



ACT Recovery College Evaluation

Final Report

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“In the Recovery College, there are people of all kinds of backgrounds and lives, so we are all a little different and strange to the outside world. But in the community made by the College, we all come together and work to help each other. Some of us are veterans of trauma and have healed, some are still on the recovery journey, and some haven’t begun to heal and recover. I wanted it to look like all the characters were helping someone out of a hole; a rabbit hole that many people get stuck in with mental health.”

Georgina Rice

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Acronyms and abbreviations

ACT RC or “the College” – Australian Capital Territory Recovery College

CIT – Canberra Institute of Technical and Further Education

LGBTIQA+ - Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and all additional terms to describe diverse gender and sexual identities beyond cisgender and heterosexual identities.

MHCC - Mental Health Community Coalition

MHCN – Mental Health Consumer Network

MIECAT – Mental Illness Education Australian Capital Territory

Definitions

ACT Health – The state government department responsible for the management of publicly funded health services in the ACT.

Canberra Health Services – Services funded and managed by ACT Health responsible for delivering tertiary mental health services in the ACT.

Co-design – “...co-engages end-users in the design of products or services so they will better serve their intended purpose.” (Roper, Grey & Cadogan, 2018, p. 2)

Co-production – “A co-production approach sees consumers involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome, either with professionals or independently.” (Roper, Grey & Cadogan, 2018, p. 2)

Educators – Individuals with subject matter and/or lived experience expertise engaged by the College as independent contractors to co-produce and deliver courses to students.

External stakeholders – Individuals involved with the funding, co-design and ongoing governance of the College through paid employment or volunteer roles in partnering organisations (eg. ACT Health, Canberra Health Services, MHCC, CIT, MHCN, Carers ACT), or membership of the College’s co-design committee.

Lived Experience - “...mental health challenges that have caused life as we knew it to change so significantly, we have to reimagine and redefine ourselves, our place in the world and our future plans.” (Byrne & Wykes, 2020, p. 1). At the ACT Recovery College this translates to people who self-identified as “a person with lived experience of mental distress or mental health diagnosis”.

Mental health challenges – Experiences of distress, unusual experiences and/or extreme states interfering with engagement in meaningful roles and activities, which may or may not include experiences with psychiatric diagnosis and service use.

Trauma-Informed approaches - “...a process of organisational change that creates recovery environments for staff, survivors, their friends and allies, with implications for relationships

[...] a fundamental paradigm shift from thinking ‘What is wrong with you?’ to considering ‘What happened to you?’” (Sweeney et al, 2018, p. 323)

Personal Recovery - “...a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” (Anthony, 1993, p. 527)

Recovery-Oriented Practice - an “...approach to mental health care which:

- encompasses principles of self-determination and personalised care;
- emphasises hope, social inclusion, community participation, personal goal setting and self-management; and
- promotes a coaching or partnership relationship between people accessing mental health services and mental health professionals, whereby people with lived experience are considered experts on their lives and experiences while mental health professionals are considered experts on available treatment services.” (Framework for Recovery-Oriented Practice, 2011, p. 2)

Recovery College - “...an adult learning centre at which all courses focus on an individual’s management of mental illness and promote self-directed individual recovery. Recovery Colleges aim to help people with mental illness regain control of their lives, manage their illness, and participate more in the community.” (*A Mental Health Recovery College for Canberra*, 2017, p. 9)

Relational recovery - “is a way of conceiving recovery based on the idea that human beings are interdependent creatures; that people’s lives and experiences cannot be separated from the social contexts in which they are embedded” (Price-Robertson et al., 2017, p. 2).

Students – Except where specified, refers to individuals who have participated in College courses (including alumni of the College). This may include people with personal lived experience of mental health challenges, people supporting them, training and practicing professionals, and other members of the public interested in mental health.

Supporters – Individuals whose family member, partner or friend have attended the College as a student.

Staff – Individual employed in paid or voluntary operational roles within the College.

Executive Summary

“A Recovery College is an adult learning centre at which all courses focus on an individual’s management of mental illness and promote self-directed individual recovery.” (A Mental Health Recovery College for Canberra, 2017, p. 6).

Beginning in 2018, the Australian Capital Territory (ACT) Government invested \$1,078,000 over three years to support a pilot of a Recovery College in the ACT. This innovative pilot sought to establish demand for a College and greater understanding of how it might contribute to the existing mental health sector in the ACT.

La Trobe University was commissioned to undertake an evaluation of the ACT Recovery College in December 2019. This project evaluated the ACT Recovery College over the course of its two-year pilot, focusing on students’ and other key stakeholders’ experiences, recovery related learning outcomes, and the College’s reach and fit within the broader ACT mental health system.

During the evaluation period, the Recovery College supported 234 students in their recovery journey. Seventy-five percent of these students were women. Students were aged 18 years and older, with the largest cohort of students aged between 40 and 50. Fourteen percent of students identified as coming from culturally diverse backgrounds, and 12% identified as LGBTQIA+. A wide range of courses have been on offer that have been co-produced with the involvement of lived experience educators, staff and other stakeholders. On average, 70% of students who enrolled in a course completed it, accessing diverse social, educational, personal development and vocational opportunities embedded in the College’s activities.

KEY FINDINGS OF THE EVALUATION

This comprehensive evaluation included a total of 82 participants and a range of data collection methods including a survey, interviews, focus groups, and documentation analysis. The findings provide strong support for the College and demonstrate the success of the pilot. The findings are highly consistent with previous studies that have used the same measures and contribute to the growing body of evidence regarding the value of the Recovery College model. Participants identified the College as fulfilling an otherwise unmet need for social inclusion, vocational opportunities and holistic, recovery focused education.

In surveys and interviews over 90% of participants in the evaluation agreed or strongly agreed that the Recovery College promotes learning, thriving and growth, and more than 80% of all participants agreed or strongly agreed that staff are compassionate and the Recovery College is safe and attractive.

"...it's not going to be easy and it'll take time, but I can see the end goal of where I want my life to go; where I see myself in the future. I believe my life is worth something." (End of Year Survey respondent, 2019)

The overall findings about the structure of the College are represented in Figure 1. Co-production is at the foundation of the College's work. The input of subject matter experts and lived experience educators are essential. The doors represent the accessibility of courses and the welcoming attitude of College staff. A book represents learning and a plant represents personal growth by students. The steppingstones are students' reported recovery outcomes, paving the way to social and vocational participation outside the College. Finally, the roof symbolises the partnerships with other stakeholders and resourcing essential to the College's success.



FIGURE 1. OVERVIEW OF EVALUATION FINDINGS

Recovery College students described a place for learning new skills, connecting with others, and gaining knowledge in a safe and welcoming space. Staff, external stakeholders and supporters (including family members) all reported that the courses run by the College had a positive impact. The College cultivated a sense of belonging for everyone who accessed it.

"It makes me feel connected, included and hopeful instead of abandoned, isolated and desperate." (Online survey respondent, student)

People who experience mental illness in Australia report higher levels of unemployment, social isolation and loneliness compared with the general population. But students attending the College described how it provided 'steppingstones' to new possibilities in relation to connection, education and employment.

"[I] joined a new volunteer group that another student recommended which helps my sense of self and confidence and builds skills." (End of Term feedback respondent, Term 3, 2019)

"...the opportunity to work as a paid casual educator bringing my lived experience to the design and facilitation of courses [had] emotional, social, professional and financial benefits for me." (Online survey respondent, student)

Students valued the input of subject matter experts from different professional backgrounds as well as input from staff and educators with lived experience expertise.

"It has encouraged me to make better choices, knowing the research and evidence behind it." (Online survey respondent, student)

"Mental health issues are normalised, and don't feel like such a "problem" or something to be ashamed of." (Online survey respondent, student)

There was considerable concern among participants about losing the support of the College at the end of the pilot. Greater certainty and adequacy in funding, and a fit-for-purpose venue, would build upon the College's achievements thus far, and ensure positive experiences and outcomes for students into the future. Offering hope that the Recovery College will continue also provides an important source of hope to students.

"I wasn't sure recovery was possible in my case. I can see changes I'm making in my life and positive progress I've already made." (Online survey respondent, student)

Recommendations

The findings of this evaluation are consistent with national and international evidence that Recovery Colleges are an important innovation for mental health, social inclusion and personal recovery. It is our overarching recommendation that ACT Health continue to fund a Recovery College in the ACT. The following recommendations are made with a view to ongoing improvement, building on the successful foundations already laid by the College.

MAINTAINING AND ENABLING A SPACE FOR LEARNING

1. Priority should be given to identifying an alternate site to improve the accessibility of the building and location, and accommodate larger classes, which are valued by students for generating active group discussion and mutual support.
2. The expressed needs and preferences of students should be reflected in induction and course planning templates for educators, especially the provision of practical information, hands-on activities, discussion, group work and use of multimedia (e.g., videos and music).
3. Maintain and monitor the provision of a safe environment for learning, through student feedback, and strengthen workforce strategies to support this aim, such as access to co-reflection spaces, supervision and training.

CO-DESIGN & CO-PRODUCTION

4. Invest in strategic planning aimed at expanding the College's reach and partnerships with Canberra Health Services and other health and community services to enable mutual exchange and co-production.
5. Establish a student committee (as initially planned) to foster greater engagement, and opportunities for co-design, feedback and improvement.
6. Retain the College's governance structure of a core organising committee or governance group, consisting of staff, educator, student, supporter and external stakeholder representatives.

WORKFORCE SUPPORT

7. Secure sustainable funding that ensures adequate staffing, including management, student support and administrative support staff.
8. Extend educator remuneration to include time for course development, review and co-reflection and/or supervision.

SOCIAL INCLUSION

9. Provide extracurricular social activities aimed at providing students with opportunities for peer connections, engagement and community participation.
10. Continue to include courses that foster student's connections with the wider community.

COVID-19 RESPONSE

- 11.** The return to face-to-face courses, public health restrictions permitting, should continue to foster the creation of safe spaces for learning and mutual support.
- 12.** Further develop the College's capacity to offer a mix of online and face-to-face courses.

ASPIRATIONS

- 13.** Pursue opportunities to explore and promote greater gender, cultural and language diversity among students and educators.
- 14.** Explore opportunities to increase the participation of LGBTQIA+ and First Nations people.

Background

People who experience mental health challenges report disproportionately high health and social inequalities. People with a diagnosed mental health condition or living with psychosocial disability commonly experience lower life expectancy, high rates of chronic disease, poverty and social isolation than their peers (Kavanagh et al., 2015). The impact on individuals and Australia's health and welfare system is high. In 2016-2017, \$9.1 billion was spent on mental health. In 2017-2018, \$4.2 million people received mental health related prescriptions, and 81,000 clients who report mental health challenges utilised specialist homelessness services (AIHW, 2019). Supporting and evaluating innovative approaches that will meet the needs of people with mental health issues is a priority.

One approach to supporting people who experience mental health challenges is through Recovery Colleges. These Colleges are increasingly utilised in the mental health space, in Australia and abroad (Crowther et al., 2018; Windsor, Roberts, & Dieppe, 2017). Recovery Colleges offer a range of comprehensive courses to provide students with a safe place to learn about mental health, recovery and wellbeing. Participants of Recovery Colleges are students, not patients or clients, reflecting a shift in the focus from treatment to education. Each Recovery College is unique and is designed according to the local needs. Recovery Colleges are based upon the principles of co-production where individuals with the lived experience of mental illness/trauma/emotional distress and professional expertise are equally valued. Recovery Colleges provide an inclusive recovery-focused learning environment where lived experience educators work in equal partnership with clinicians (Meddings et al., 2015; Perkins, Repper, Rinaldi, & Brown, 2012).

In response, the ACT Government funded a two-year pilot of the Recovery College, commencing in January 2019. This College is managed by the Mental Health Community Coalition (MHCC) ACT with the support of government and community stakeholders including ACT Health and Canberra Institute of TAFE. The College is open to people living in Canberra aged 18 years of age or over, who are interested in learning about mental health, recovery and wellbeing.

La Trobe University was commissioned to undertake an evaluation of the ACT Recovery College in December 2019. This evaluation aimed to assess the ACT Recovery College over the course of its two-year trial, focussing on student and key stakeholders experience, recovery related learning outcomes, and the College's reach and fit within the broader mental health system in the ACT.

Project overview

OBJECTIVES

The purpose of the project was to co-produce a recovery-orientated evaluation of the processes and outcomes of the ACT Recovery College. This research addresses the following four objectives:

- 1. Identify the role and operations of the Recovery College and its relationship with the broader mental health system in the ACT;**
- 2. Investigate the experience of students, including whether the College provides a safe space to learn about mental health, recovery and wellbeing;**
- 3. Explore the impact of course participation on mental health, recovery and wellbeing outcomes for students; and**
- 4. Explore the perspective of educators, other staff, supporters and other key stakeholders including MHCC members, ACT health staff, and other mental health service providers (e.g. GPs, private psychiatrists), regarding the operation and outcomes of the College.**

RESEARCH QUESTIONS

This evaluation questions are as follows:

- 1. What is the reach of the ACT Recovery College in terms of the type of student involvement and engagement in College and course activities by demographic, level of participation/completion rates over time?**
- 2. What are the student self-reported outcomes of involvement with the Recovery College and its courses?**

Related questions included:

- To what extent do students value the course outcomes and promote the courses to others?
- Do students describe experiencing positive changes for their recovery and increased wellbeing due wholly, or in part, to their participation with the ACT Recovery College?

- 3. What is the student experience of the Recovery College and its courses as judged by student satisfaction and participation?**

Related questions included:

- Does the College provide a safe space to learn about mental health, recovery and wellbeing?

- 4. What are the views and experiences of other key stakeholders involved with Recovery College (directly and indirectly) including educators, other staff, administrators, supporters, Mental Health Community Coalition members and other relevant stakeholders on the model, implementation and learning outcomes, and integration with the broader health system?**

Related questions included:

- To what degree was implementation consistent with the ACT Recovery College Model (outlined in key documents)?
- How specifically does the ACT Recovery College co-production model operate in practice (e.g. in terms of content development and delivery)?
- What were the barriers and enablers to implementation?
- What strategies can address the barriers or promote the enablers?
- What are the unintended outcomes of the ACT Recovery College, if any?
- Are there other valuable unintended outcomes from the ACT Recovery College?
- Are there any negative outcomes from the ACT Recovery College?
- What aspects of the Recovery College model contributed to observed outcomes?
- For any outcomes observed, what aspects of delivery (e.g. use of people with lived experience), content, or space contributed to the observed outcomes?
- What opportunities are there for improving implementation and outcomes from the ACT Recovery College?

5. To what extent does the ACT Recovery College ‘fit’ within the ACT mental health sector in terms of its value and expectations of the sector.

Related questions included:

- Is the ACT Recovery College seen by health professionals and others seeking recovery as a viable source of assistance?
- Are the ACT Recovery College services suitable for people to access through their NDIS funding?
- To what degree has the College developed a new space for discourse about mental ill health, recovery and wellbeing? What has been the impact of this new space and why?

THE STEERING COMMITTEE

In line with the principles of co-production a steering committee guided this project. The steering committee was comprised of members of the research team, ACT Recovery College staff, student representatives and external stakeholders who contributed to the study design, recruitment, data collection and analysis. The steering committee members were nominated by the ACT Recovery College and the committee was chaired by the principal investigator (Lisa Brophy) and co-chaired by a person with lived experience (Initially Fiona McIntosh, later Alyssa Morse).

The underlying values of the steering committee were:

Empowered to share our own voice; accepting and respectful; committed to co-production and doing things together; being participatory and inclusive; respectful sharing; confidentiality and communication.

The Terms of Reference were as follows:

- Demonstrate the principles of co-production and guide the research;
- Refine the project plan along with other members of the Recovery College community;
- Confirm plans for data collection (checking on methods chosen, instruments and feasibility etc);

- Discuss the progress of the evaluation and provide advice if required;
- Present findings and recommendations; and
- Discuss the best options for ensuring these are shared with the Recovery College community and other stakeholders.

STUDY SETTING AND POPULATION

The ACT Recovery College is located at Unit 2, 9-11 Montford Street, Lyneham, ACT 2602. The evaluation team were principally based at La Trobe University. However, the investigator team have been working from home for the majority of the project due to COVID-19 public health restrictions. The ACT Recovery College moved all courses online from Term 2, 2020, and have recently returned to a mixture of face-to-face and online courses. Participants have had the option of participating in the online survey, an individual interview and/or focus groups. Interviews and focus groups were conducted using the same videoconferencing application used by the College for online courses (Zoom).

ETHICS APPROVAL

Ethics approval was granted by the ACT Health Human Research Ethics Committee (ACT Reference 2020.ETH.00100/ REGIS Reference 2020/ETH01043). Any changes or additions to the project were approved by the ethics committee including a) adding a research assistant to the project; and b) developing a flyer to recruit focus group participants.

RESEARCH ACTIVITIES AND EVALUATION APPROACH

The activities and approaches used in this evaluation to answer the five key questions are summarised in Table 1.

TABLE 1. RESEARCH QUESTIONS AND EVALUATION METHOD

| RESEARCH QUESTION | EVALUATION METHOD |
|--|---|
| What is the reach of the ACT Recovery College in terms of the type of student involvement and engagement in College and course activities by demographic, level of participation/completion rates over time? | Document analysis Evaluation data routinely collected by the College. Interviews and focus groups with students and educators |
| What are the student self-reported outcomes of involvement with the Recovery College and its courses? | Evaluation data routinely collected by the College. Online survey Interviews and focus group with students |
| What is the student experience of the Recovery College and its courses as judged by student satisfaction and participation? | Evaluation data routinely collected by the College. Online survey |

| | |
|---|---|
| | Interviews with students Focus group with students |
| What are the views and experiences of other key stakeholders involved with Recovery College (directly and indirectly) including educators, other staff, administrators, supporters, Mental Health Community Coalition members and other relevant stakeholders on the model, implementation and learning outcomes, and integration with the broader health system? | Individual interviews Online survey Focus groups with educators, staff and other key stakeholders |
| To what extent does the ACT Recovery College ‘fit’ within the ACT mental health sector in terms of its value and expectations of the sector? | Individual interviews Online survey Focus group with key stakeholders |

A brief description of the data collection and analysis methods employed is provided below for each data source, along with a description of the participants for each data source.

Document analysis

Thirty-eight documents supplied by the Recovery College were coded using NVivo 12 software. Inductive open and axial coding was used to generate codes relevant to each evaluation question (Saldana, 2016). Document types, names and the numbers reviewed are provided in Appendix 2. Categories of documents included:

- Documents describing course content
- Course evaluation templates
- Course materials templates
- Staff induction and training information
- Internal College policies
- Position descriptions
- College promotional materials
- Student enrolment and induction materials

Enrolment data

The Recovery College collects the following student demographic data on enrolment:

- Age
- Gender
- Aboriginal and Torres Strait Islander background
- Culturally and linguistically diverse background
- Educational level
- Employment status
- Learning support required
- LGBTIQ+
- Learning support and additional needs

Also collected is information regarding the target group to which students belong. As described in Recovery College documents, these groups include:

- people with personal lived experience of mental distress, including substance-related issues.
- family, friends and other support people;
- professionals; and
- students studying elsewhere.

Data routinely collected from students at time of enrolment were entered into an excel database by Recovery College staff from May 2019 to March 2020. In October 2020, collected data were deidentified and transferred via CloudStor, La Trobe University's recommended platform for storage and transfer of sensitive data. Data were then collated and summarised by a member of the research team (AK) Where possible, data were collated using pre-existing codes. Where this was not possible, basic thematic coding was used to summarise qualitative data such as learning support needs, source of referral and educational attainment.

Student and Educator feedback

Quantitative and qualitative feedback is collected from students at the start and end of each course session using the course feedback questionnaires (see Appendix 3 & 4), and from educators using the facilitation reflection questionnaire (see Appendix 5).

The student course feedback questionnaires also collect data on students' perceived knowledge (poor, fair, good, very good, excellent) and mood (awful, not very good, okay, really good, fantastic) using a five-point Likert scale prior to and following courses. This data was analysed for all courses conducted between Term 2, 2019 to Term 2, 2020, representing fifteen months of course delivery in total. The percentage of students for whom their knowledge and mood improved, stayed the same, or worsened was determined using basic statistical analysis.

Qualitative feedback from both students and educators was also analysed for courses that ran in Term 4, 2019 and Term 2, 2020, in order to capture an indicative sample of feedback from before and after the transition to online learning due to COVID-19 public health restrictions. The College also conducted end of term surveys in Terms 2 and 3 of 2019, and an end of year survey in 2019. Feedback from all three sources was inductively coded using NVivo 12 Software, open/initial, axial/pattern and theoretical/conceptual coding (Saldana, 2016).

Online Survey

An online survey included closed and open-ended questions of experiences and impressions of the ACT Recovery College. Purposive sampling was utilised to recruit survey participants. Those targeted for the survey included Recovery College students and/or alumni; friends/family/support persons of Recovery College students and alumni; Recovery College staff; Recovery College educators; and External stakeholders.

The survey included the Developing Recovery Enhancing Environment Measure (DREEM) and the modified Mind Australia Satisfaction Survey (MASS), that respectively assessed service satisfaction and the adherence of the service to recovery-oriented principles. Other open-ended questions addressing the research questions and were included as relevant to each informant group (see Appendix 6).

The DREEM (Ridgway and Press, 2004)) is a validated self-report instrument widely used to evaluate the coherence of a health service with recovery-orientated principle. The DREEM assessed students' perception of the extent that the Mind Recovery College™ environment is recovery orientated. The evaluation used the short version of the DREEM (Dinnis et al 2007) which consisted of 14 closed questions with responses on a five-point Likert scale ranging from 1 Strongly Disagree to 5 Strongly Agree with the option of 3 Not sure, Neither agree or disagree, Neutral. One such item was "The service promotes learning, thriving and growth".

