

## Online Appendix

## Included publications (n=44)

| #                 | Full reference  | Peer-reviewed? | Presents empirical data? | Author perspective                                     | Method               | Participants  | Sample size | Setting | Number of Recovery Colleges article is based on |
|-------------------|---|----------------|--------------------------|--|----------------------|---|-------------|---------|---|
| <b>KEY PAPERS</b> |   |                |                          |  |                      |   |             |         |   |
| 1                 | Frayn E, Duke J, Smith H, Wayne P, Roberts G (2016) <i>A voyage of discovery: setting up a recovery college in a secure setting</i> , Mental Health and Social Inclusion, <b>20</b> , 29-35.  | Y              | N                        | Staff  | Mixed methods        | Students, Staff (with and without lived experience) | 8           | UK      | 1   |
| 2                 | Perkins R, Repper J (2017) <i>When is a "recovery college" not a "recovery college"?</i> , Mental Health and Social Inclusion, <b>21</b> , 2, 65-72.  | Y              | N                        | Staff  | N/A (Not applicable) | N/A   | N/A         | UK      | N/A   |
| 3                 | Meddings S, Campbell E, Guglietti S, Lambe H, Locks L, Byrne D, Whittington A (2015) <i>From service user to student: the benefits of Recovery Colleges</i> , Clinical Psychology Forum, <b>268</b> , 32-37.  | Y              | Y                        | Staff and Student                                      | Quantitative         | Students  | 35          | UK      | 2   |
| 4                 | Taggart H, Kempton, J (2015) <i>The route to employment: the role of mental health recovery colleges</i> , London: CentreForum.   | N              | N                        | Staff  | N/A                  | N/A   | N/A         | UK      | N/A   |
| 5                 | North Essex Research Network (2014) <i>Evaluation of the Mid Essex Recovery College October – December</i> , Essex.   | N              | Y                        | Mental health researchers, Service User Research Group | Mixed methods        | Students  | 47 (17)     | UK      | 1   |
| 6                 | The Dorset Wellbeing and Recovery Partnership (WaRP) (2016) <i>WaRP Magazine</i> , <a href="http://www.dorsetmentalhealthforum.org.uk/pdfs/WaRP%20Magazine%20September%202016.pdf">http://www.dorsetmentalhealthforum.org.uk/pdfs/WaRP%20Magazine%20September%202016.pdf</a> Accessed 24.04.2017. | N              | N                        | Clinicians and peer workers                            | N/A                  | N/A   | N/A         | UK      | N/A   |
| 7                 | McGregor J, Repper J, Brown H (2014) <i>"The college is so different from anything I have done". A study of</i>   | Y              | Y                        | Manager, Staff, Researcher                             | Mixed methods        | Students, peer support workers, volunteers, staff   | N/A         | UK      | 1   |

