is a real beacon example to be proud of and we will look to share further, which has already started with the publication of the research itself in a journal."

A Brokering Innovation Through Evidence or BITE has also been produced and is available on for all NHS staff / service users / public on the [national CLAHRC Partnership](#)



[Programme website](#) regarding this research, which contains BITEs from the 13 CLAHRCs across the UK.

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<http://clahrc-nwc.nihr.ac.uk/PPP.php>