The MASS is a 13-item self-report questionnaire used by Mind Australia services to assess client satisfaction with a service (Hall et al 2018). It includes 10 closed questions with responses on a five-point Likert scale ranging from 1 = "Strongly Disagree" to 4 = "Strongly Agree" with the option of 0 = "No Comment". For example, item 2 asks "I feel that staff in the service have respected me and treated me with dignity". The remaining three items are qualitative questions. For example: "What has been the most helpful thing about the service?" The MASS is based on the Rethink Satisfaction Survey. Responses to the MASS from this evaluation are comparable to those from previous evaluations of other Mind services. Responses to the MASS were reverse-coded so that higher ratings indicated higher levels of satisfaction.

Quantitative questions were analysed using IBM SPSS Statistics version 27. The items of the DREEM and MASS were calculated individually and presented as frequencies.

The online survey ran from 13th September 2020 to 30th November 2020. In total 61 participants completed the survey including:

- 34 students;
- 7 supporters;
- 31 staff and educators; and
- 18 external stakeholders.

Participants were able to report belonging to more than one cohort.

The age of participants ranged from 20 to 73 years with a mean age of 47 years. Of which 41 (67%) participants identified as female, 19 (31%) identified as male and a small number identified as non-binary or genderqueer.

Overall, participants had been connected to the College for a range of time, with the longest relationship starting in 2015 to 2020 when the survey was conducted. All student and supporter participants reported that the last course they took, or supported someone to take part in, was in either 2019 or 2020; educators reported last teaching at the College between 2018 to 2020.

Of the participants identifying as a family member, partner, friend or other supporter (supporters) one identified as a descendant, three as parents and three as friends of a student. Of the staff, most identified as being on part-time or full-time contract while a smaller number identified as volunteer. External stakeholders identified as being employees or affiliates of ACT Health, the Mental Health Community Coalition, Mental Health Consumer Network or a partnering not-for-profit organisation.

Qualitative online survey responses

There were 47 survey responses that contained open ended qualitative data for analysis. The 47 responses included those from:

- 29 students
- 5 supporters
- 25 staff and educators
- 13 external stakeholders

Of the survey participants 23 identified with more than one cohort. All of the supporters, 3 of the staff, and 9 external stakeholders identified as having at least one additional connection to the College (e.g. student, staff, educator).

External stakeholder roles were most often held by people who had a role at another organisation or were studying in a relevant field, who then performed some of their duties at the College (for example, as an educator on secondment to run a course, as interns or other pro bono support).

Data were analysed by importing survey responses into NVivo 12 and performing open, axial and theoretical coding (Saldana, 2016) of key themes. The data was first cleaned and sorted by cohort. Then, the data from each cohort was analysed to determine key themes that emerged across all participants in that cohort. Key themes were based on the number of times the theme was identified within data from each cohort.

Interviews

Individual semi-structured interviews were conducted to explore questions pertaining to the key evaluation questions using the same questions used in the online survey (See Appendix 6). Purposive sampling was utilised to recruit participants. In order to be included participants were a Recovery College student and alumni; friend/family/support person of Recovery College students and alumni; Recovery College staff; Recovery College educator; and/or External stakeholder. A small number of interviews ($n=6$) were conducted with participants unable to attend a focus group and these interviews were able to include discussion of the preliminary findings.

In total 17 interviews were conducted, and participants were able to identify as more than one cohort (students $n=7$; supporters $n=2$; staff and educators $n=12$, external stakeholders $n=6$).

The age of interview participants ranged from 30 to 66 years with a mean age of 50 years. Of which eight (57%) identified as female, four (28%) identified as male and two (15%) did not report their gender.

Focus groups

Semi-structured focus groups were conducted. Semi-structured focus group explored questions pertaining to the key evaluation questions and the findings from the study so far which were presented to the participants in the form of a brief summary (See Appendix 7). Purposive sampling was utilised to recruit participants. In order to be included participants

were a Recovery College student and alumni; friend/family/support person of Recovery College student and alumni; Recovery College staff; Recovery College educator; and/or External stakeholder.

In total 17 people participated in the focus groups and participants were able to identify as more than one cohort (students $n=9$, supporters $n=2$, staff and educators $n=13$, stakeholders $n=2$). Three focus groups were conducted (students $n=6$; staff $n=4$; educators $n=5$). Additional interviews (stakeholders $n=1$; student $n=2$; educators $n=1$) were also provided upon request; these interviews reflected the purpose and questions explored in the focus group. Participants were able to report belonging to more than one cohort.

The age of participants ranged from 27 to 60 years with a mean age of 45 years. Of which 13 (76%) identified as female, three (17%) identified as male and one (7%) did not report their gender.

Analysis

The data from the interviews and focus groups were analysed using thematic analysis methods (Vaismoradi et al, 2015) and through several phases. First, we read through the transcripts and generated overall understandings from the data that was reviewed in fortnightly team review meetings (LB, AK, CB, ND, TZ, TH, HJ). This occurred concurrently with data collection and helped shaping and further refining the interview prompts. Second, we assigned line-by-line coding and generated inductive codes based on the transcripts. These codes were then compared to the research questions and further refined. One member in the team (ND) was responsible for qualitative analysis and coded all transcripts and generated tentative themes. The themes were presented in an interim report and reviewed by the evaluation team for consistency with the rest of the data. Moreover, to ensure analysis rigor, three members in the team (ND, LB and TZ) independently coded three transcripts and met to compare their understanding. The cross-coding process also helped refining the codes and the tentative themes. The third step included comparing the themes with the data and grouping them under core categories. A full list and description of core categories and themes is provided in Appendix 8.

The transcripts from the focus groups were compared with the interview data to refine the core categories and to identify emergent themes. Again, three members in the team (ND, LB and TZ) independently coded a focus group transcript and met to compare their understanding.

NVivo QSR served to organize and keep records of the analysis process.

Participant demographics

A brief demographics survey was offered to all participants. Participants included:

- Recovery College students and alumni
- Friends/family/support persons of Recovery College students and alumni
- Recovery College staff
- Recovery College educators
- External stakeholders

In total 82 participants participated in the ACT Recovery College evaluation. Participants engaged across three research activities; an online survey ($n=61$); interviews ($n=17$); and focus groups ($n=17$). The age of participants ranged from 20 to 73 years with a mean age of 47 years. Of all participants, 70% identified as female.

Sixty-seven of the 82 participants self-identified as Australian, one as Other Oceanian, five as North-West European, three as Southern and Eastern European, three as South East Asian, one as North East Asian, one as Southern and Central Asian and one as Sub-Saharan African. Of all participants, 73 reported speaking English at home. Other languages spoken at home included Mandarin, Croatian, Twi, Indonesian, Bahasa, Spanish, Igembe, Italian and Vietnamese.

Courses participated in by survey participants

Participants in the online survey had been involved as students, educators and supporters of students attending a wide range of Recovery College courses, some of these having been offered more than once during the evaluation period. Courses are run as single and multiple sessions ranging from one to sixteen sessions of one hour or full day's duration. Prior to COVID-19 public health restrictions, courses were offered face to face. From Term 2, 2020, until early 2021 courses moved online. Online courses tended to be of shorter duration with less sessions. They also did not include more challenging topics such as those pertaining to self-harm. Since Term 2, 2021, courses have returned to solely face to face delivery. Table 2 provides an overview of the College courses participants in the online survey were involved with.

TABLE 2. COURSES TAKEN BY STUDENTS AND EDUCATORS

| COURSE | STUDENTS (N=28) | SUPPORT PERSONS (N=6) | EDUCATORS (N=14) |
|---|----------------------------|--------------------------------------|-----------------------------|
| Anxiety it is not that simple | 14 | 4 | 3 |
| DoNOHarm safe storytelling framework (MIEACT) | 13 | 1 | 1 |
| Wellbeing workshop | 9 | 0 | 0 |
| Creative Care for Recovery and Identifying Strengths Workshop | 6 | 1 | 0 |
| Community Connection - Lived Experience Storytelling | 5 | 0 | 3 |
| Get Movin' and Groovin': Social Sports and Fun Fitness | 4 | 0 | 0 |

| | | | |
|--|---|---|---|
| Choice Healthy Living , Honest, Open, Proud to Erase the Stigma Of Mental Illness | 3 | 0 | 0 |
| Food for Thought, Navigating the ACT Mental Health System, Understanding Self-Harm | 2 | 0 | 0 |
| Living well with Grief, Movement is Medicine, My Rights, My Decisions | 1 | 0 | 1 |
| Buried treasures | 4 | 1 | 4 |
| Flower arranging | 1 | 0 | 0 |
| Drawing on spirituality | 5 | 0 | 2 |
| Food for thought | 2 | 0 | 0 |
| Ease stigma | 3 | 0 | 0 |
| Dream catcher | 2 | 0 | 1 |
| Identifying strengths | 6 | 2 | 0 |
| Lived experience story telling | 5 | 0 | 0 |
| Movement is medicine | 1 | 0 | 1 |
| My rights, my decisions | 1 | 0 | 0 |
| Navigating the ACT MH system | 2 | 0 | 0 |
| Understanding self-harm | 2 | 1 | 0 |
| Wellbeing workshop | 0 | 1 | 0 |
| Healthy living | 0 | 1 | 0 |
| Understanding Borderline Personality Disorder | 0 | 1 | 1 |

In summary, participants in the evaluation reflected a diverse range of perspectives and experiences with the College. The following section describes the findings from multiple data sources in relation to each of the research questions.

Evaluation Findings

QUESTION 1: WHAT IS THE REACH OF THE ACT RECOVERY COLLEGE?

Demographic information

Progress reports from the College, provided to the evaluation team as a part of the document analysis, indicate a diverse student group attend the College from postcodes within the ACT and NSW. The following more detailed information was collated from routinely collected data supplied by the College from 234 students enrolled between May 2019 and March 2020. Students were not required to answer all questions. Therefore, as not all students completed every question, *n* indicates the number of students for whom data was available.

Age

Figure 2 shows the number of students in various age groups. Of those students whose age was recorded on enrolment (*n* = 234), the largest number were in their 40s. College progress reports, provided as part of the document analysis, note community interest from under 18s who are currently unable to attend courses offered by the College.

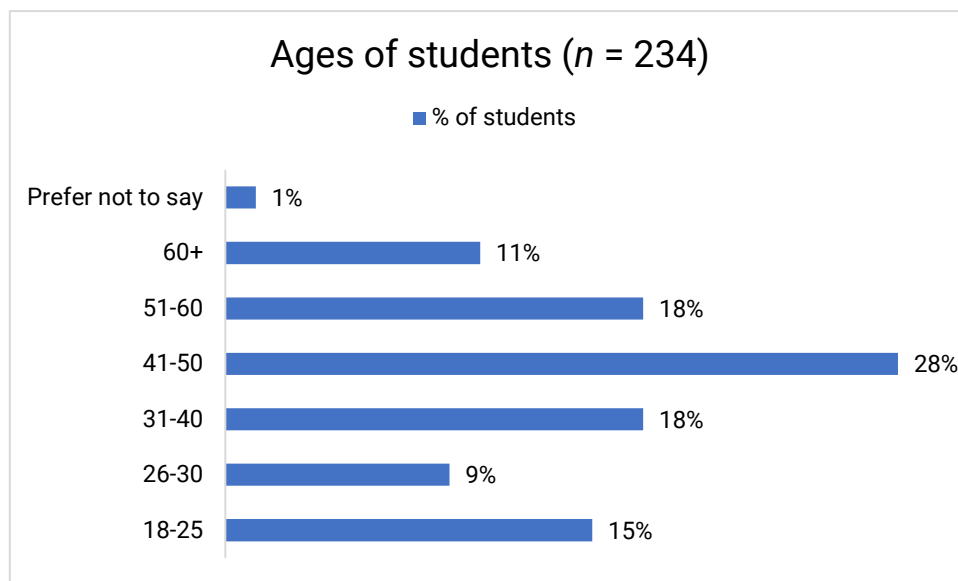


FIGURE 2. AGES OF STUDENTS

Gender

Figure 2 shows the gender of students who have enrolled at the College. Of those students whose gender was recorded on enrolment (*n* = 174), approximately 75% identified as female, 24% as male and less than 1% as “other” (i.e. non-binary or genderqueer).

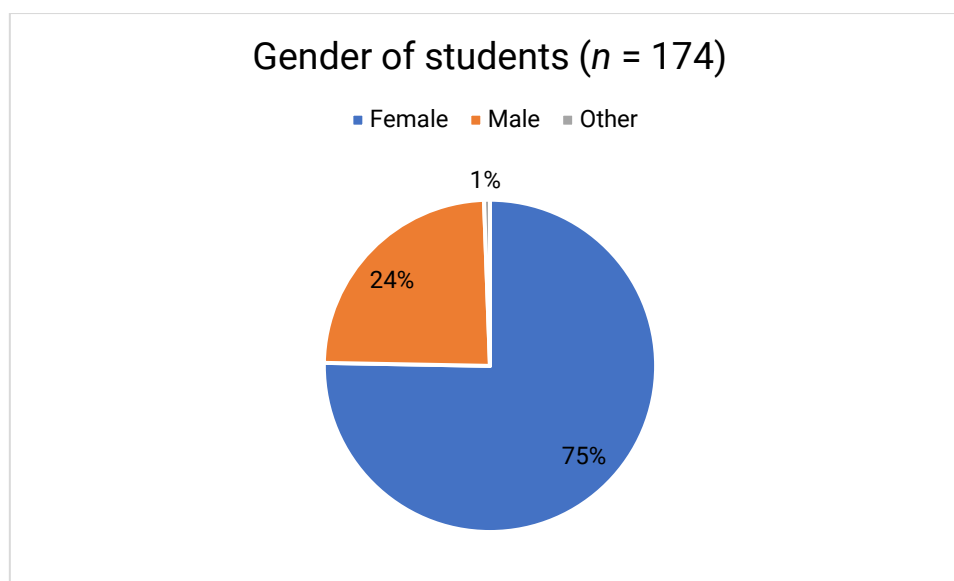


FIGURE 3. GENDER OF STUDENTS

Aboriginal and Torres Strait Islander Students

For those students for whom Aboriginal and Torres Strait Islander identification was recorded ($n = 233$), 6 identified as an Aboriginal and/or Torres Strait Islander. A partnership has been formed by the College with an Aboriginal-owned mental health service with the goal of co-designing programs for this group.

Students from culturally and linguistically diverse backgrounds

For those students who responded to the question: “Do you identify as part of the Culturally and Linguistically Diverse community?” ($n = 218$), 14% self-identified from a large range of backgrounds including: Chinese; Croatian; Dutch; Filipino; Greek; Hindu; Indonesian; Iranian; Italian; Ni-Vanuatu; Somali; Sri Lankan; Tamil; and Thai, with no more than two students from each community.

English was not the primary language for 13% of students responding to this question ($n = 186$). Primary languages for these students included: Arabic; Bahasa; Chinese; Croatian; Farsi; Indonesian; Italian; Mandarin; Portuguese; Sinhalese; Somali; Spanish; Tagalog; Tamil; Tetum; Thai; and Urdu. The most common language other than English was Sinhalese, being spoken by three students.

LGBTIQA+ students

Of those students for whom it was recorded ($n = 228$), 12% identified as LGBTIQ+ and 7% preferred not to say.

Employment status

Figure 3 shows the employment status of students at the time of enrolment ($n = 199$), demonstrating a mix of people unemployed, employed and studying. Many students identified with more than one group, for example combining work or other duties with study.

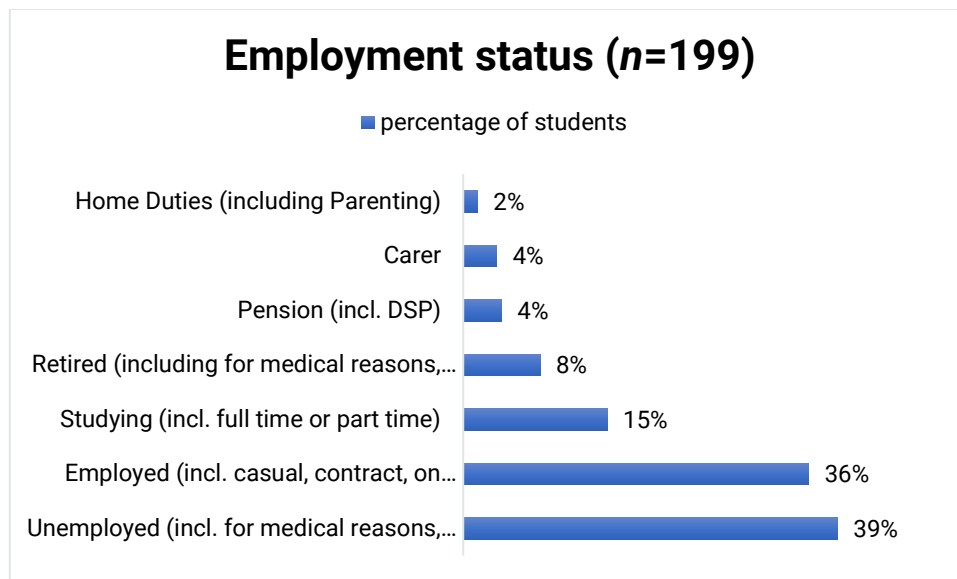


FIGURE 4. EMPLOYMENT STATUS

Of those students for whom volunteer work status was recorded (*n* = 204), 46 were engaged in volunteer work and a further 32 were interested in pursuing volunteer work.

Educational level

Figure 4 shows the highest level of educational attainment of students at the time of enrolment (*n* = 196), demonstrating a range of former experience in educational settings. The largest number of students had completed high school but not attained further vocational or university qualifications.

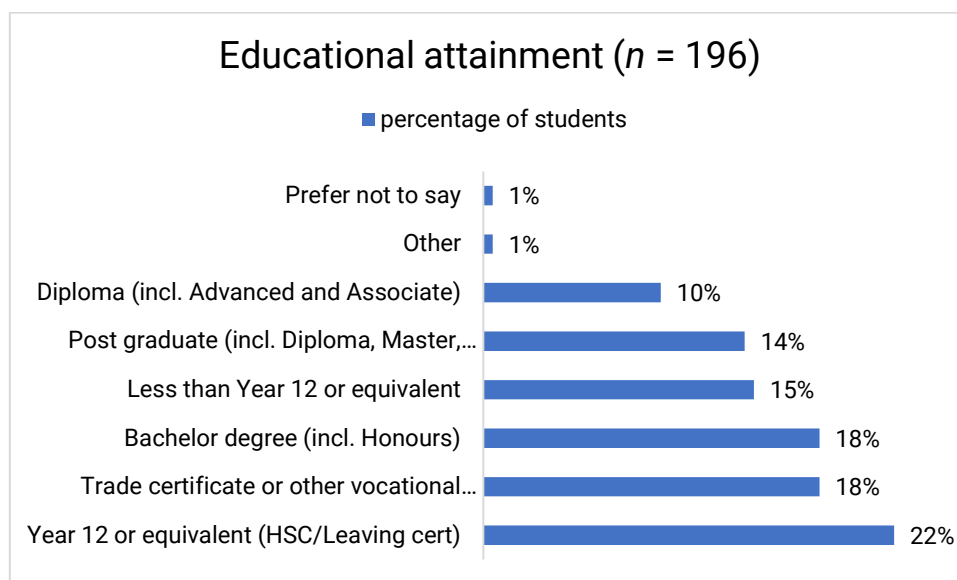


FIGURE 5. EDUCATIONAL ATTAINMENT

Learning support and additional needs

Of those students whose records reported whether or not learning support and additional needs were required or not, (*n* = 201), 15% reported additional learning support needs. These

were related to diagnosed developmental disorders; sensory, cognitive and physical impairments; and English language difficulties.

Of those students for whom it was recorded ($n = 146$), 20% were in process or applying or receiving support funded by the National Disability Insurance Scheme (NDIS).

Participation of target student groups

In the following section, n indicates the number of students for whom data was available.

Personal lived experience of mental health challenges

Of those students for whom it was recorded ($n = 203$), 82% identified as “a person with lived experience of mental distress or mental health diagnosis”. Of those who provided this information, in the two years prior to their enrolment: 35% ($n = 145$) had been hospitalised for a mental health condition; 19% ($n = 121$) had “received clinical treatment or care in relation to a suicide attempt”; and 14% ($n = 146$) had “sought treatment for any drug and/or alcohol concerns”.

Support people

Of those students for whom it was recorded ($n = 174$), 37% identified as “a person supporting someone with mental health conditions”.

Professionals

Of those students for whom it was recorded ($n = 162$), 27% identified as professionals “working directly with people with lived experience or in a field related to mental health”. Of these, the largest number were health professionals ($n=9$) and support workers ($n=7$). Other occupational groups included those working in general health and fitness-related occupations, administration, peer workers, policy, research and education.

Students

Of those students for whom it was recorded ($n = 164$), 27% reported they were studying elsewhere at the time of enrolment. Areas of study for those who reported it ($n = 27$) included nursing and allied health professions, community development and support services and peer support.

Course demand and completion rates

College progress reports indicate that course demand has grown over the Recovery College trial period as shown by the increase in enrolments and the growing waiting lists for many courses, despite the transition to online learning in the context of COVID-19. Completion rates for courses of more than one session duration were reported, prior to COVID-19 health restrictions, at around 70%.

Student participation in College activities

Documents provided by the College suggest the following opportunities for student participation and feedback in College activities:

- Invitation to join the College Co-design Committee (convened as of second semester 2019)

- Student feedback collected at face-to-face sessions at the end of each term
- Student newsletter
- Student voice (complaints procedure)

The planned establishment of a student committee in 2020 reported in College progress reports was reported by staff in the co-design committee to be delayed.

In summary, the Recovery College is engaging a diverse student group from a range of demographics and target student groups. Groups of potential growth include men, Aboriginal and Torres Strait Islanders, and health professionals. Efforts to co-produce courses to engage Aboriginal and Torres Strait Islander students are underway.

QUESTION 2: WHAT ARE THE STUDENT SELF-REPORTED OUTCOMES OF INVOLVEMENT WITH THE RECOVERY COLLEGE AND ITS COURSES?

Students' expectations of involvement with the College

In pre-course feedback collected by the College (see Appendix 3 & 4), students reported learning goals related to:

- Gaining **tips, strategies and tools** to manage their mental health as well as personally challenging themselves to try new things;
- Improved **knowledge** of mental health diagnoses and interventions, Recovery, community resources and vocational opportunities;
- Enjoyment;
- Self-reflection and discovery; and
- **Connection** with others.

Achievement of each of these learning goals was reflected in feedback collected by the College through feedback surveys provided at the end of each course session, Term, and in the End of Year Survey, and in responses to the online evaluation survey developed specifically for this study.

Additional benefits, that students didn't seem to anticipate in their pre-course learning goals, related to personal recovery were also noted by students in post-course feedback and the online survey. These unanticipated benefits included a sense of hope, purpose and agency in their lives, reduced feelings of internalised stigma, personal growth, and a sense of inclusion.

"Connecting with other people experiencing mental health issues, feeling like I am not the only one. The College was very welcoming." (Online survey respondent, student)

Recovery-related outcomes reported by students

Personal recovery outcomes were the most prominently reported by students. All components of the Connection, Hope, Identity, Meaning and Purpose and Empowerment

(CHIME) framework (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011) were mentioned but most commonly reported were feelings of improved connection with others, personal empowerment and identity related impacts. The following provides examples of student feedback collected by the College, and the online survey and interviews, relevant to each area of the CHIME framework.

Connection and Social Inclusion

A sense of connection with the College, other students and others who are experiencing mental health challenges in the general community was the most commonly reported impact of the College on student's personal recovery. Participants in the interviews and focus groups also explained that the College provided a safe and welcoming space to meet other people and socialize, suggesting improvements in social inclusion. Some also identified that the College enabled students to link with community resources and participate in activities beyond the College.

"Recovery College opened up the opportunity to me to know the people in Hockey ACT, so maybe I will follow up. I will ask [name] to give me the email and then I will follow up to get involved. That's my goal actually this year"
(Interview participant, student)

"I've made new friends and connections with other students, which has helped me build new social contacts." (End of Year Survey respondent, 2019)

"Most importantly I had support and community with people that understood my challenges." (Online survey respondent, student)

Hope and optimism

In sharing their personal experiences with mental health challenges and life, both educators and fellow students provided authentic role models of Recovery, demonstrating the achievement of meaningful life goals *in spite of* mental health challenges. The interview and focus group participants, too, talked about optimism, hope and growth.

"That is almost where the big gains are because someone comes in and says well I might like to learn something about recovery and then ends up feeling so confident and empowered and so secure in what they're doing that they then go onto teach those courses" (Interview participant, Educator)

"I wasn't sure recovery was possible in my case. I can see changes I'm making in my life and positive progress I've already made." (Online survey respondent, student)

Identity

Contact with the College improved student feelings in relation to confidence in their identity, which had been impacted by societal stigma, including deficit and disease models of mental health challenges. Students made reference to having greater sense of self-acceptance, self-esteem, self-compassion and reduced feelings of internalised or self-stigma.

Interview and focus group participants viewed the College as an “empowering” environment that helped individuals to “learn and discover” and “get their confidence back again”.

“Through my involvement in the College, I feel less ‘weird’.” (End of Year Survey respondent, 2019)

Most often these changes occurred in response to reflecting on and using their own strengths but opportunities to explicitly discuss and reflect upon stigma were also valued.

“Learning about self-stigma has also made me feel less bad about internalising these societal attitudes.” (End of Year Survey respondent, 2019)

Sharing and mutual support between educators and other students enabled students to see themselves as capable and valuable. Opportunities to contribute to the College, as committee members or lived experience educators, also provided the chance for people to see themselves and their experiences as valuable.

“It was a big boost to my self esteem to be asked on a committee [...] I think it helped me get through one of the hardest times in my life.” (Online survey respondent, student)

These benefits extended to those supporting those experiencing mental health challenges, who previously felt undervalued or unimportant in their caring role.

“...that my caring role was valuable. That I wasn't just doing nothing, but something important.” (Online survey respondent, student)

Meaning and purpose

Involvement with the College gave students a sense of meaning and purpose. For some, in the context of social isolation and occupational deprivation, this was as simple as having “somewhere to go” and “something to do” which gave purpose to their day.

*“Actually having something and somewhere to go for positive recovery.”
(Online survey respondent, student)*

For others, course content and activities enabled them to take further steps within their own Recovery journey.

“[I] joined a new volunteer group that another student recommended which helps my sense of self and confidence and builds skills.” (End of Term feedback respondent, Term 3, 2019)

For some students, involvement in the College provided the opportunity to re-engage with vocational activities and feel part of something bigger.

“...the opportunity to work as a paid casual educator bringing my lived experience to the design and facilitation of courses. Emotional, social, professional and financial benefits for me. Being part of something very meaningful and filled with purpose.” (Online survey respondent, student)

Empowerment

Students reported an increased sense of control in their lives with respect to managing emotional distress, taking action towards personal goals and asserting their needs in relationships with others resulting from their connection to the College.

Interview and focus group participants also talked about the College as a supportive and empowering environment that encourages participation, learning and growth. One student mentioned that she continued with the College because it was a “positive and supportive environment” (Interview participant, student). Other students discussed learning about mental health, understanding their experiences and feeling empowered to overcome the barriers. One staff member began participating in the College as a student and found herself working as an educator, she explained that the College was supportive and encouraging, particularly in a way that she could learn skills and “deal with things”.

“Everybody who was in our course at the Recovery College wanted to learn, they were there to learn, they were there for a reason. And they're there for a level of recovery for themselves, to reach a different level in their lives and trying to enrich their lives through that” (Interview participant, educator)

"I have support and tools to aid me in my recovery journey and am becoming better equipped to manage change." (End of Term feedback respondent, Term 3, 2019)

Growth

These experiences were supported by the observations of staff in interviews regarding the College's role in empowering students in their recovery journeys.

"They [students] can learn from each other and share their experiences from an 'I' perspective, without going into any traumatic details. So, it's that opportunity; the opportunity of feeling empowerment of getting some more control or understanding of what's going on and what's happening within their life. They're [students] enabling themselves to go forward and to grow as an individual. They're learning their own agency which is what they've lost through the processes in various mental health services. The aha moments that they have that they're learning for themselves and discovering for themselves, rather than being told what they need to do" (Interview participant, staff)

Progress in Recovery-related domains

In addition to describing the personal impact of the College on their Recovery, the PeerZone Star was used by the evaluation team to collect information about students' progress in recovery-related domains.

Students participating in the online survey were able to complete a digital Likert Scale based on the PeerZone Star. Participants were asked: "As a result of your participation as a student of the ACT Recovery College, have any of the following changed and in what way?"

Participants filled out their response using the scale shown in Figure 7 in which 0 indicated that things stayed the same, -2 and -1 indicated that things got worse and 1 and 2 indicated that things got better. People were allowed to choose which items they wished to report on.

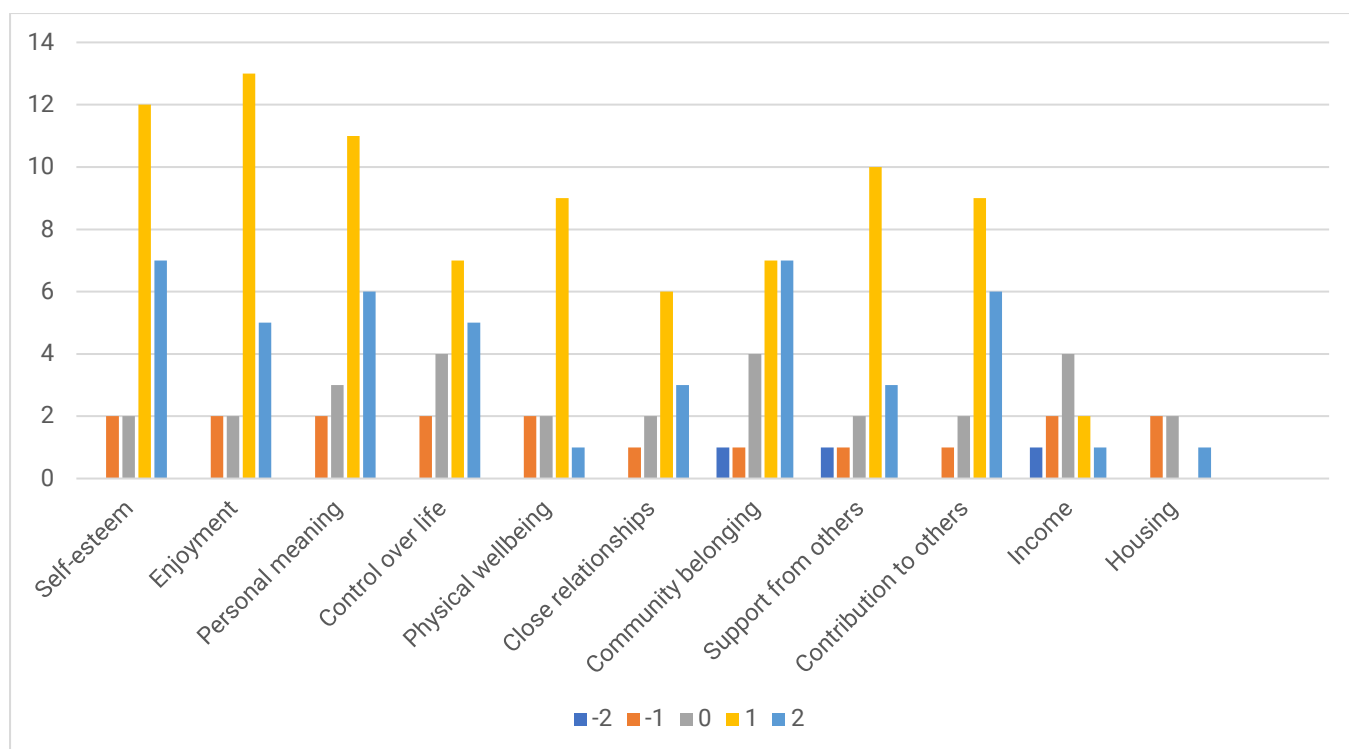


FIGURE 6. STUDENTS SURVEY RESPONSES TO THE PEERZONE STAR (N=34)

Overall, most of the student survey participants reported improvement on each of these items especially in the domains of enjoyment, self-esteem and control over one's life. Figure 6 indicates that very few student participants reported a decline in satisfaction on these items. Areas where dissatisfaction was reported include community belonging, support from others and income.

In the interviews, using the PeerZone star as a prompt, students talked about the role of College in their self-esteem, control, making meaningful connections, physical wellbeing, community belonging, and sense of achievement.

'I love learning something new, and then when I found it I just okay enrol it and then see how it goes, and then I enjoy it and I move onto the next course and other course and other course' (Interview participant, student)

'...[the College helped me to] maintain mental health and physical health and acknowledge what's happening, have more time to recover.' (Interview participant, student)

Learning outcome reported by students

In addition to recovery-related outcomes, students reported increased knowledge or learning as a result of their participation in the College.

Of the total number of Recovery College session feedback forms where this information was completed from Term 2, 2019 to Term 2, 2020 ($n = 626$) the majority of students reported some improvement in their knowledge (61%), as indicated in Figure 7.

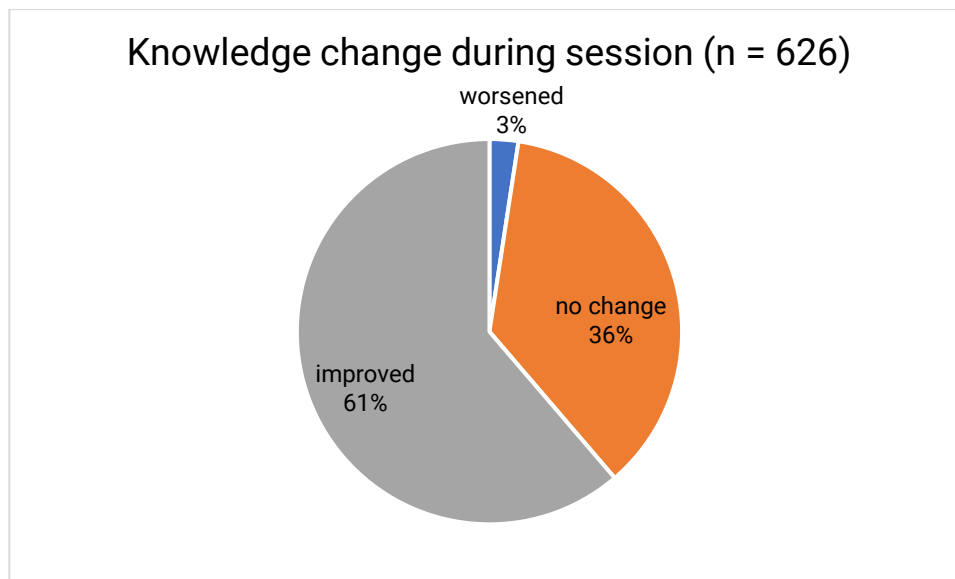


FIGURE 7. SELF REPORTED CHANGE IN KNOWLEDGE DURING SESSION

Students via routinely collected student feedback (ie. course feedback, end of term and end of year surveys), the online survey and interviews reported learning outcomes relating to **tips, tools and strategies; self-reflection and discovery; and mental health knowledge**. These are each described below.

Tips, Tools and Strategies

Students valued learning about the practical strategies they could apply in their own lives to manage their mental health and move forward in their Recovery, including finding out about resources in their local community. These strategies were present not just in course content but in the examples shared by educators and other students.

"What we're doing here [is] we're providing an opportunity for people to come to learn about their mental health, give them invaluable tools that they can utilise in order to sustain going on and thriving enough not just surviving day to day and it's really important to note that we're bridging that gap between crisis care and recovery" (Focus group participant, staff member)

"Skills and strategies to deal with emotions and distress. Ways to better support my mum." (Online survey respondent, student)

Self-reflection and discovery

Students also described becoming more aware of their own emotions and responses to distress. In the interviews and focus groups, many spoke about exploring recovery, learning about themselves and identifying their strengths and interests.

"... [ACT Recovery College] give people a really safe and supportive way of exploring the concept of personal recovery; which isn't necessarily an opportunity that they get to do in any depth in peer support in clinical services" (Interview participant, educator)

"Some days I feel overwhelmed but I still keep going despite that, I can question myself and ask "is this situation making me uncomfortable or is it something else." (End of Year Survey respondent, 2019)

By trying new strategies in their own lives, students developed awareness of things that worked, and did not work, for them that they could apply now and in the future.

"A bit of trial and error finding out what works for me and what doesn't." (Online survey respondent, student)

Mental health knowledge

Students also reported improving their mental health literacy in relation to clinical diagnoses, interventions and the evidence base for healthy lifestyle choices.

"[I've learnt] new knowledge, strategies to overcome anxiety and trauma, childhood trauma, domestic violence... before [coming to the College] I did not recognize the symptoms are because of burn out in my job or stress or trauma, I just ignored all of those. But then after I enrol in those courses, I finally realized that I've had been there, acknowledged what was happening and I had more time to recover" (Interview participant, student)

"[I've learnt] what causes and triggers it. Most of all I've more knowledge in regards to anxiety, that it's not that simple, it's more complicated than I thought." (End of Term Feedback respondent, Term 2, 2019)

This knowledge supported students to make informed decisions about actions they could take to support their wellbeing and recovery.

"It has encouraged me to make better choices, knowing the research and evidence behind it. For example, when I'm debating whether to exercise or meditate, I think about the stuff I learnt in the anxiety course about how these acts can help anxiety and neural connections, etc. to encourage me to do it." (Online survey respondent, student)

Some students reported changes in how they managed distress as a result of applying what they had learned in courses, which they explained gave them greater sense of personal control.

"[I] previously have sometimes felt like I was slipping into a black hole but now have some coping mechanisms that help immensely." (End of Term Feedback respondent, Term 3, 2019)

Immediate mental health benefits: Enjoyment, Mindfulness and Mood

Student feedback also highlighted enjoyment and fun as an important outcome of engaging in College activities.

"It has given me a real purpose and so much joy." (Online survey respondent, student)

Students also reported a sense of mindful engagement or flow, associated with engaging in hands-on activities, that gave them a break from worries.

"I liked the mindful/mindless-ness that I could get sometimes with an activity that really got my interest." (Online survey respondent, student)

This was further reflected in the positive impacts on students' mood at the end of sessions. Of the total number of Recovery College session feedback forms where this information was completed from Term 2, 2019 to Term 2, 2020 ($n = 813$) many students reported an improvement in their mood (57%), as indicated in Figure 8.

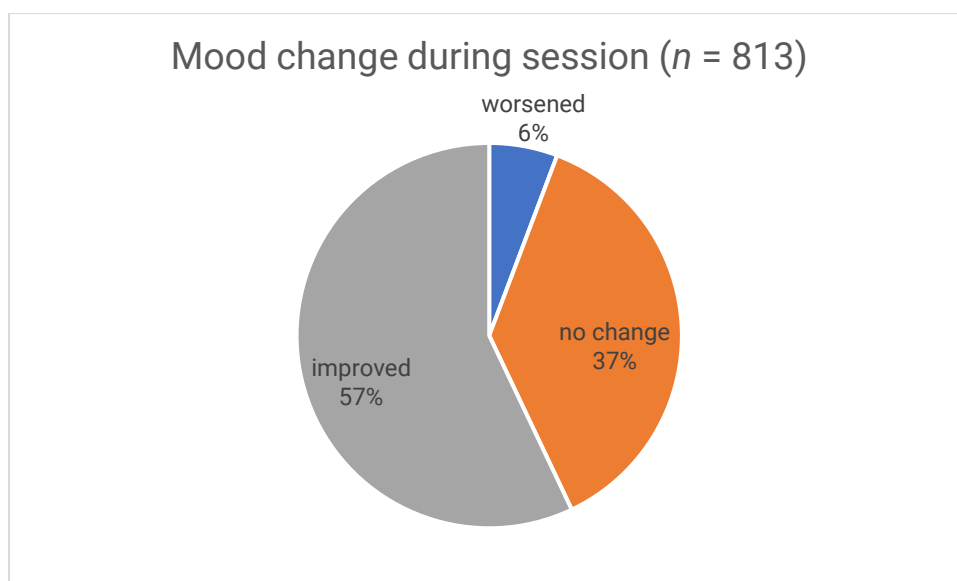


FIGURE 8. SELF REPORTED CHANGE IN MOOD DURING SESSION

Outcomes reported by supporters

In addition to benefits to their own wellbeing, supporter participants in the online survey identified that the College enabled them to provide better support in various ways. One supporter reported “improved relationship with the student I support”. Another claimed that the College “reduced my judgment of others”, signalling a broader impact on their role as a supporter.

“The Recovery College hasn’t been prescriptive, it’s sit down, have a look, you know would you like to work on this or would you like to work on that, this is how this material gets used. And then she could just go every time and just do her own thing, didn’t have to interact with anyone, but it gave her that safe space where she could develop what’s become a really important part I think of her daily life. It’s just been amazing. And she would not have had that without Recovery College, because there isn’t another form of activity that just gives you that safe, not really guided but the guidance is there if you want it. So, with all the other things that she’s done, it’s been interesting and helpful, like helpful here and helpful there. But the craft, the creative art was, she’s a very different person now.” (Interview participant, supporter)

“Although it didn’t work out as suitable option for my daughter currently, I have seen others support family members in groups and I have observed first-hand how it seems to add value to their relationship and provide a space which springboards them into exploring options for improved mental health and recovery.” (Online survey participant, supporter)

Outcomes for students from professional roles

Generally, there was less reflection on changes in attitudes or understanding of students from the small number of students from professional backgrounds. However, this quote suggests some shift in perception for those working in the sector.

“Personal understanding to work with greater awareness for the population I was advocating for,” (Online survey respondent, student)

In summary, students report a range of positive impacts relating to their involvement with the College, particularly in the areas of social connection and gaining tools to manage their mental health.

QUESTION 3: WHAT IS THE STUDENT EXPERIENCE OF THE RECOVERY COLLEGE AND ITS COURSES?

Overall, students reported strong satisfaction with many aspects of course content, delivery and the College space across all quantitative and qualitative data from all data sources.

Students survey responses to the Mind Australia Satisfaction Survey (MASS)

Students completing the online survey (see Appendix 6) were invited to complete the Mind Australia Satisfaction Survey (MASS). The results are detailed in Figure 9.

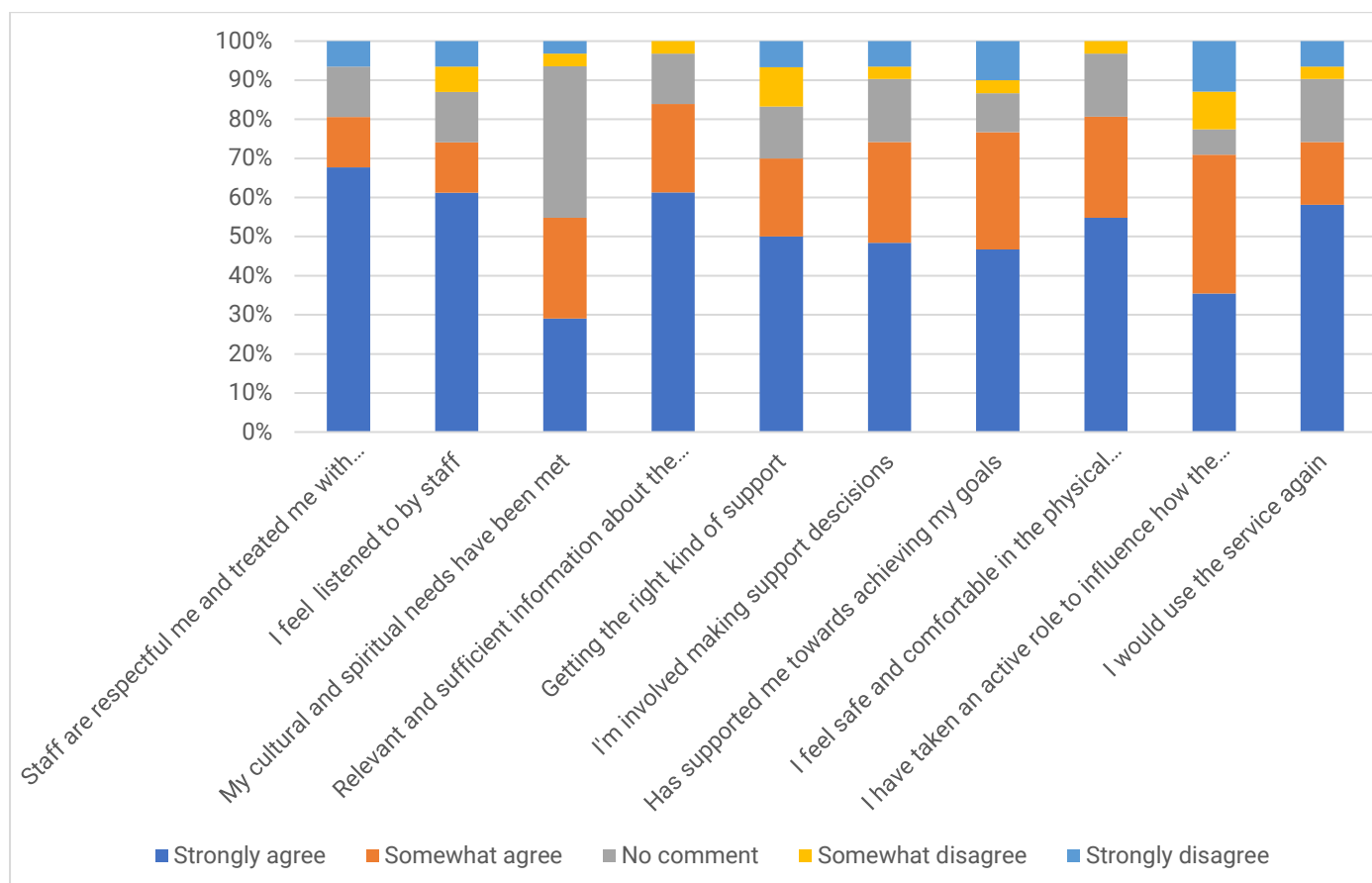


FIGURE 9. STUDENTS RESPONSES TO THE MIND AUSTRALIA SATISFACTION SURVEY (MASS) (N=34)

Overall, most students rated every item of the MASS as strongly agree or somewhat agree. Students reported the highest agreeance with regards to their experience of being treated respectfully by staff and being listened to by staff. A small number of students expressed a neutral or no comment grading of the items, specifically with regards to spiritual or cultural needs being met.

Students survey responses to the Developing Recovery Enhancing Environment Measure (DREEM)

All participants undertaking the online survey and interviews were invited to complete the Developing Recovery Enhancing Environment Measure (DREEM) (Appendix 6). The results for students are presented in Figure 10.

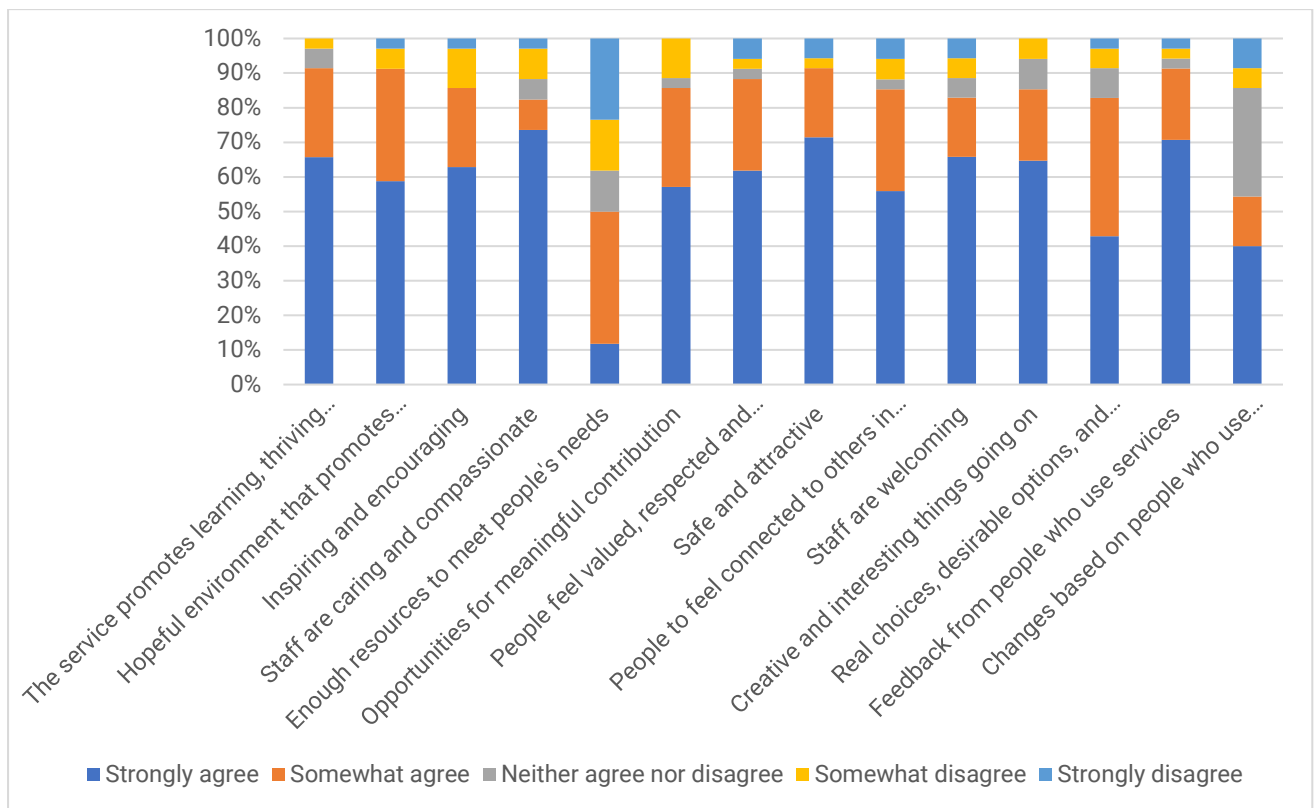


FIGURE 10. STUDENT RESPONSES TO THE DEVELOPING RECOVERY ENHANCING ENVIRONMENT MEASURE (DREEM) (N=35)

Overall, the students who completed the DREEM (Appendix 6) as a part of the survey or during an interview expressed a high degree of satisfaction with more than 70% strongly agreeing that staff are compassionate and the Recovery College is safe and attractive. Compared to the other domains, the domain addressing resources was reported as an area of improvement with only 10% of participants agreeing it was sufficiently resourced.

The overall positive responses to the MASS and DREEM, were supported by comments by students in feedback routinely collected by the College, as well as participants in the online survey, interviews and focus groups. Themes occurring across these data sources are described below.

A safe learning space

The impacts of efforts undertaken to create a safe learning space emerged as a strong theme. Feedback from students, across all data sources, indicate that these policies, and the staff and educators themselves, have been successful in creating a safe space. Both students and educators reported a sense of belonging and mutual support created in an environment of openness, trust and fun. The interview and focus group data also highlighted that the College provided *steppingstones* and a safe space to supporting recovery, growth and inclusion for all people involved.

“Going to a place like the Recovery College is so accommodating, and you walk in and you're not ‘oh I've got mental health written on my forehead’. See what I mean?” (Interview participant, student)

“[The course that I did] was about storytelling it was about people expressing themselves about their mental health experience, which they obviously don't get a good chance sometimes to be able to do that. So it was, because of the Recovery College and the way it's set up, it's very understanding, sympathetic, safe, so people felt that they could share in an environment where that sharing won't have a negative consequence on them” (Interview participant, educator).

“All the staff and volunteers from [staff member] at reception to the intake interviewers and class educators, and my peer students were all so accepting and non-judgemental about the diversity of experiences of mental ill health and recovery.” (End of Year Survey respondent, 2019)

Explicit reference to the DoNoHarm framework was evident across a range of College documents, indicating the integration of this approach throughout all College activities. These included:

- Student and educator induction procedures and materials
- Routine staff, educator and (optional) student training
- Course content and materials such as student handbooks
- Clearly defined procedures relating to supporting students and educators experiencing distress; and
- Access to external group and individual supervision and reflective practice for educators and permanent staff.

The College's expertise in the area of trauma-informed practice has also been recognised in the awarding of a grant by the Office for Mental Health and Well Being in early 2021 to provide training within workplaces and community settings.

Student feedback indicated that the application of College policies and procedures established a safe learning environment, whilst allowing for mutual discussion and learning.

“The discussion about borders and boundaries was important.” (Student session feedback, Term 2, 2020)

Educators further contributed to a safe space by offering students choice and control of how they participated within sessions, as well as managing group dynamics to enable students to participate equally.

"It's up to the person to say but I'm actually more interested in doing this course and that course and the other and you know, who are you to say how I'm going to learn about my own recovery... I think having that autonomy and that decision making power when it comes to how you engage with the Recovery College... so that there is a lot more choice and there's a lot more decision-making power that the students have" (Interview participant, educator)

"[The Educator] is nice and considerate and gives me the choice of sharing or not sharing and doesn't push it." (Student session feedback, Term 2, 2020)

The content and delivery of courses also contributed to a sense of safety for students in the context of societal stigma and barriers to participation, giving students agency with regards to changes in their lives.

"It provides a safe environment, where barriers to participation are taken into account and people are treated with respect no matter what their needs are. Mental health issues are normalised, and don't feel like such a "problem" or something to be ashamed of." (Online survey respondent, student)

The mutual sharing of experiences by educators and students in discussions within courses further contributed to a sense of safety in the context of experiences of stigma in their daily lives.

"Recovery College is one place which never makes me feel judged or condemned." (End of Year Survey respondent, 2019)

"...[one of the positives about the College for the students is] being able to share their story safely and feeling comfortable about it, the aha moments that they have; light goes on for them" (Interview participant, staff)

Balancing mutuality and student comfort

Overall, feedback from students from all data sources highlighted the College's success in creating a safe space. However, individual session feedback and online survey responses noted the impact of student contributions that did not adhere to the DoNoHarm framework or did not show respect for others in group discussions. These were characterised as "oversharing" or "dominating" group discussions.

*"Certain group members taking over, talking over the top of the facilitators".
(Student session feedback, Term 2, 2020)*

Difficulties managing these dynamics were noted to impact upon time management within the group, such as breaks and completing other course activities.

"Not happy with the management. [I] was crawling in my skin waiting for a break there were 5 different people that "shared" as were supposed to going on break. Soo much oversharing." (Student session feedback, Term 2, 2020)

Student feedback and educator reflections indicated that efforts were made to "check- in" with students and educators who experienced distress whilst participating in courses or providing individual feedback to students who breached group guidelines. Feedback in later sessions suggests educators acted upon feedback.

"The person I have found domineering wasn't able to dominate" (Student session feedback, Term 2, 2020)

Inadequate physical space

Other feedback around space related to the physical space of the Recovery College facilities. Students particularly expressed concerns about the lack of physical space within classrooms that impacted upon their sense of comfort and safety.

"This environment is not ideal for my learning. There are too many people in this small room. I could feel other people's breath on me. Once the 9th participant arrived, I felt trapped. [I] had no personal space - couldn't make private notes." (Student session feedback, Term 2, 2020)

Learning practical skills through practical activities

As well as creating a safe space, the sharing of experiences in group discussions provided another means for students to learn practical tips, tools and strategies they could apply in their own lives.

"Exploration & discussions with other staff & students who were also intelligent and willing to share & learn from each other's experiences in a safe supportive environment." (Online survey respondent, student)

Students indicated a preference for “less theory and more strategies” in course content, describing some courses as having “too much information” or being too “academic”. Students valued “interactive” activities that stimulated group discussion such as “icebreakers”, “brainstorming”, “mind mapping, including paired and small group activities.

In addition to group discussions, students valued practical activities that catered to different learning styles and gave them the opportunity to practice new skills. Practical activities highlighted as valuable by students included:

- Role plays
- Creative activities
- Cooking
- Physical activity
- Mindfulness and relaxation activities

Use of varied learning activities, including discussion, “hands-on” and multimedia, such as videos, catered to the different learning preferences and assisted students to maintain their attention and get the most out of sessions.

The dual challenge of encouraging active student engagement and covering course content was highlighted in both student and educator feedback, however, educators appeared responsive to feedback in this area.

“It was pointed out by one student that I should run the class better. ie. keep an eye on the time and I felt this was a fair comment and I committed to do that next session.” (Educator session feedback, Term 2, 2020)

Engaging subject matter experts in co-production

Online survey findings indicated that students valued health professionals as subject matter experts in the development and delivery of courses but that this had not been a consistent feature of courses. Health professionals such as exercise physiologists, training GPs and dietitians, as well as mental health professionals, have contributed to some courses with positive feedback from students. Students have reported that they would like more of this.

“...would be great to have more professional educators allocated time to co-facilitate and develop courses or even just run seminars. Having information about services available and linking students to services that may be useful would be good.” (Online survey response, student)

Accessibility

Student feedback regarding the accessibility of the College is mixed. Student feedback reflects the value of a “soft entry point” created by free courses, with no restrictions on

eligibility for adults over 18 years of age. They contrasted this with their experiences with mental health services and the NDIS.

“Being included in something without having to beg or provide reams of medical evidence or spend loads of money. Accessibility and inclusion rate highly in my experience as a student at ACT Recovery College.” (Online survey feedback, student)

Barriers to accessibility mainly relate to the College’s hours of operation and location have also been noted in student feedback.

“It provides a place to go that is free but difficult for many to get to. It is not accessible for people with a [mobility-related] disability (no disability car spaces out front).” Online survey feedback, student

“Have courses run outside of business hours so they are accessible to those that are employed, without having to be financially disadvantaged.” (Online survey feedback, student)

Feedback relating to specific courses

Student participants to the online survey reported valuing a wide range of courses offered by the College. Twenty-three students also reported that they had promoted the College to others. Of these students, 20 reported having promoted all courses offered by the College and three having promoted specific courses.

The following classes were mentioned as particularly valuable by a small number of student participants who responded to this part of the survey: Anxiety: it’s not that simple, Creative Care for Recovery ($n=4$); Finding My Way: Drawing on spirituality and meaning for life’s recovery journey ($n=3$), DoNOHarm safe storytelling framework (MIEACT) (3 hours), Lived Experience Storytelling (4 weeks) ($n=2$); Get Movin’ and Groovin’: Social Sports and Fun Fitness, Goal setting for Wellbeing workshop, Healthy Living, Honest, Open, Proud to Erase the Stigma of Mental Illness (4 weeks), Navigating the ACT Mental Health System, Understanding Self-Harm ($n=1$).

The following classes were recommended by student participants: Anxiety: it’s not that simple ($n=8$); Drawing on spirituality and meaning for life’s recovery journey ($n=4$); Buried in Treasures ($n=3$); Community Connection and Belonging as part of Mental Health Recovery, Creative Care for Recovery, Lived Experience Storytelling (4 weeks), Honest, Open, Proud to Erase the Stigma Of Mental Illness (4 weeks), Get Movin’ and Groovin’: Social Sports and Fun Fitness ($n=2$); DoNOHarm safe storytelling framework (MIEACT) (3 hours), Food for Thought, Wellbeing workshop, Movement is Medicine, My Rights, My Decisions, Navigating the ACT Mental Health System, Understanding Self-Harm ($n=1$).

A small number of survey participants responded to later questions in the online survey regarding other outcomes. These included: any social connections between students outside of courses ($n=7$); further involvement with the College through participating in further courses ($n=8$); facilitating courses as an educator ($n=8$); participating in other College activities (co-production meetings, steering groups, annual general meetings) ($n=5$); and attending College celebrations and events ($n=5$).

In summary, students' reported experiences of the College suggest it is an inclusive and safe space to learn, share their own knowledge and connect with people with similar experiences. Efforts to create this space are evidence at all levels of College policy and practice. Students most value interactive course activities that enable them to engage with content, learn from others and apply practical skills. Increased involvement of mental health professionals in course development and delivery may support improved learning opportunities for students through the integration of experiential and professional knowledge and skills.

QUESTION 4: WHAT ARE THE VIEWS AND EXPERIENCES OF OTHER KEY STAKEHOLDERS INVOLVED WITH RECOVERY COLLEGE?

Findings across all sources and stakeholder groups suggests that the College has been largely successful in its aim of creating a welcoming place for learning, incorporating the principles of adult learning, co-production and personal recovery. Importantly, 85% of permanent staff and educators identified as having lived experience.

Responses to the Developing Recovery Enhancing Environment Measure (DREEM)

Figures 10 to 12 show the responses of other key stakeholder groups to the DREEM. Importantly, 100% of the participants reported that the Recovery College promotes learning, thriving and growth. The majority of participants agreed with all items except two – ‘enough resources’ and ‘changes based on people who use services’, suggesting that participants were aware of some of the resource limitations of the College and how that may have impacted on the College’s ability to be responsive to changing needs and preferences.

Figure 11 demonstrates that, of all stakeholder groups, supporters appeared particularly cognizant of the College’s resource limitations, with no supporters strongly agreeing the College was adequately resourced.

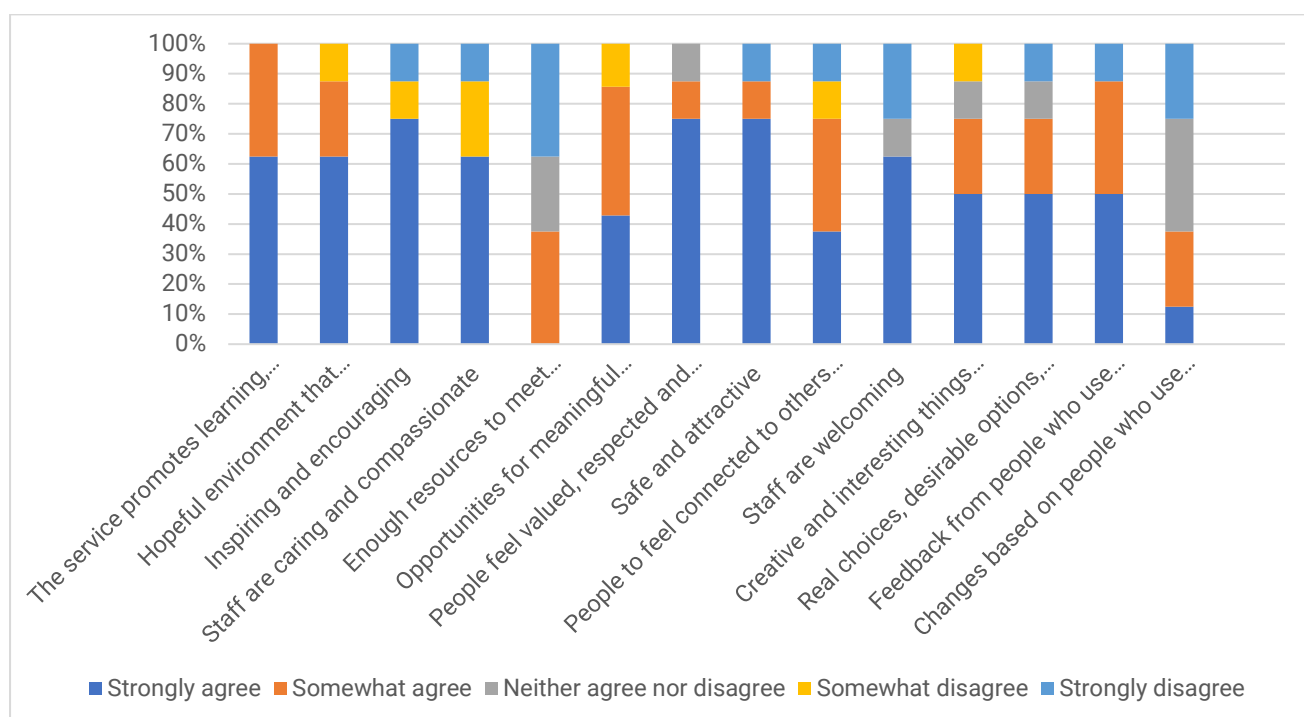


FIGURE 11. SUPPORTERS’ RESPONSES TO THE DEVELOPING RECOVERY ENHANCING ENVIRONMENT MEASURE (DREEM) (N=9)

Figure 12 shows staff and educators expressed a high level of agreeance with each of the DREEM items. Eight out of 14 items were strongly agreed with by the participants. Staff strongly indicated that there was not enough resources to meet people’s needs. The responses also indicate that although the participants agree that there was real choices and desirable options, there may also be opportunities to increase the degree to which they could strongly agree with this in the future.

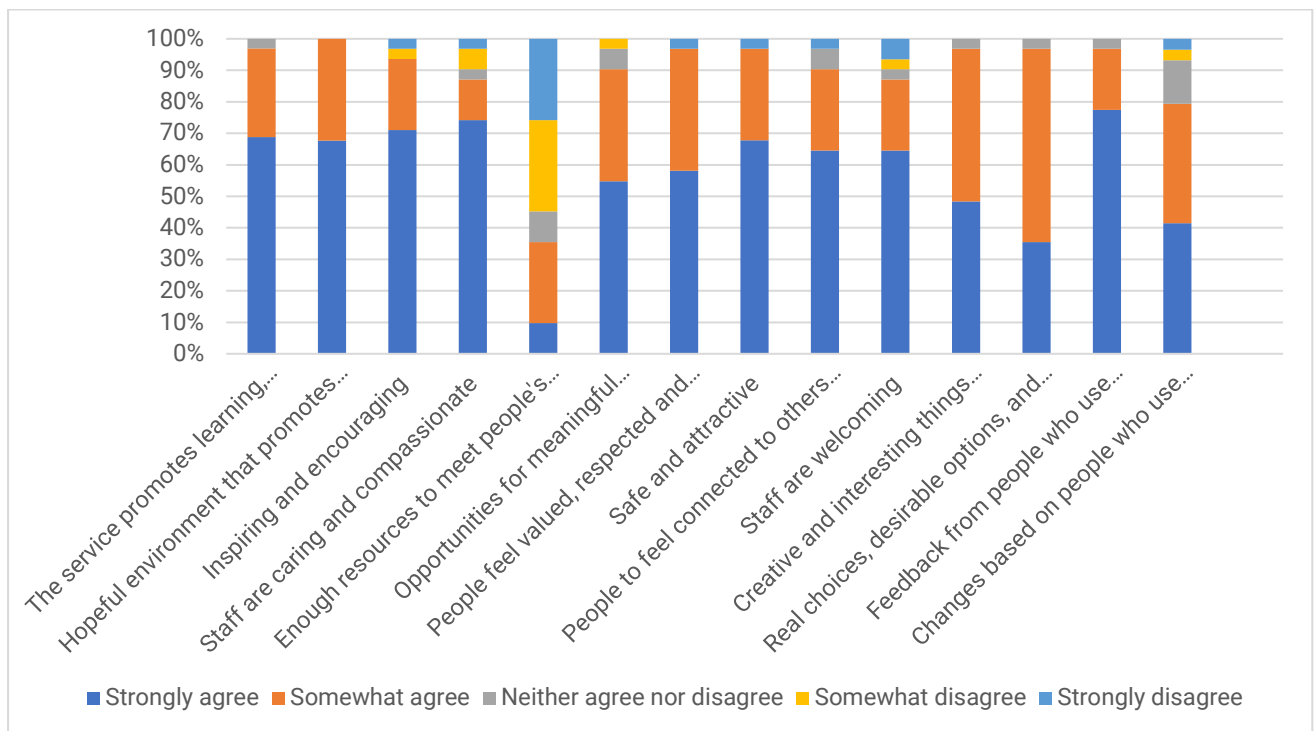


FIGURE 12. STAFF AND EDUCATORS' RESPONSES TO THE DEVELOPING RECOVERY ENHANCING ENVIRONMENT MEASURE (DREEM) (N=36)

"...it [the College] provides a safe, non-threatening, non-judgemental, non-compliance environment which they can explore mental health journey and give themselves that agency and empowerment to take back control that the medical system and other systems that they've been involved in have taken away from them or robbed them, that's why I think Recovery College is a benefit." (Interview participant, staff)

The external stakeholder participants strongly agreed or somewhat agreed with most items. Of particular note, as figure 13 shows, 60% strongly agreed that the College was safe and attractive, and that staff were caring. Areas for opportunity to improve identified in the participant's responses include access to resources and being able to make changes based on the feedback by students or their changing characteristics.

The findings of the DREEM strongly support the College's ongoing operation. Although the views of the stakeholders differ, overwhelmingly each cohort expressed that they value many aspects of the College. Of note, the 60-70% of participants from each cohort reported that they strongly agreed that staff were caring and compassionate, and that the College was safe and attractive. Participants were unanimous that the College did not have enough resources to meet people's needs; this was especially reported by external stakeholders.

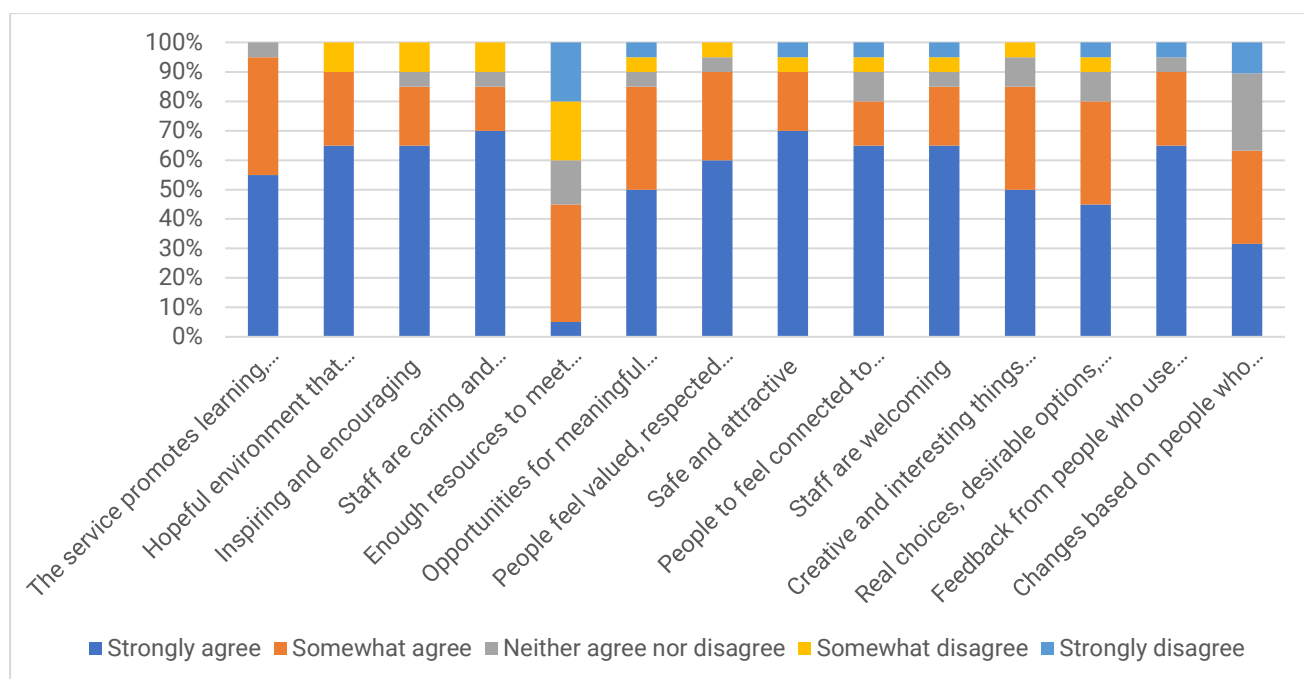


Figure 13. External stakeholder responses to the Developing Recovery Enhancing Environment Measure (DREEM) (n=25)

The overall positive responses of other key stakeholders to the DREEM, were supported by comments by educators, staff and external stakeholder participants in the online survey, interviews and focus groups. Themes occurring across these data sources are described below.

Stakeholder support

Educator participants to the online survey highlighted the importance of ACT Health support in the establishment and funding of the College. This is reflected in the ongoing involvement of ACT Health staff in the College’s co-design steering committee.

“Ministerial support. It’s hard to oppose something when the Minister for Mental Health sees its value and wants it done. This was backed by a committed team.” (Online survey respondent, educator)

This partnership initially included commitment of Canberra Health Services staff resources, in both the project implementation officer role and release of staff to participate in the co-design and delivery of courses, however, this appears to not have occurred as planned. The possible benefits to students identified included positive experiences of contact with Canberra Health Service staff, and a greater understanding of available supports.

The flow on effects to lived experience educators of insufficient Canberra Health Services support were reflected in their feedback to the online survey. Because it was difficult to recruit mental health professionals and other experts to co-produce courses, the lived experience educators were often left to fill the role of both “subject matter expert” and “lived

experience expert". Students seemed to be aware of this situation and some commented in the online survey that they would have preferred more professional input to courses.

"Something I have noticed over time is that many ACT Health [Canberra Health Services] staff were on-board at the start but there seemed to be issues with getting adequate approved time away from usual work roles to meet the College role, especially in designing courses." (Online survey respondent, educator)

Limited external support for the College and College activities was a key theme that staff responding to the online survey highlighted. Participants highlighted specific areas in which they felt the College required greater support from bodies such as ACT Health and local government initiatives, as well as expressing a general sense that external support is needed to continue and grow the College/s activities and reach. One participant claimed that "more involvement with government stakeholders to ensure continued support and funding" was required to provide certainty for the College.

Staff illustrated the need for Canberra Health Services to expand their support for the College in specific ways. One participant suggested Canberra Health Services second professionals to the College. Three participants specifically expressed a need for Canberra Health Services to disseminate information about the College to potential students. College progress reports indicate few students are currently finding out about the College from mental health professionals, including those within Canberra Health Services, suggesting opportunities for improved stakeholder engagement if staff resources on both sides can be addressed.

Stakeholder participants to the online survey placed significant emphasis on the relationships between the College and the ACT health sector more broadly. In particular, there was evidence that most stakeholders felt there was more that could be done to facilitate relationships across the sector. For example, many stakeholders mentioned that it would be useful to the College to have other health services promoting their offerings and providing referrals. One participant stated, "I think the College has been driven by, and worked well with, local organisations and stakeholders to implement something that works for the ACT community", however, other participants felt that the College requires "more promotion".

Commitment to co-production

A commitment to co-production is evident in descriptions of the participation of students and other stakeholders with lived experience at all levels of governance in College documents. Feedback from educators in the online survey supports the variety of ways the College has sought student and educator feedback. Interview and focus group participants too, talked about the involvement of people with lived experience of mental health challenges, including students, at all levels and the value of feedback. In response to feedback, the College develops new courses and amends existing courses.

“...definitely people with lived experience have equal voice to professionals in the College, that’s important and I think it helps that most of us, all of us staff have lived experience as well, so we’re sort of, you know sit in both buckets” (Interview participant, staff member)

“I think so, there is a big emphasis on getting input from consumers and carers and taking into account feedback from participants.” (Online survey respondent, educator)

Wearing multiple “hats”

The high level of crossover between all groups participating in the evaluation, and reports from those in the co-design group, suggest the College’s inclusive and recovery-focused ethos has been successful in breaking down the “us and them” binary that too often exists between people with lived experience of service use and providers of mental health services. Several educators reported transitioning from student to educator roles, and professionals with lived experience were valued for both their clinical and experiential knowledge. Similarly, people supporting family and friends experiencing mental health challenges were able to participate as students in courses, receiving support for relational recovery and their own experiences of distress.

“I appreciate that the College has taken a flexible approach for those of us who wear multiple hats (e.g. subject matter expertise and lived experience). My employed work requires me to integrate my lived experience with my professional training in a peer-identified position, and I appreciate being able to bring both sides of myself to course facilitation or to a committee discussion at the College when appropriate. You don’t get forced to pick one hat or box to be in. I think this also helps with role modelling - people with lived experience can be subject matter experts too. I’m not sure how different this is to how other Recovery Colleges operate, but it seems like Recovery College Models can be a bit prescriptive about placing people in lived experience vs subject matter expert categories.” (Online survey respondent, educator)

As the pilot developed the potential implications of emerging resource scarcity and uncertainty about the College’s future were reflected in feedback from both students and educators. Many students expressed concerns about losing the support of the College through discontinued funding.

“Just having to fear that it may not receive further funding and be shut down as it’s something that’s so needed.” (Online survey respondent, student)

College progress reports suggest that as the College developed there was increased pressure on the limited numbers of permanently employed staff to achieve key performance indicators set by funders and that there needed to be improvements in how to anticipate, identify and communicate resource needs.

Resourcing: Staff hours and physical space

Educators, staff and external stakeholders all provided feedback that they were concerned about the workload of the College staff as they tried to meet the strong demand for the College and its courses. This workload pressure had potential implications for staff tenure and fidelity to the College's core aims of co-production and stakeholder engagement. There were only limited opportunities for the College to gain additional funding via grant applications so reviews of the adequacy of core funding were necessary. Interview participants identified funding as a major factor impacting the staff's capacity to support educators and students, and their own job satisfaction.

"...it's not about more resources it's about more people – more paid staff to do the job because at the moment we have staff members and only 3 of us are paid" (Focus group participant, staff member)

College documents note that limitations in staffing restricted the capacity of the College to expand and enhance its response to the expressed access needs of students, such as delivering courses at other locations and outside normal business hours. Interview and survey participants further highlighted the impact of resource limitations on meeting students' needs, as well as the availability of materials and equipment (e.g. computers, stationary).

"Well see it's not a very big place, therefore say they for example had a large room, or perhaps they could've continued, they could have yoga there once a week with say 5 participants. You see what I mean, like there'd be restricted because the area is small, you walk in and there's a small reception area, the area where they do the art is a small room, the kitchenette, you know they offer everything you require, biscuits everything one would want, but the area is small. But it's better than nothing, I mean it's wonderful, certainly what they offer is of high value" (Interview participant, student)

"More resources. That level of collaboration takes time and skill!" (Online survey respondent, educator)

This had a flow on effect to the governance of the College. One participant highlighted how limited external support led to "unhealthy emotional, mental and physical impact of the workload". Staff suggested that additional training may be able to assist staff to better manage challenges coming out of their roles but that additional funding would need to be

available to cultivate such a strategy. Though not a mental health service, comments from students and educators in both routinely collected data and the online survey reflect the high degree of commitment to student wellbeing with implications for resourcing.

"It is very obvious it needs more staff hours to do the level of person care that it aims to do." (Online survey respondent, educator)

. One stakeholder participant summarised that the College requires:

"...support (including financial support) for the expansion of the College. Currently housed in a small venue. Would be great to see capacity to hold courses in other venues across ACT. Financial capacity for additional admin support would also help - seems to be a very high workload for team." (Online survey respondent, External stakeholder)

Similar themes are reflected across all stakeholder online survey participants. Participants raised particular concerns around resourcing of the physical space and College funding as demand for the College increased. Physical space issues were related to comfort of the space and accessibility, with one participant claiming that "some participants with mobility needs found themselves unintentionally feeling excluded" due to unaccommodating physical spaces. The future of College funding was of concern to stakeholders. Five participants specifically expressed that funding may be proving to be adequate in the long run given the aims of the College, suggesting that the College has been required to "solve too many problems too early".

Supporter participants to the online survey also highlighted similar concerns regarding resourcing of the College and expressed a wish for the College to increase its capacity.

Volunteerism

Some of the College's success may be attributed to a degree of volunteerism, or unpaid work, on behalf of staff and educators. Comments from educator and staff participants to the online survey suggest that, in the context of inadequate regular staffing and fixed reimbursements for course development and delivery, people have gone "above and beyond" to ensure the College's survival and delivery of courses to students.

"Support of some very generous volunteers without whom the College may not have been able to continue to operate after the loss of a key staff member." (Online survey respondent, educator)

Educators also faced challenges associated with insecure employment including insufficient remuneration and uncertainty.

"I also think that more funding [is needed] so that they can pay their producers better, like I don't feel like I was paid poorly, but I certainly wasn't paid well" (Interview participant, educator)

"Educators may feel that they work hard and are not adequately compensated." (Online survey respondent, educator)

Educators, as individual contractors rather than casual employees, also carried the burden of financial administration which featured as a concern in their online survey feedback.

"I was concerned about the method of reimbursement (ABN invoicing) causing financial problems for me." (Online survey respondent, educator)

In summary, comments from the College staff, educators and external stakeholders across data sources supported the College's commitment to co-production as a strength, whilst acknowledging the negative impacts of increased resource limitations as the pilot progressed and the College faced increased demand. Stakeholders' feedback suggested that partnerships with ACT Health in the establishment and governance of the College have not translated to active involvement of Canberra Health Services staff in co-design and delivery of College courses, and it was suggested that building more connections and providing information to generate referrals from professionals and other service providers was required. The impact of emerging funding pressures, and a mostly casual workforce, has impacted on the full realisation of the co-production and partnership principles described in the model.

QUESTION 5: TO WHAT EXTENT DOES THE ACT RECOVERY COLLEGE ‘FIT’ WITHIN THE ACT MENTAL HEALTH SECTOR?

Feedback from all data sources suggests that for those participating in College courses as both students and educators, the College is fulfilling an otherwise unmet need for social inclusion, vocational opportunities and holistic, recovery focused education. The findings indicate the role of the ACT Recovery College in promoting growth towards economic participation and reducing social isolation and loneliness. Several students and educators identified the College as beneficial to their personal and professional development. The College helped them to expand their skills and gain confidence towards becoming educators; thus, moving from recipient of care to taking up provider roles.

“An oasis of hope, inclusion and connection.”

As reflected in earlier findings regarding the sense of connection (see Question 2) and safe space (see Question 3) created by the College, student and educator participants to the online survey emphasised the importance of the College as a community.

“It is an oasis of hope, inclusion and connection.” (Online survey feedback, student)

This sense of community extended to educators engaged with the College who indicated that it was a place that cultivated a sense of belonging.

...it was just one of my favourite days at work, ever. It was just beautiful just to see how they came together... and, really different people, you know? [...]. All these different people that wouldn't normally have anything - it's not about having something in common - but just coming together, you know? And, here they were and it was a lovely warm. They were just a beautiful bunch of people. So that helped but, certainly, I think for some of them it was – there was a real social element to it. There sure was for me.”
(Interview participant, educator)

“Generally, the College has felt open and responsive to input and feedback through formal (e.g. committee membership) or more informal (e.g. debrief chats after facilitating a class) avenues. Feels safe and welcome to participate and contribute.” (Survey respondent, educator)

Stakeholders felt that their engagement with the College was an opportunity to be “part of something very meaningful and filled with purpose” in their work roles. Stakeholders were able to identify that, despite the challenges they faced in their roles, the College has a significant role in the Recovery journeys of its students.

“Somewhere to go, something to do.”

For many, the information they learned in courses was secondary to the value of being included in a space outside their home and having something occupy their time, in the context of social isolation and unemployment.

“I noticed, especially in the first few months, that there were people coming to many, many sessions even some that some unrelated possibly to their needs. It made me wonder if the social connection was the real drawcard and whether there could be courses which meet more regular social needs...including maybe having lunch together at the centre...maybe some drop-in style arrangement too...but there would need to be a bigger building for this. It may have been showing up a need in the ACT for this type of facility and the College could be a great place to co-locate that. It could also provide options to people who have less concentration and prevent them enrolling in some groups that may not be so suited to current needs.”
(Online survey feedback, student)

“The missing link”

Feedback from students in the online survey suggested the College is unique in providing opportunities for students to learn ways they can improve their mental health and wellbeing beyond clinical interventions such as medications and psychological therapies.

“...it offers a unique opportunity for people living with mental ill health, and those who care for them, to come together and learn about relevant topics and learn skills to aid recovery and wellbeing for free.” (Online survey feedback, student)

College staff were passionate about the role of the College and wished for the College to expand its capacity. Staff participants in the online survey felt that the College “provides hope, learning, balance, inclusiveness and better ways to deal with many common mental health problems that seem to be ignored”. Further, the way that the College approaches mental health challenges is “different and unique” as compared to other local offerings.

“Bridging the gap”

“Bridging the gap” between crisis or acutely focused care and recovery-oriented support and providing transitional support was another unique feature of the College that was highlighted in the interviews and focus groups. A number of staff and students emphasized that there is a need for the College, particularly because it provides transitional support towards recovery, offering support that may lead other opportunities for social inclusion and economic participation.

"We're bridging the gap between crisis care and recovery.... What we're doing here [is] we're providing an opportunity for people to come to learn about their mental health, give them invaluable tools that they can utilise in order to sustain going on and thriving enough not just surviving day to day"
(Focus group participant, staff member)

Feedback from both students and educators in the online survey suggests that whilst the College is not a mental health service, it fulfils a gap created by barriers to access in the public and not-for-profit mental health sectors.

"Don't do NDIS because people like me that have already slipped through the cracks of numerous mental health services who are in desperate need won't be able to access these programs anymore. Stay separate." (Online survey feedback, student)

Supporter participants to the online survey were more likely to view the College as one service that should be engaged alongside other services to form a texture of treatment or support for the person they support. One participant suggested that there should be a service alongside the College "to connect the students with good GPs and professionals for support". Another participant highlighted the role of these clinical services to "refer more clients" to the College.

Steppingstones

Some believed that the College could act as a "buffer" that enables students to take part in professional development and enter the workforce. An educator described her experience of involvement with the College as a "pathway" that provided "steppingstones" towards completing her education (Interview participant, educator). One educator with lived experience talked about the College as a "soft entry into other opportunities", such as "partnering with other organizations".

"This is what Recovery College's do; it's a buffer, I suppose it's part of transition place where you're going from total support to help you through to total independence, mental independence that you'll now be able to handle life as we know it" (Interview participant, external stakeholder)

"I really think that in a lot of ways the Recovery College is a really good steppingstone... [if I had known the College fifteen years ago] it would have been the right and helpful alternative to a lot of the services I was receiving, and a lot of the messages that I was getting about my own mental health challenges. So, I do think, I can see that, you know, when you're at the point

that the recovery College might be helpful, I think it will be vastly helpful”
(Interview participant, educator)

In summary, the primary value of the Recovery College to students is in the opportunity it provides for social connection and mutual learning with others experiencing mental health challenges. All participants expressed the view that the College was unique in its offerings and that it had a meaningful and significant contribution to the available services in the region.

FINDINGS RELATED TO THE IMPACT OF COVID-19

Adaptability

Flexibility and responsiveness to students' emotional needs was particularly evident in feedback around the start of the COVID-19 pandemic and the transition to online learning for the College. Experiences reported included both students and educators learning new skills related to the online format and updating processes to ensure the continuation of support for student wellbeing following the sessions. As a result of lockdown, the College moved all courses online, provided extra supports and/or drop in for students, and encouraged students to stay connected with the College. These efforts were received very positively by students and educators.

"...last year when all the classes were on Zoom we had the breakout rooms or that sort of thing, or they would call after, do a phone call after. And that too was adaptability when Covid struck to move classes to Zoom quite quickly was really good. I can't put my finger on it, but it certainly seems to be the safest place I've encountered in mental health where they truly understand all the different aspects of issues that could arise in a classroom setting, I guess" (Focus group participant, student)

"I was expecting to go through chapter 6 but I'm very happy that it was a 'Touch Base' where we had a chance to share about what is happening around us." (Student session feedback, Term 2, 2020)

Feedback from educators in routinely collected data and the online survey reflected the challenges associated with the rapid transition to online learning, in the context of public health restrictions.

"I found it quite stressful working with someone else [...] completely virtually to move course content across from a face-to-face format to be something that could be run on Zoom [...]. It added to the amount of stress in my life at an extremely unpredictable time [...]. But, to be fair, I never really told anyone how stressful I was finding it, I have no doubt someone at the College would have tried to help me with the situation if I'd brought it up." (Online survey respondent, educator)

Students reported being grateful for the opportunity to connect when other forms of social contact were not possible. However, they generally preferred face-to-face learning.

"I still found it good but it was earlier on in the College's use of Zoom and I think the teachers are better at using the technology now. It is, however, the

sort of course which would be better delivered face-to-face.” (Online survey respondent, student)

Educator participants to the online survey highlighted the need to consider the impact social distancing requirements had on the milieu of the College, during the return to face-to-face teaching.

“The physical very small size of the building will prove a barrier as we move back to face to face learning and add extra stressors to staff and educators, and we lose the cultural feel of the very welcoming environment that is the College.” (Online survey respondent, educator)

Accessibility

Data regarding the accessibility of the online format was mixed. Some student participants to the online survey raised concerns about potential barriers to accessing online delivery, whereas others suggested retaining some online delivery to improve accessibility in the future.

“Not online. Don't have the resources due to financial disadvantage to participate in online courses during covid. So already disadvantaged become even further disadvantaged by not having access to courses/services.” (Online survey respondent, student)

In summary, feedback from all source suggested that the onset of COVID-19 related public health restrictions were a time of personal and professional challenges for those involved with the College, new opportunities for learning and engagement and highlighting existing limitations in both human and infrastructure resources. Participants also spoke about how it was positive that the College is now moving back to face-to-face delivery.

Discussion

This project aimed to conduct an evaluation of the ACT Recovery College over the course of its two-year pilot, focusing on student and key stakeholders experience, recovery related learning outcomes, and the College's reach and fit within the broader mental health system in the ACT.

Overall, 82 participants contributed to this evaluation through several methods. Participants included students, educators, staff, supporters of students and external stakeholders. Although our project relied on proficiency in English (a potential limitation) we were able to include a small number of participants who came from a range of cultural and linguistic backgrounds, reflective of the composition of the College's student group.

The findings provide strong support for the College and demonstrate the success of the pilot. We found that students have high levels of satisfaction with the College, and the vast majority of participants identified the College as a recovery-oriented environment that enables positive outcomes for students, their supporters and other stakeholders. These findings are highly consistent with previous studies that have used the same measures (Hall et al, 2018) and contribute to the growing body of evidence regarding the value of the Recovery College model. Participants identified the College as fulfilling an otherwise unmet need for social inclusion, vocational opportunities and holistic, recovery focused education. Many students appear to have benefited from involvement with the College, particularly in the areas of social connection and gaining tools to manage their mental health.

It is a strength of the College that 23 survey participants from the qualitative analysis identified with more than one cohort or group. This diversity of ways to participate in the College reflects the College's commitment to, and implementation of, co-production principles. It is also an indicator of how the College provides the 'steppingstone' opportunity that many participants observed or experienced.

Of the permanent staff and educators who participated, 85% identified as having lived experience. This reflects the value that the College has placed on lived experience expertise and how it has been able to demonstrate the principles of personal recovery – particularly offering hope to students who may see opportunities to step into new roles such as a lived experience educator or committee member. Personal recovery is also reflected in comments made by students about how sharing and mutual support between educators and other students enabled them to see themselves as capable and valuable.

A diverse student group attends the College, but the disproportionate number of females does suggest the potential need to explore how to achieve more gender balance in future. It is also commendable that the College has formed a partnership with an Aboriginal-owned mental health service with the goal of co-designing programs for this population group to strengthen access for Aboriginal and Torres Strait Islander peoples.

The majority of students who attend the College have lived experience of mental distress or a mental health diagnosis, and experience of mental health service use. Many are also

supporters of someone experiencing mental health challenges, suggesting that the College has been successful in targeting its intended population of students. The College was identified as offering support to students to improve their mental health and wellbeing through the provision of co-produced, recovery-oriented education and mutual support, rather than the more limited interventions offered by clinical services.

As our literature review identified (see Appendix 1), the key principles of the Recovery College model are education, collaboration, personal strengths, inclusivity, and the development of a safe learning environment (Muir-Cochrane et al., 2019) and findings suggest that the ACT Recovery College has significant strengths in evidencing these principles in action. The findings indicate that the College is a place for learning new skills and knowledge and provides a safe space in which to promote recovery. As well as positive personal recovery outcomes, especially in relation to connection with others, students also reported reduced feelings of internalised stigma, consistent with findings from other Recovery College evaluations (Thériault et al., 2020). This also extended to family members, friends and other supporters who attend the College, with many receiving support for relational recovery (Price-Robertson et al., 2017, p. 2) and their own experiences of distress.

Internationally, the Recovery College model has emphasised the value of lived experience and peer support, as well as partnerships between stakeholders (Meddings, Byrne, Barnicoat, Campbell, & Locks, 2014). The College has been able benefit from partnerships and support from external providers but there have been difficulties in ongoing engagement of Canberra Health Services staff and other health professionals to facilitate more meaningful co-production and mutual learning. Students valued the input of subject matter experts from professional backgrounds, but it was noted to be lacking from many courses. Considering international findings that participation by mental health professionals is not only valued by students but also facilitates organisational change and enhances recovery-oriented practice, through the mutual exchange of learning experiences (Ebrahim et al., 2018; Theriault et al. 2020; Sommer et al., 2019), it would be valuable to consider more opportunities to involve mental health professionals in the College in the future.

Processes at the core of Recovery Colleges involve working in partnership through co-design, co-production, and co-facilitation and these have been considered to be defining features of Recovery Colleges (Meddings et al., 2014). The importance of ACT Health support in the establishment and funding of the College and ongoing participation in the co-design steering committee was highly valued by participants. However, we found that there needed to be more strategic planning in relation to building and sustaining partnerships, especially in supporting more referrals to the College and promoting its benefits to prospective students and health professionals. Establishing a student committee, as originally planned, may also assist in future to provide more lived experience input into the College's strategic planning, co-design and co-production efforts.

As we identified, via our literature review, the ACT Recovery College is not alone in the challenge of establishing and sustaining a consistent approach to co-design and co-production. The challenge of being able to maintain adequate funding of the College activities and of the staff roles required as the College developed, as noted by students, staff and educators across data sources, appears to have placed some limitations on the

full the realisation of meaningful co-production with students, health professionals and sustained community partnerships.

In relation to course content and design, some specific areas of improvement for the College were suggested. This includes curriculum development that may enable a better balance between theory and didactic input and practical strategies, and better time management of activities within sessions. Many students expressed a preference for hands-on activities, group work and the use of multimedia, in their appreciation of courses that included these features.

It was raised by multiple study participants that the College would benefit from larger classrooms/spaces, more resources/materials, being centrally located, and having improved disabled access. The current building, although warm and friendly, appears to be generally reported as not fit for purpose. Another theme is the ongoing challenge of balancing opportunities for students to share their sometimes negative or distressing experiences, while maintaining the interpersonal safety so highly valued by all involved in the College. Fourteen students that participated in our evaluation had completed the DoNOHarm safe storytelling framework (MIEACT). This course was identified as valuable to the goal of maintaining a safe space for learning, particularly for people with trauma histories. However, it was suggested that further skill development is required, through greater professional input, training and co-reflection spaces for educators, to make sure that group discussions were respectful and balanced with the comfort of all students present.

The 'soft entry point' created by free courses, with no restrictions on eligibility, contributed to the accessibility of the College. For both students and educators, the College is fulfilling an otherwise unmet need for social inclusion, vocational opportunities, and supported education. We received considerable feedback suggesting that, for some students, the College is most importantly about having somewhere to go and something to do rather than the content itself. Students enjoyed themselves in a place where they could make connections with others and engage in self-reflection and discovery. Some students wished that classes were more frequent, ongoing and didn't break between terms. This suggests the important role of the College in providing a safe place for learning, development and engagement. In the future, the College could consider running extracurricular social activities aimed at providing students with more opportunities for social connection and enjoyment – complementary but separate from the courses. This is very consistent with other research, such as the national survey of psychosis in Australia, which found that only one third of people experiencing a psychotic disorder were employed, and they were more than twice as likely to report social isolation and loneliness compared with the general population (Morgan et al, 2017).

Some students appreciated having other social inclusion and economic participation outcomes, such as entering into volunteer work and vocational activities, including those provided by the College itself. Therefore, considering the value given by students to these opportunities, students may benefit from the College initiating and supporting referral to evidence-based employment supports (ie. individual placement and support (IPS)) if the Recovery College wishes to further realise its potential of being a "steppingstone" to real

employment opportunities. Of course, this ultimately depends on these services being provided in the broader network.

Although this project did not specifically study cost-effectiveness of the ACT Recovery College, findings suggest that the College can indirectly contribute to cost-saving. The ACT Recovery College provides a safe learning space and steppingstones to promoting growth, social inclusion and participation. In particular, the qualitative findings from this project demonstrated that the College “bridges the gap between crisis and community care” that can contribute to cost savings through improved mental health and wellbeing, and reduced needs for acute and community care services (Bourne et al., 2018; Sutton et al., 2019). It has been suggested that Recovery Colleges can operate alongside other services to promote positive health outcomes, personal recovery and quality of life (Crowther et al., 2018; Collins et al., 2018). Moreover, the findings from this project highlighted the role of the ACT Recovery College in promoting growth towards economic participation. Several students and educators identified the College as beneficial to their personal and professional development. The College helped them to expand their skills and gain confidence towards becoming educators; thus, moving from recipient of care to provider roles. The role of College in encouraging economic participation has been highlighted in previous literature (Sutton et al., 2019; Muir-Cochrane et al., 2019; Kay & Edgley, 2019). Recovery Colleges offer unique learning opportunities that promote students’ confidence and motivation to engage in paid employment (Crowther et al., 2018; Sutton et al., 2019; Kay & Edgley, 2019).

In agreement with the student participants, other stakeholders who participated in this study, including supporters, educators, staff and external stakeholders, all generally agree that the College is a recovery enhancing environment, as indicated by their responses to the DREEM (see figures 9 to 12). However, all were concerned about the emerging challenges of adequately resourcing the College. They also made a specific recommendation for more access to co-reflection spaces, supervision and training, which depended on being able to resource these activities.

Finally, the College should be congratulated for how it coped with the social distancing restrictions imposed by the COVID-19 pandemic, in offering flexible and responsive support to students, educators and other supporters in the move to online learning. Future opportunities to combine online and face-to-face courses could be explored although it appears most involved in the College are enjoying a return to face-to-face interaction.

Conclusion

This evaluation is consistent with national and international evidence that Recovery Colleges are an important innovation. Recovery Colleges offer a genuinely different model based on an education-focused and recovery-oriented approach that enables positive experiences and outcomes for students, as well as other stakeholders and supporters. Our findings suggest high levels of satisfaction with the ACT Recovery College among students, and consistent evidence that the College offers a recovery-oriented environment for the vast majority of participants. Many students expressed concerns about losing the support of the College through discontinued funding and it is our overarching recommendation that ACT Health continue to fund a Recovery College in the ACT. It is notable that, in February 2021, the Royal Commission into Victoria's Mental Health System, for reasons very similar to ours, have recommended that each Adult and Older Adult Area Mental Health and Wellbeing Service in Victoria establish and run a Recovery College in the context of the considerable benefits they have now been shown to achieve.

At the ACT Recovery College students describe a place for learning new skills and gaining knowledge in a safe and welcoming space. Students suggested that courses could be strengthened in terms of content and process as well as focus. Offering a safe learning environment is a strength of the College and this needs to be an ongoing, important endeavour.

The College has worked collaboratively with ACT Health and community organisations to expand the reach and further develop their resources. However, there have been limitations and difficulties in engaging Canberra Health Services staff in co-production and mutual learning. Stronger relationships with and participation by Canberra Health Services, will lead to a wider recognition of the Recovery College's place in the mental health system, and clearer referral pathways, ultimately leading to a greater breadth and quality of services offered by the College.

Finally, while the College was perceived to be a warm and welcoming place, many participants commented that larger classrooms, more spaces, more materials and equipment (e.g. computers, stationary) and having a College that was more centrally located in Canberra would greatly help it to realise its potential. The evaluation identified emergent resourcing challenges, including for the workforce, as the pilot progressed. This was limiting building more opportunities for meaningful co-production with students, health professionals and community partnerships. The pilot has thus provided an opportunity to identify the range of resource needs of the College and how to anticipate and communicate those needs to government. Clear communication about the College's needs is an important way of avoiding unrealistic pressure on staff and external stakeholders in relation to their contributions. There is an ongoing need closely monitor resourcing needs in future to ensure adequate funding.

This evaluation has provided an important addition to the growing international evidence base of the Recovery College model of supporting personal recovery

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Appendices

APPENDIX 1. LITERATURE REVIEW

Background

Understanding Recovery Colleges in the Australian context is a new and emerging area of research that considers the unique application and establishment of the pedagogical model of supporting people in their journey of recovery (Muir-Cochrane et al., 2019). How the central tenants, core values, and defining characteristics of Recovery Colleges are adopted and implemented to the Australian context is an area of emerging investigation as new Colleges are established (Hall et al., 2018).

A variety of Recovery Colleges exist internationally due to each country differing in terms of health models, resources, geography, population size, density, rurality, social and political environments (King & Meddings, 2019). Therefore, specific needs, for example related to isolation or unstable housing, can inform the development and role Recovery Colleges have in each context (King & Meddings, 2019). Processes central to the Recovery College model, such as co-production, also enable adjustment of the model to the needs and wants of stakeholders (King & Meddings, 2019; Meddings, McGregor, Roeg, & Shepherd, 2015; Muir-Cochrane et al., 2019).

Exploring the similarities and differences and outcomes between Colleges helps to inform the growing body of knowledge and evidence around how and why Recovery Colleges support people in their journey of functional and personal recovery (Wilson, King, & Russell, 2019). Additionally, research is playing a vital role in identifying the challenges and successes in terms of establishing these Colleges and thus providing direction for future Colleges (Hopkins, Foster, & Nikitin, 2018; Wilson et al., 2019).

This literature review was undertaken to provide a broad overview of the recent developments in the Recovery College model, evaluation methods, and outcomes regarding Recovery Colleges in Australia and internationally.

Methods

Criteria

The review included literature focused on Recovery Colleges that met the following inclusion criteria:

Inclusion: peer reviewed literature exploring the impact/outcomes on individuals as a result of their participation as students in Recovery Colleges, students aged 16-65 years, published 2015 to 10 September 2020 (inclusive), published in English language.

Exclusion: Dissertations, conference proceedings, case studies.

Search strategy

Databases searched: INFORMIT, ProQuest, Psych Info, CINAHL. Year restriction was 2015 to 2020. The literature search was conducted in September 2020.

Search terms

The following search terms were used 'Recovery College' OR 'recovery education centre' OR 'recovery academy' AND 'evaluation' OR 'impact' OR 'outcome'.

Search terms were kept general and included synonyms and terms related to 'recovery College' and 'evaluation' to ensure all the relevant literature was captured.

Study selection

All articles identified were screened for duplication. Two reviewers (MJ, NK) screened articles via title, abstract and full text as per the criteria. Disagreements were resolved through discussion between the two research students (MJ,NW) and the Principal Investigator of the evaluation acted as the tiebreaker (LB).

Search results

A total of 90 articles were identified; 55 were excluded due to duplication and 8 were excluded as they did not meet the criteria for the population. A final total of 27 articles were included in the review.

Findings

Australian Recovery Colleges

Consideration of how Recovery Colleges in Australia align with the key principles and directions embodied in government policy directions featured in the Australian literature (Jay, Macadam, Gardner, & Mahboub, 2017). Nationally, education and learning, which is at the heart of Recovery Colleges, is outlined as an enabler of better mental health outcomes in The Roadmap for National Mental Health Reform 2012-2022 (Jay et al., 2017). Similarly, at a state level, the New South Wales Strategic Plan for Mental Health 2014-2024 is aligned with the objectives of Recovery Colleges through its focus on the values of recovery, hope, and citizenship (Jay et al., 2017). In Western Australia as Jay et al. (2017) noted, establishing a Recovery College is congruent with the policy directions regarding mental health services including but not limited to The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. The establishment of the ACT Recovery College is congruent with the ACT Mental Health Act 2015 ethos and the aim of empowering those experiencing mental ill-health, supporting self-management and recovery.

The literature on Recovery Colleges in Australia aligns with the broader literature on Recovery Colleges internationally, in terms of seeking to establish an evidence base to support positive outcomes within Recovery Colleges (Gill, 2014). Fidelity to the theoretical model of Recovery Colleges has also been explored in the Australian context, or is indeed desirable (Gill, 2014; Muir-Cochrane et al., 2019). The key principles of the Recovery College model in Australia and Internationally are education, collaboration, personal strength, inclusivity, and the development of a safe learning environment (Muir-Cochrane et al., 2019). The Recovery College model emphasises the value of lived experience and peer support, as well as partnerships between stakeholders (Meddings, Byrne, Barnicoat, Campbell, & Locks, 2014). Processes at the core of Recovery Colleges involve working in partnership through co-design, co-production, and co-facilitation and these have been considered to be defining features of Recovery Colleges (Meddings et al., 2014). As Gill (2014) revealed, the South Eastern Sydney Recovery College (SESRC) in Australia was established in accordance with the UK and other Colleges' guidelines. The findings suggest that the guiding principles and

goals of Recovery Colleges internationally are consistent with those reported in Australia, (Gill, 2014; Muir-Cochrane et al., 2019).

As Hall et al. (2018) have argued, the current models of mental health service delivery in Australia are not adequately supporting the mental health needs of people and there is a need for improvements in mental health service delivery. Further, research on Recovery Colleges in Australia offers an important addition to the growing international evidence base of the Recovery College model of supporting personal recovery (Hall et al., 2018).

The challenges and successes involved with establishing Recovery Colleges features heavily in the literature emerging from Australia (Hall et al., 2018). Recovery Colleges are still relatively new in Australia and most of the research has focused on exploring the processes related to the establishment of Colleges. Exploration of the challenges and benefits of the process of co-production was explored following the establishment of the South Eastern Sydney Recovery College (SESRC) (Gill, 2014). The SESRC evaluation revealed that there were both positive, rewarding, and empowering moments as well as difficulties in terms of managing expectations and adapting to new ways of interacting (Gill, 2014). Other studies have identified the difficulties related to establishing a peer workforce that is trained, skilled, and prepared to work in ways that support the partnership processes such as co-production and co-facilitation (Hopkins, Foster, & Nikitin, 2018). The tension between fidelity to the Recovery College model and action during the initial development phase was also identified by stakeholders (Hopkins, Foster, et al., 2018). The challenges and successes identified in these studies can help to inform the establishment of subsequent Recovery Colleges and are therefore highly beneficial in the continued development of Colleges in Australia.

Discovery Colleges

Recent Australian literature includes two studies that explore the establishment of a youth-focused Recovery College – or Discovery College (Hopkins, Foster, et al., 2018; Hopkins, Pedwell, & Lee, 2018). The headspace established Youth Early Psychosis Programs (hYEPP) in South East Melbourne is based on the service's recognition that the Recovery College model aligned with their values and aspirations. (Hopkins, Foster, et al., 2018). The hYEPP was developed with the goal of offering early support to young people within the age of 12–25 years who were experiencing or were at risk of psychosis (Hetrick et al., 2018; Rickwood, Telford, Parker, Tanti, & McGorry, 2014). Discovery College is used to describe the youth focused Recovery College – this “rebranding” was preferred as it was felt to be more consistent with services that focused on young people's experiences with mental health issues (Hopkins, Foster, et al., 2018; Hopkins, Pedwell, et al., 2018). Evaluations of the Discovery College revealed similar challenges and successes found in adult-focused Recovery Colleges (Hopkins, Foster, et al., 2018). The evaluations also explored the way in which the Recovery College model had been adapted to fit the Australian and headspace context. . An example of an evaluation finding is that the physical location of the Recovery Colleges, typically separated from its treatment spaces, may not be feasible for young people or the Discovery College model (Hopkins, Foster, et al., 2018). Due to its geography and need for services to cover large distances, Australia faces challenges with accessibility not typically experienced internationally where Recovery Colleges are reported. Identifying the optimal location to situate Recovery Colleges is important (Hopkins, Foster, et al., 2018; Muir-Cochrane et al., 2019). The unique challenges to Australia highlight the importance of research and evaluation of the Recovery model in different contexts and for different target groups.

International Recovery Colleges

Evaluation

In exploring the question ‘how are Recovery Colleges being evaluated internationally?’ the literature search identified six studies that evaluated the impact and effectiveness of Recovery Colleges (Bourne et al., 2018; Ebrahim et al., 2018; Sommer et al., 2019; Sutton et al., 2019; Thériault et al., 2020; Wilson et al., 2019). Recovery Colleges were shown to have positive impacts on their students and community. Notably, Thériault et al. (2020) conducted a systematic review exploring the impact of Recovery Colleges over the last ten years in the United Kingdom (UK). Their review found that Recovery Colleges improved recovery in several areas including mental wellbeing, goal attainment, knowledge, self-management and social support, whilst reducing stigma and service use (Thériault et al., 2020).

The impact of Recovery Colleges on students and staff members are measured through a range of outcomes in the literature. These outcomes include mental wellbeing and social inclusion (Ebrahim et al., 2018; Wilson et al., 2019), satisfaction with life and attainment of recovery goals (Ebrahim et al., 2018; Sommer et al., 2019), employment (Ebrahim et al., 2018; Sutton et al., 2019; Wilson et al., 2019), empowerment (Ebrahim et al., 2018), and reduced service use (Bourne et al., 2018; Ebrahim et al., 2018; Sutton et al., 2019). Changes in practice for mental health staff were also reported (Ebrahim et al., 2018; Sommer et al., 2019).

The outcomes used to evaluate Recovery Colleges reflect the different conceptualisations of Recovery Colleges around the world. Recovery Colleges impact on functional recovery as opposed to the more aspirational aims linked to personal recovery. In the literature, Recovery Colleges were frequently conceptualised as a steppingstone to further societal participation and reduced service use. Other literature utilised personal recovery outcomes for evaluation such as goal attainment, empowerment, and social inclusion. As Thériault et al. (2020, p.10) state “some studies also illustrate a transformation toward a paradigm that promotes equity between health providers and people with lived experience and that values experiential knowledge.” Notably, only one study (Ebrahim et al., 2018) measured empowerment utilising the Empower Flower measure to identify power and resources in eight dimensions of the flower. Ebrahim et al. (2018) found that an evaluation using the Empower Flower measure indicated a statistically significant increase in feelings of empowerment for the duration of Recovery College terms.

Evaluation frameworks

In the context of evaluating Recovery Colleges, the UK based Recovery Colleges Characterisation and Testing (RECOLLECT) study in 2017 developed several frameworks and measures to engage in the evaluation of Recovery Colleges (Jennings et al., 2018; Toney et al., 2018, 2019). The RECOLLECT study (2017) addressed several research questions about Recovery Colleges such as the defining characteristics, how they differ from other medical and adult education approaches, how they work, and how they benefit students and the community (Recovery Research Team, 2017). The RECOLLECT study (2017) engaged with the managers of 39 Recovery Colleges in the UK and with students and other staff at three Recovery Colleges.

From the RECOLLECT study, Recovery College mechanisms of action and outcomes were explored in two mixed-method reviews (Toney et al., 2018, 2019). Toney et al. (2018) suggest that Recovery Colleges have four mechanisms of action: 1) an empowering environment, 2) enabling relationships, 3) facilitating personal growth and 4) shifting the balance of power. Two outcomes from the mechanism of action were identified: 1) change in the student, and 2) changes in their life. This is reflected in their paper from the following

year, which outlines a fidelity measure for Recovery Colleges (Toney et al., 2019). The evaluation of Recovery Colleges by this measure has twelve components: equality, learning, personalised, co-produced, social connectedness, community focus, recovery orientation, access, locale, course content, strengths-based and progressive (Toney et al., 2019). The RECOLLECT study produced four evaluation checklists for Recovery Colleges, the RECOLLECT Checklist for students, peer trainers and Recovery College managers and the RECOLLECT Fidelity Measure (Recovery Research Team, 2017). Notably, the RECOLLECT checklists use a traffic light system to measure the alignment of the Recovery College with the fidelity measures.

Co-designed research and evaluation of Recovery Colleges

Underpinning the concept of equality and empowerment in Recovery Colleges is the co-design of Recovery Colleges. Notably, several of the studies utilised co-designed research methods and principles (Bourne et al., 2018; Jennings et al., 2018; Sutton et al., 2019; Toney et al., 2018, 2019). In their research, Jennings et al. (2018) explored the principles and methods for co-designed research, which they term collaborative data analysis (CDA), and developed a best practice framework. The framework outlines four characteristics for successful CDA: co-production, realistic, achievable and management of group dynamics (Jennings et al., 2018). One of the critical constraints for CDA was sufficient time, support and resources to facilitate the collaborative process (Jennings et al., 2018).

Staff – impact and outcomes

Another theme identified in the literature was the impact of Recovery Colleges on mental health professionals. Mental health professionals participating in Recovery Colleges may be engaged as co-teachers, be practitioners outside the College, engaged as stakeholders or work with partner organisations. As Crowther et al. (2019) describe, participation with Recovery Colleges can help change staff attitudes and perceptions, reducing stigmatising beliefs about consumers. Furthermore, the co-production and co-design model of Recovery Colleges can change the traditional power structures within the mental health context (Collins et al., 2018; Dalgarno & Oates, 2018). Dalgarno and Oates (2018) explored the mechanism of change for perceptions as a result of working collaboratively in an educational rather than therapeutic context. Notably, changing their language to avoid jargon, shared narratives, shifting power and role construction (Dalgarno & Oates, 2018).

Course Evaluations

International Recovery College literature explores the outcomes and experiences of specific courses (Stevens, Butterfield, Whittington, & Holttum, 2018). In locations such as the UK where Recovery Colleges are more established, research focuses have shifted from exploring the relationships between general involvement with Colleges to specific aspects (Stevens et al., 2018). This narrowing of focus is shedding light on mechanisms of actions that lead to outcomes associated with recovery (Stevens et al., 2018). By exploring these specific courses, an understanding of how and why Recovery Colleges can be so beneficial for those involved becomes clearer (Nurser, Rushworth, Shakespeare, & Williams, 2018).

This research also provides guidance on what can be developed and explored in other Recovery Colleges around the world whilst also informing mental health services and policies more generally. For example, Nurser et al. (2018) explored individual experiences of a personal storytelling course. The findings suggest that storytelling can be a highly meaningful experience and an important part of the individual's recovery journey (Nurser et

al., 2018). They also identified specific elements of the storytelling process which might aid recovery and suggest pragmatic setting conditions for storytelling interventions to be helpful (Nurser et al., 2018). Five key themes emerged: a highly emotional experience, feeling safe to disclose, renewed sense of self, a two-way process, and a novel opportunity (Nurser et al., 2018). These findings add to the growing understanding of the mechanisms of action and the outcomes for those involved.

Whilst other studies have explored and evaluated the outcomes associated with art-based courses run at Recovery Colleges (Briege & Webb, 2019; Stevens et al., 2018). These studies sought to provide an in-depth exploration of stakeholders' experiences, perceptions, and how participation in these courses support recovery (Casey & Webb, 2019; Stevens et al., 2018). All the specific course research echoes the need noted in all Recovery College literature, for more research in order to continue to develop the understanding and support the improvement of Recovery Colleges (Casey & Webb, 2019; Nurser et al., 2018; Stevens et al., 2018).

Conclusion

Recovery Colleges have been found to improve mental wellbeing, goals, knowledge, self-management, and social support of students, whilst reducing stigma and service use. Mental health service staff working with Recovery Colleges have reported benefits such as improved practice, reduced stigma, and positive improvements in attitudes. This review identified the key features pertaining to the Recovery Colleges including co-designed and recovery-orientated principles, educational approach, social and community focus, and equality. The evidence for Recovery College effectiveness toward functional recovery outcomes is well established. However, there is still more to explore in terms of personal recovery and systemic impact. Overall, there is some evidence to support that Australian Recovery Colleges offer an opportunity, not only to support the recovery of students, stakeholders and communities, but to change the culture of the broader mental health sector.

In contrast to Recovery Colleges in the United Kingdom, Australian Recovery Colleges are operated by different organisations, varied funding models and differ between states. An evaluation framework for Australian Recovery Colleges, including a fidelity measure, could assist in ensuring the quality of Australian Colleges and in collecting evidence of their impact. An improved evidence-base for Australian Recovery Colleges could assist to safeguard the longevity of the current programs. A co-designed fidelity measure also offers an ongoing framework for the creation of new Recovery Colleges, ensuring national cohesion to the values and principles of the Recovery College model, across diverse organisational contexts.

APPENDIX 2. RECOVERY COLLEGE DOCUMENTS INCLUDED IN DOCUMENT ANALYSIS

| DOCUMENT TYPE | DOCUMENTS ANALYSED | NO. OF DOCUMENTS |
|--|--|------------------|
| The College evaluation proposal | Evaluation Proposal ACT Recovery College | 1 |
| College progress reports | Performance & Finance Report July - Dec 2019 Performance and Finance Report Jan - Jun 2019 The First Six Months The Second Six Months | 4 |
| College submission & grant applications | Final Recovery College submission (December 2017) Proposal for ACT Office of Disability Proposal to Office of Mental Health & Well-being - Trauma Informed Workshops | 3 |
| Documents describing course content | Community Connection Student Workbook Community Connection Learning Experience Plan Course descriptions (March 2020) Course Descriptions (October 2020) | 4 |
| Course evaluation templates | TEMPLATE Facilitation Reflection TEMPLATE Student Course Feedback LONG TEMPLATE Student Course Feedback SHORT | 3 |
| Course materials templates | Course PowerPoint Template TEMPLATE Learning Experience Plan TEMPLATE Student Workbook | 3 |
| Staff induction and training information | Co-production, facilitation, and pathways mind Educating for Recovery ACT Recovery College (March 2019) Rachel Perkins – “From consumer involvement to co-production” Recovery College Educator Handbook 2020 | 4 |
| Internal College Policies | Educators Experiencing Distress Flexible and Supportive Work Practices | 6 |

| | | |
|---|---|----|
| | Privacy Policy Safety Guidelines Students Experiencing Distress Students Experiencing Distress (2) | |
| Position Descriptions | Admin and Student Support Position Description Jan 2020 Education Coordinator Position Description Feb 2020 Manager Position Description Jan 2020 Peer Educators Ad on website | 4 |
| College promotional materials | Brochure FAQs from website | 2 |
| Student enrolment & induction materials | ACT Recovery College Student Handbook 2020 TEMPLATE Student Wellbeing Questions v2 Term 1 2020 Online Student Enrolment - Google Forms Wellness Plan Example | 4 |
| TOTAL documents analysed | | 38 |

APPENDIX 3. STUDENT COURSE FEEDBACK QUESTIONNAIRE (SHORT)



STUDENT FEEDBACK

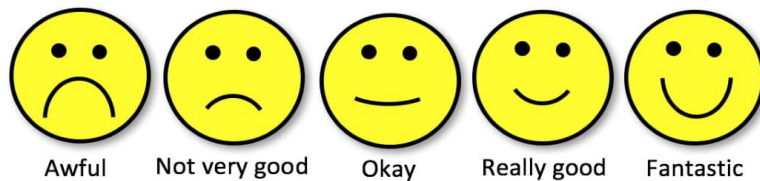
We aim to continually improve our course content and skills of our Educators. Your feedback is also extremely valuable as contribution to our ongoing co-production process that is central to the philosophy of our College.

PRE-COURSE ASSESSMENT

Course
Name

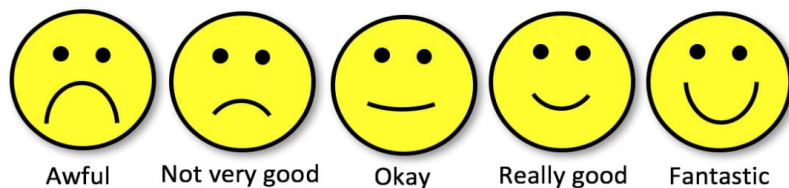
Date

iii) Please
rate your
mood (how
are you
feeling
right now?)



POST-COURSE FEEDBACK

1. Please rate
your mood
now.



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2. 2. What did you
enjoy most about
this course?

3. 3. What did you
enjoy least about
this course?

4. How could the
session be
improved?
(e.g.
facilitation,
activities,
resources,
content etc.?)

We strive for a *DoNOHarm* delivery. If the course caused you any distress, please seek out one of the staff members, Kylie, Tess or Dianna and have a chat with them before you leave the College.

APPENDIX 4. STUDENT COURSE FEEDBACK QUESTIONNAIRE (LONG)



STUDENT FEEDBACK

We aim to continually improve our course content and skills of our Educators. Your feedback is also extremely valuable as contribution to our ongoing co-production process that is central to the philosophy of our College.

PRE-COURSE ASSESSMENT

Course Name

Date

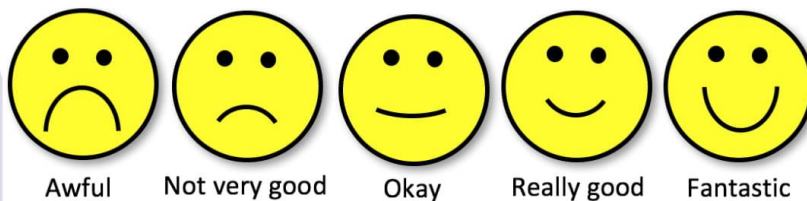
Educator
Names

i) How would
you rate your
knowledge of
the topic?

| Poor | | Fair | | Good | | Very Good | | Excellent | |
|------|---|------|---|------|---|-----------|---|-----------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

ii) What are
you hoping to
learn today?

iii) Please rate
your mood
(how are you
feeling right
now?)



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POST-COURSE FEEDBACK

A. Please tell us more about **your experience** of the course.

| | |
|---|---|
| 1. I felt like a part of the group today | Strongly Disagree Disagree Neutral Agree Strongly Agree |
| 2. I related to the personal experiences shared by others | Strongly Disagree Disagree Neutral Agree Strongly Agree |
| 3. The course and resources were relevant to me | Strongly Disagree Disagree Neutral Agree Strongly Agree |
| 4. People in the group supported one another | Strongly Disagree Disagree Neutral Agree Strongly Agree |
| 5. Overall, the course was excellent | Strongly Disagree Disagree Neutral Agree Strongly Agree |




























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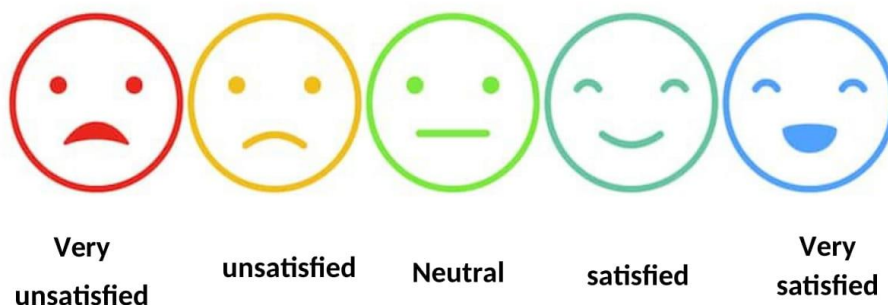


B. Please tell us more about **the impact** of the course on you.

| | |
|---|--|
| 1. I have more ideas for managing my life | <div style="display: flex; justify-content: space-around; align-items: center;">      </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> Strongly Disagree Disagree Neutral Agree Strongly Agree </div> |
| 2. I am more aware that I'm not alone | <div style="display: flex; justify-content: space-around; align-items: center;">      </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> Strongly Disagree Disagree Neutral Agree Strongly Agree </div> |
| 3. I am more hopeful about my own recovery (or the recovery of someone whom I am close) | <div style="display: flex; justify-content: space-around; align-items: center;">      </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> Strongly Disagree Disagree Neutral Agree Strongly Agree </div> |
| 4. I feel better about myself | <div style="display: flex; justify-content: space-around; align-items: center;">      </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> Strongly Disagree Disagree Neutral Agree Strongly Agree </div> |
| 5. I feel more empowered to make changes in my life | <div style="display: flex; justify-content: space-around; align-items: center;">      </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> Strongly Disagree Disagree Neutral Agree Strongly Agree </div> |



C. How satisfied are you with how the course is delivered? (Think about educator knowledge, facilitation skills, time management, management of group dynamics)



D.

1. **1. How would you rate your knowledge of the topic now?**

| Poor | | Fair | | Good | | Very Good | | Excellent | |
|------|---|------|---|------|---|-----------|---|-----------|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
2. **2. What did you enjoy most about this course?**
3. **3. What did you enjoy least about this course?**
4. **4. Did you learn what you hoped to learn? (i.e Do you feel your expectations were met?)**

• Yes

• No

• Partly

Comments?

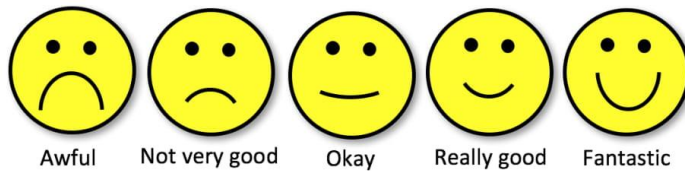


5. How could the session be improved? (e.g. facilitation, activities, resources, content etc.?)

6. Would you recommend this course to a friend?

- Yes
- No

7. Please rate your mood now.



We strive for a *DoNOHarm* delivery. If the course caused you any distress, please seek out one of the staff members, Kylie, Tess or Dianna and have a chat with them before you leave the College.

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APPENDIX 5. FACILITATION REFLECTION QUESTIONNAIRE FOR EDUCATORS



| FACILITATION REFLECTION | |
|---|---|
| COURSE NAME: Date | |
| Facilitator Name | |
| Please rate your mood at the beginning of the session | <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Awful Not very good Okay Really good Fantastic </div> |
| How many students attended? | |
| What do you think worked well? | |
| What do you think didn't work well? | |
| Were you able to get through everything and finish on time? | |
| If not, what would you do differently next time? | |
| Did you have to attend to any student in distress? | |
| Do you have any suggestions for improving the course? | |



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| | |
|--|--|
| <p>Was there anything discussed today that impacted on your own wellbeing?</p> | |
| <p>Please rate your mood at the end of the session</p> | <div style="display: flex; justify-content: space-around; align-items: center;">      </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <p>Awful</p> <p>Not very good</p> <p>Okay</p> <p>Really good</p> <p>Fantastic</p> </div> |

Updated: 30/04/2021

APPENDIX 6. ONLINE SURVEY

ACT RECOVERY COLLEGE EVALUATION

Online survey - Students and alumni

[Embed - Participant Information Sheet and Consent Form – about here]

[Embed – Demographics – about here]

Thank you for consenting to participate in this brief online survey. Your feedback is important because **you are a current or past student of the ACT Recovery College**. This survey is made up of sections which should take around 30 minutes to complete; as described in the Participant Information Sheet and Consent Form.

Online Survey Part 1 - DREEM

Introduction script:

As part of the evaluation of the ACT Recovery College, we would like to use this questionnaire. We recognise that the ACT Recovery College is not a service and is an interactive learning space, so we would ask you to think about these questions in terms of your ACT Recovery College experience. Please select the answer which best describes your experience.

Recovery Enhancing Environment Measure (DREEM) – Organisational Climate

Source: Ridgway & Press (2004)

1. The service promotes learning, thriving and growth
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
2. The service is a hopeful environment that promotes positive expectations
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
3. The service is inspiring and encouraging
 - 1 Strongly Agree
 - 2 Agree

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Students

- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

- 4. Staff of this service are caring and compassionate
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree

- 5. The service has enough resources to meet people's needs
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree

- 6. The service provides opportunities for meaningful participation and contribution
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree

- 7. The service helps people feel valued, respected and powerful
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree

- 8. The service helps people to feel connected to others in positive ways
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree

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ACT RECOVERY COLLEGE Online survey Students

9. The service is safe and attractive

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

10. All levels of staff are welcoming

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

11. There are creative and interesting things going on in the service

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

12. The service provides real choices, desirable options, and opportunities

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

13. The service asks for feedback from people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

14. The service makes changes based on the satisfaction rankings of people who use services

- 1 Strongly Agree
- 2 Agree

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ACT RECOVERY COLLEGE Online survey Students

- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

Online Survey Part 2 – MASS

Please select the answer which best describes your experience.

Mind Australia Satisfaction Survey (MASS)

Based on Rethink Client Satisfaction Survey (2011)

1. I feel that staff in the service have respected me and treated me with dignity.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

2. I feel that I have been listened to by staff in the service.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

3. My cultural and spiritual needs have been met.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

4. I have been given relevant and sufficient information about the service.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

5. I have been involved in deciding on the support that I have been given.

- 0 No Comment

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ACT RECOVERY COLLEGE Online survey Students

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

6. I have been getting the right kind of support from the service.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

7. The service has supported me towards achieving my goals.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

8. I feel safe and comfortable in the physical environment of the service.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

9. I have taken an active role to influence how the service is run.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

10. If I had a similar need for support in the future, I would use the service again.

- 0 No Comment
- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Students

Online Survey Part 2 – Qualitative questions

ACT RECOVERY COLLEGE EVALUATION

Qualitative questions - Students and alumni

1. When was the last time you undertook an ACT Recovery College course?
2. Which courses did you do? (Show list to tick)
3. What were you hoping to get out of attending the course(s)?
4. To what extent do you feel you got what you wanted from the course?
5. What other benefits did you experience?
6. Which course(s) did you value the most and why? What did you gain from this/these course(s)?
7. Which course(s) if any, did you find least valuable and why?
8. Have you promoted the ACT Recovery College courses to others?
9. If so, did you promote specific courses in particular, or all courses generally? If specific courses, which were these?
10. Do you catch up with anyone from the courses? In what way?
11. As a result of your participation in the Recovery College, has your connection with any of the following changed and in what way? See Figure 1. Peer Zone Star items (measures: participation, inclusivity in society)
 - a) Self-esteem
 - b) Enjoyment
 - c) Personal meaning
 - d) Control over life
 - e) Physical wellbeing
 - f) Close relationships
 - g) Community belonging
 - h) Support from others
 - i) Contribution to others
 - j) Income
 - k) Housing
 - l) Sense of achievement
12. What impact has your experience with the ACT Recovery College had on your health and wellbeing?
13. What other impacts (negative or positive) has the ACT Recovery College had on you?
14. What services similar to the ACT Recovery College have you used in the past/or are you aware of?
15. In what way does the ACT Recovery College provide [you/those living with mental distress] a new opportunity to improve [your/their] recovery and wellbeing?
16. In what way have you been involved with the ACT Recovery College since completing the courses?
17. Apart from what you got out of attending courses, did the ACT Recovery College have other positive impacts on your life, that you had not expected?

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ACT RECOVERY COLLEGE Online survey Students

18. Were there any negative impacts of being involved with the ACT Recovery College?
19. Of the positive things you got out of being involved with the college, what aspects of the ACT Recovery College a) space, b) people, or c) delivery contributed to these?
20. What other aspects of the Recovery College might have contributed to these?
21. Which aspects contributed to any negative impacts on you?
22. In what way can the a) space, b) delivery, c) content of the ACT Recovery College be improved?
23. What other ways can the ACT Recovery College be improved?
24. How can the ACT Recovery College work with other services either a) within ACT mental health services , or b) external to ACT mental health services (including the NDIS) to support students in their recovery journey?

Figure 1. Peer Zone Star

The Peer Zone Star is a 12-pointed star diagram used for self-assessment. Each point represents a domain of well-being, with a 5-point scale (1 to 5) and a descriptive box. The domains are:

- Self-esteem** (confidence, self-acceptance)
- Enjoyment** (getting absorbed, having fun)
- Personal meaning** (spiritual or deep belief)
- Control over life** (freedom, making good choices)
- Physical wellbeing** (energy, body-image, self-care)
- Close relationships** (partner, family, friends)
- Community belonging** (networks, groups, clubs)
- Support from others** (family, friends, services)
- Contribution to others** (work, helping others)
- Income** (ability to pay and save)
- Housing** (comfort, security, location)
- Sense of achievement** (learning, accomplishment)

The star has a central area with a 'SCORE' line and a 'DATE' line. The PeerZone logo is in the bottom right corner.

Thank you for your feedback

ACT RECOVERY COLLEGE EVALUATION

Online survey - Partners/friends/family/support persons of Recovery College students and alumni

[Embed - Participant Information Sheet and Consent Form – about here]

[Embed – Demographics – about here]

Thank you for consenting to participate in this brief online survey. Your feedback is important because **you are a support person to a current or past student of the ACT Recovery College**. This survey is made up of sections which should take around 30 minutes to complete; as described in the Participant Information Sheet and Consent Form.

Online Survey Part 1 - DREEM

Introduction script:

As part of the evaluation of the ACT Recovery College, we would like to use this questionnaire. We recognise that the ACT Recovery College is not a service and is an interactive learning space, so we would ask you to think about these questions in terms of your ACT Recovery College experience. Please select the answer which best describes your experience.

Recovery Enhancing Environment Measure (DREEM) – Organisational Climate

Source: Ridgway & Press (2004)

1. The service promotes learning, thriving and growth
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
2. The service is a hopeful environment that promotes positive expectations
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Carers

3. The service is inspiring and encouraging
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
4. Staff of this service are caring and compassionate
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
5. The service has enough resources to meet people's needs
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
6. The service provides opportunities for meaningful participation and contribution
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
7. The service helps people feel valued, respected and powerful

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

8. The service helps people to feel connected to others in positive ways

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

9. The service is safe and attractive

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

10. All levels of staff are welcoming

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

11. There are creative and interesting things going on in the service

- 1 Strongly Agree

ACT Recovery College Evaluation, version 2, 21 July 2020
ACT RECOVERY COLLEGE Online survey Carers

- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

12. The service provides real choices, desirable options, and opportunities

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

13. The service asks for feedback from people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

14. The service makes changes based on the satisfaction rankings of people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

Online Survey Part 2 – Qualitative questions

ACT RECOVERY COLLEGE EVALUATION

Qualitative questions - Partners/Friends/family/support persons of Recovery College students and alumni

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Carers

1. When was the last time the person you support undertook an ACT Recovery College course?
 2. Which courses did they do? (Show list to tick list – include “unsure/not known”)
 3. Having supported a student of the ACT Recovery College, what are your views on the value of the college for the recovery of people living with mental distress?
 4. Do you see the recovery college playing a part in the suite of regular mental health services available to people living with mental distress? If so, in what way? If so, for whom?
 5. What type of service might the ACT Recovery College provide a) an alternative option, b) act as a supplement?
 6. What do you see as the positive impacts, if any, for those involved with the ACT Recovery College?
 7. Were there any positive impacts that you have experienced that may be connected to the person you support's involvement with the ACT Recovery College?
 8. Are there any positive impacts of ACT Recovery College that you had not expected?
 9. Are there any negative or unintended impacts of being involved with the ACT Recovery College?
 10. In what way can the a) space/setting, b) delivery, c) content of the ACT Recovery College be improved?
 11. What other ways can the ACT Recovery College be improved?
 12. How can the ACT Recovery College work with other services either a) within ACT mental health services, or b) external to ACT mental health services to support students in their recovery journey?
-

Thank you for your feedback.

ACT RECOVERY COLLEGE EVALUATION

Online survey - Staff

[Embed - Participant Information Sheet and Consent Form – about here]

[Embed – Demographics – about here]

Thank you for consenting to participate in this brief online survey. Your feedback is important because you are a **current or past staff of the ACT Recovery College**. This survey is made up of sections which should take around 30 minutes to complete; as described in the Participant Information Sheet and Consent Form.

Online Survey Part 1 - DREEM

Introduction script:

As part of the evaluation of the ACT Recovery College, we would like to use this questionnaire. We recognise that the ACT Recovery College is not a service and is an interactive learning space, so we would ask you to think about these questions in terms of your ACT Recovery College experience. Please select the answer which best describes your experience.

Recovery Enhancing Environment Measure (DREEM) – Organisational Climate

Source: Ridgway & Press (2004)

1. The service promotes learning, thriving and growth
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
2. The service is a hopeful environment that promotes positive expectations
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Staff

3. The service is inspiring and encouraging
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
4. Staff of this service are caring and compassionate
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
5. The service has enough resources to meet people's needs
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
6. The service provides opportunities for meaningful participation and contribution
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
7. The service helps people feel valued, respected and powerful

ACT Recovery College Evaluation, version 2, 21 July 2020
ACT RECOVERY COLLEGE Online survey Staff

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

8. The service helps people to feel connected to others in positive ways

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

9. The service is safe and attractive

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

10. All levels of staff are welcoming

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

11. There are creative and interesting things going on in the service

- 1 Strongly Agree

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Staff

- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

12. The service provides real choices, desirable options, and opportunities

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

13. The service asks for feedback from people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

14. The service makes changes based on the satisfaction rankings of people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

Online Survey Part 2 – Qualitative questions

ACT RECOVERY COLLEGE EVALUATION

Qualitative questions - Staff

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Staff

- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

12. The service provides real choices, desirable options, and opportunities

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

13. The service asks for feedback from people who use services

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- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

14. The service makes changes based on the satisfaction rankings of people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

Online Survey Part 2 – Qualitative questions

ACT RECOVERY COLLEGE EVALUATION

Qualitative questions - Staff

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Staff

1. In what way was the consumer/carer co-production aspect of the ACT RECOVERY COLLEGE designed to operate?
 2. Has the ACT Recovery College operated in this way? If not, why?
 3. Was the ACT Recovery College implemented as planned? If not, why not?
 4. What were the barriers and enablers to implementation?
 5. How can implementation be improved?
 6. What services similar to the Recovery College have you used in the past/or are you aware of?
 7. In what way does the ACT Recovery College provide [you/those living with mental distress] a new opportunity to improve [your/their] recovery and wellbeing?
 8. What do you see as the positive impacts, if any, for those involved with the ACT Recovery College?
 9. Are there any positive impacts of the ACT Recovery College that you had not expected?
 10. Are there any negative or unintended impacts of being involved with the college?
 11. In what way can the a) space, b) delivery, c) content of the ACT Recovery College be improved?
 12. What other ways can the ACT Recovery College be improved?
 13. How can the ACT Recovery College work with other services either a) within ACT mental health services , or b) external to ACT mental health services (including the NDIS) to support students in their recovery journey?
-

Thank you for your feedback.

ACT RECOVERY COLLEGE EVALUATION

Online survey - Educator

[Embed - Participant Information Sheet and Consent Form – about here]

[Embed – Demographics – about here]

Thank you for consenting to participate in this brief online survey. Your feedback is important because **you are a current or past Educator at the ACT Recovery College**. This survey is made up of sections which should take around 30 minutes to complete; as described in the Participant Information Sheet and Consent Form.

Online Survey Part 1 - DREEM

Introduction script:

As part of the evaluation of the ACT Recovery College, we would like to use this questionnaire. We recognise that the ACT Recovery College is not a service and is an interactive learning space, so we would ask you to think about these questions in terms of your ACT Recovery College experience. Please select the answer which best describes your experience.

Recovery Enhancing Environment Measure (DREEM) – Organisational Climate

Source: Ridgway & Press (2004)

1. The service promotes learning, thriving and growth
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
2. The service is a hopeful environment that promotes positive expectations
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Educator

- 5 Strongly Disagree
3. The service is inspiring and encouraging
- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree
4. Staff of this service are caring and compassionate
- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree
5. The service has enough resources to meet people's needs
- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree
6. The service provides opportunities for meaningful participation and contribution
- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

7. The service helps people feel valued, respected and powerful

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

8. The service helps people to feel connected to others in positive ways

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

9. The service is safe and attractive

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

10. All levels of staff are welcoming

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

11. There are creative and interesting things going on in the service

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

12. The service provides real choices, desirable options, and opportunities

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

13. The service asks for feedback from people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

14. The service makes changes based on the satisfaction rankings of people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

Online Survey Part 2 – Qualitative questions

ACT RECOVERY COLLEGE EVALUATION

Qualitative questions - Educators

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE Online survey Educator

1. When was the last time you taught one of the ACT Recovery College courses?
 2. Which courses were you involved in teaching? (Show list to tick)
 3. In what way was the consumer/carer co-production aspect of the ACT RECOVERY COLLEGE designed to operate?
 4. Has the ACT Recovery College operated in this way? If not, why?
 5. Was the ACT Recovery College implemented as planned? If not, why not?
 6. What were the barriers and enablers to implementation?
 7. How can implementation be improved?
 8. What services similar to the Recovery College have you used in the past/or are you aware of?
 9. In what way does the ACT Recovery College provide [you/those living with mental distress] a new opportunity to improve [your/their] recovery and wellbeing?
 10. In what way have you been involved with the Recovery College since completing the courses?
 11. What do you see as the positive impacts , if any, for those involved with the ACT Recovery College?
 12. Are there any positive impacts of the ACT Recovery College that you had not expected?
 13. Are there any negative or unintended impacts of being involved with the ACT Recovery College?
 14. In what way can the a) space, b) delivery, c) content of the ACT Recovery College be improved?
 15. What other ways can the ACT Recovery College be improved?
 16. How can the ACT Recovery College work with other services either a) within ACT mental health services, or b) external to ACT mental health services (including the NDIS) to support students in their recovery journey?
-

Thank you for your feedback.

ACT RECOVERY COLLEGE EVALUATION

Online survey – External Stakeholders

[Embed - Participant Information Sheet and Consent Form – about here]

[Embed – Demographics – about here]

Thank you for consenting to participate in this brief online survey. Your feedback is important because you are a **current or past stakeholder of the ACT Recovery College**. This survey is made up of sections which should take around 30 minutes to complete; as described in the Participant Information Sheet and Consent Form.

Online Survey Part 1 - DREEM

Introduction script:

As part of the evaluation of the ACT Recovery College, we would like to use this questionnaire. We recognise that the ACT Recovery College is not a service and is an interactive learning space, so we would ask you to think about these questions in terms of your ACT Recovery College experience. Please select the answer which best describes your experience.

Recovery Enhancing Environment Measure (DREEM) – Organisational Climate

Source: Ridgway & Press (2004)

1. The service promotes learning, thriving and growth
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
2. The service is a hopeful environment that promotes positive expectations
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree

ACT Recovery College Evaluation, version 2, 21 July 2020

ACT RECOVERY COLLEGE **Other External Stakeholders**

3. The service is inspiring and encouraging
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
4. Staff of this service are caring and compassionate
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
5. The service has enough resources to meet people's needs
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
6. The service provides opportunities for meaningful participation and contribution
 - 1 Strongly Agree
 - 2 Agree
 - 3 Not sure, Neither agree or disagree, Neutral
 - 4 Disagree
 - 5 Strongly Disagree
7. The service helps people feel valued, respected and powerful

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

8. The service helps people to feel connected to others in positive ways

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

9. The service is safe and attractive

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

10. All levels of staff are welcoming

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

11. There are creative and interesting things going on in the service

- 1 Strongly Agree

ACT Recovery College Evaluation, version 2, 21 July 2020
ACT RECOVERY COLLEGE **Other External Stakeholders**

- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

12. The service provides real choices, desirable options, and opportunities

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

13. The service asks for feedback from people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

14. The service makes changes based on the satisfaction rankings of people who use services

- 1 Strongly Agree
- 2 Agree
- 3 Not sure, Neither agree or disagree, Neutral
- 4 Disagree
- 5 Strongly Disagree

Online Survey Part 2 – Qualitative questions

ACT RECOVERY COLLEGE EVALUATION

Qualitative questions - Other External Stakeholders

ACT Recovery College Evaluation, version 2, 21 July 2020
ACT RECOVERY COLLEGE Other External Stakeholders

1. What involvement have you had in the design or governance of the ACT Recovery College or any other aspect of the college?
 2. What changes have been made to the Recovery College Model to suit the local context within the ACT?
 3. In what way was the consumer/carer co-production aspect of the ACT RECOVERY COLLEGE designed to operate?
 4. Has the ACT Recovery College operated in this way? If not, why?
 5. Was the ACT Recovery College implemented as planned? If not, why not?
 6. What were the barriers and enablers to implementation?
 7. How can implementation be improved?
 8. What services similar to the Recovery College have you used in the past/or are you aware of?
 9. In what way does the ACT Recovery College provide [you/those living with mental distress] a new opportunity to improve [your/their] recovery and wellbeing?
 10. What do you see as the positive impacts, if any, for those involved with the ACT Recovery College?
 11. Are there any positive impacts of the ACT Recovery College that you had not expected?
 12. Are there any negative or unintended impacts of being involved with the college?
 13. In what way can the a) space, b) delivery, c) content of the ACT Recovery College be improved?
 14. What other ways can the ACT Recovery College be improved?
 15. How can the ACT Recovery College work with other services either a) within ACT mental health services , or b) external to ACT mental health services (including the NDIS) to students in their recovery journey?
-

Thank you for your feedback.

APPENDIX 7. SUMMARY OF PRELIMINARY FINDINGS FOR FOCUS GROUPS



ACT Recovery College Evaluation Information for Focus Group participants

Project aim

This project aims to complete an evaluation of the Australian Capital Territory (ACT) Recovery College. This includes exploring the experiences and recovery outcomes of students and other key stakeholders. We are also exploring the College's fit within the broader mental health system in the ACT.

What did we do?

The following summary is based on feedback about the Recovery College. This includes an analysis of College documents, enrolment data, student and educator feedback collected by the College, an online survey (55 participants; including 32 students, 6 carers, 7 staff members, 21 educators, 15 external stakeholders) and interviews (15 individual interviews; including 5 Recovery College staff, 4 educators, 2 students and 2 external stakeholders).

Findings so far

What have we learned?

The College is:

- A place for learning new skills and knowledge
- Is a safe space to promote personal recovery
- Fostering personal discovery and development
- Helping students and others involved to develop a sense of connectedness
- A collaborative space where educators and people with lived-experience co-produce and co-deliver courses
- Responding in an adaptable and supportive way to Covid-19 restrictions

What were the good things?

Participants said that the good things about the College are:

- Personal recovery and personal growth is supported
- It has provided 'stepping stones' supporting growth and community participation
- Group discussions and the sharing of experiences
- Learning about tips, tools and community resources to manage mental health
- Different ways of learning (e.g. practical activities, multimedia, videos)
- A sense of belonging and mutual support
- An environment of openness, trust and fun
- The college has worked collaboratively with ACT health and community organisation to expand the reach and further develop the resources

What is change worthy?

People said that areas for improvement include:

- Classes should have less theory and more practical strategies

ACT Reference:
REGIS Reference:

2020.ETH.00100
2020/ETH01043

- Better time management of activities within sessions
- Improved facilities (e.g. larger classrooms/spaces, more resources/materials, centrally located)
- A strategic plan to work collaboratively within the college and beyond

What are our potential recommendations?

Based on the feedback we have received so far we are thinking of recommending :

1. Classes should reflect the expressed needs and preferences of students such as time management, more hands-on activities, group work and use of multimedia
2. Classes should increase opportunities to work on personal goals, including social connection and enjoyment
3. It is important to establish and maintain a safe space for learning
4. Class content and activities should reflect an emphasis on practical information and activities for students to realise their personal goals
5. Develop and offer professional development and support for educators with lived-experience, casual and part-time staff.
6. Priority should be given to identifying alternate sites to accommodate larger classes, which are valued by students for generating active group discussion and mutual support
7. The return to face-to-face courses, public health restrictions permitting, should be a priority in terms of creating safe spaces for learning and mutual support
8. Secure sustainable funding through expanding the College's reach and partnership with ACT health and community services
9. A core organising committee consist of full-time and ongoing staff to ensure the college is operating according to its mission
10. Further develop its capacity to use collaborative technology (e.g. shared cloud drives)

However, we want your feedback about these ideas at the focus groups.

ACT Reference:
REGIS Reference:

2020.ETH.00100
2020/ETH01043

APPENDIX 8. CORE CATEGORIES AND THEMES FROM INTERVIEWS AND FOCUS GROUPS

TABLE 3. CORE CATEGORIES AND THEMES FROM INTERVIEWS AND FOCUS GROUPS

| CATEGORIES | THEMES |
|--|---|
| Steppingstones supporting recovery, growth and inclusion | Supporting personal recovery Growth and development Social connection, inclusion and participation |
| Unique and innovative | Co-production at all levels Value of lived-experience Supportive and empowering Bridging the gap |
| Doing too much with too little | Keeping the barriers behind the scenes Small but welcoming space |
| Growing beyond | Partnership and mutual exchange Expanding reach and recognition Adapting to COVID-19 |

Four interrelated categories emerged from analysis of the interviews and focus group data including: 1) steppingstones supporting recovery, growth and inclusion; 2) Unique and innovative; 3) Doing too much with too little; overcoming barriers; and 4) Growing beyond; making use of resources. Table 3 summarizes the core categories and themes, and figure 13 illustrates the interrelationships between the categories. As shown in the figure, the College offers a unique and innovative environment that provides steppingstones towards recovery, growth and inclusion. ‘Doing too much with too little’ represents the barriers and the College’s ongoing efforts to overcome them, whereas ‘growing beyond’ illustrates striving and thriving. There are resources (e.g. funding, staff supports, external organizations) that the College can apply to further grow, and thrive. However, when the barriers outweigh the College’s capacity, there can be an impact on College’s outcomes in supporting recovery (i.e. going backwards).

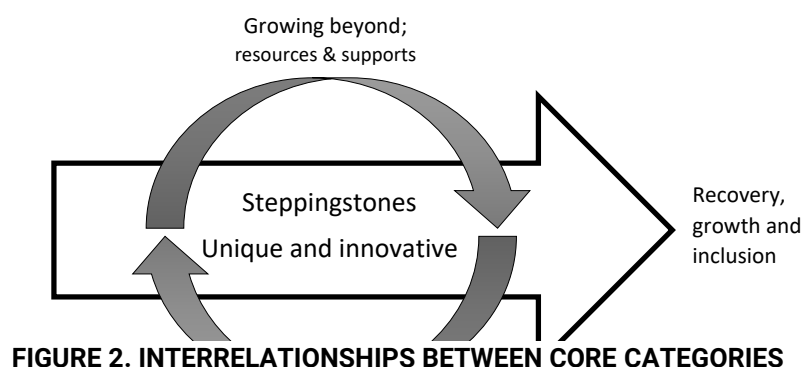


FIGURE 2. INTERRELATIONSHIPS BETWEEN CORE CATEGORIES

FIGURE 3. INTERRELATIONSHIPS BETWEEN CORE CATEGORIES