|                              |   |   |   |  |               |  |     |           |          |
|------------------------------|---|---|---|--|---------------|--|-----|-----------|----------|
|                              | <i>the characteristics of Nottingham Recovery College</i> , Journal of Mental Health Training, Education and Practice, <b>9</b> , 3-15.   |   |   |  |               |  |     |           |          |
| 8                            | Oh H (2013) <i>The pedagogy of recovery colleges: clarifying theory</i> , Mental Health Review Journal, <b>18</b> , 240.  | Y | N | Researcher   | N/A           | N/A  | N/A | UK        | N/A      |
| 9                            | Skipper L, Page K (2015) <i>Our recovery journey: two stories of change within Norfolk and Suffolk NHS Foundation Trust</i> , Mental Health and Social Inclusion, <b>19</b> , 1, 38 – 44.                   | Y | N | Trust project lead, student, peer support worker                 | Qualitative   | Trust Project Lead, Student and PSW  | 2   | UK        | 2        |
| 10                           | Watson E (2013) <i>What Makes a Recovery College? A Systematic Literature Review of Recovery Education in Mental Health</i> , Nottingham: MHSC Dissertation.  | N | N | Postgraduate researcher  | Qualitative   | N/A  | N/A | UK        | N/A      |
| <b>OTHER INCLUDED PAPERS</b> |   |   |   |  |               |  |     |           |          |
| 11                           | Kelly J, Gallagher S, McMahon J (2017) <i>Developing a recovery college: a preliminary exercise in establishing regional readiness and community needs</i> , Journal Of Mental Health, <b>26</b> , 150-155. | Y | Y | MH Researchers   | Mixed methods | Staff, service users, allied professionals, family and friends, volunteers | 254 | UK        | N/A      |
| 12                           | Dunn E A, Chow J, Meddings S, Haycock L J (2016) <i>Barriers to attendance at Recovery Colleges</i> , Mental Health and Social Inclusion, <b>20</b> , 4, 238-246.   | Y | Y | Staff (Clinicians/Professionals working at Health organisations) | Mixed methods | Students   | 16  | UK        | 1        |
| 13                           | Hall T, Brophy L, Jordan H (2016) <i>A report on the preliminary outcomes of the Mind Recovery College</i> , The University of Melbourne, Centre for Mental Health.   | N | N | Researchers  | Mixed methods | Students, families, carers, staff member                                   | 54  | Australia | 1        |
| 14                           | Hall T, Brophy L, Jordan H, Hardy D, Belmore S, Scott A, Thompson H (2016) <i>Co-Producing The Journey To Recovery: The Mind Recovery College</i> , Australia: TheMHS Conference 2016 Book of Proceedings.  | Y | Y | Evaluation team  | Mixed methods | Students, families, carers, community stakeholders                         | 54  | Australia | 1        |
| 15                           | McGregor J, Brophy L, Hardy D, Hoban D, Meddings S, Repper J, Rinaldi M, Roeg W, Shepherd G, Slade M, Smelson D, Stergiopoulos  | N | N | Recovery College stakeholders                                    | N/A           | N/A  | N/A | UK        | Multiple |

|    |   |   |   |                            |               |  |  |           |     |
|----|---|---|---|----------------------------|---------------|--|--|-----------|-----|
|    | V, RCICoP Group (2016) <i>Proceedings of June 2015 Meeting, Recovery Colleges International Community of Practice (RCICoP).</i>   |   |   |                            |               |  |  |           |     |
| 16 | Mind (2016) <i>Australasian Recovery College Community of Practice Inaugural Meeting</i> , Victoria: Mind.  | N | N | Recovery College Staff     | N/A           | N/A  | N/A  | Australia | N/A |
| 17 | Newman-Taylor K, Stone N, Valentine P, Hooks Z, Sault K (2016) <i>The Recovery College: A unique service approach and qualitative evaluation</i> , Psychiatric Rehabilitation Journal, <b>39</b> , 2, 187-190.  | Y | Y | NHS Staff                  | Qualitative   | Students   | 11   | UK        | 1   |
| 18 | Shepherd G, McGregor J (2016) <i>Recovery Colleges – Evolution or Revolution?</i> , Ghent, November 9.  | N | N | Senior Consultants (ImROC) | N/A           | N/A  | N/A  | UK        | N/A |
| 19 | Sussex Recovery College (2016) <i>Performance and Evaluation Report (Summer Term 2016)</i> , Brighton: Sussex Partnership NHS Foundation Trust.   | N | Y | ?                          | Quantitative  | Students   | Varies per analysis  | UK        | 2   |
| 20 | Thornhill H, Dutta A (2016) <i>Thematic paper: Are recovery colleges socially acceptable?</i> , BJPysch International, <b>13</b> , 6-7.   | Y | N | NHS Staff                  | N/A           | N/A  | N/A  | UK        | N/A |
| 21 | Zabel E, Donegan G, Lawrence K, French P (2016) <i>Exploring the impact of the recovery academy: a qualitative study of Recovery College experiences</i> , Journal of Mental Health Training, Education and Practice, <b>11</b> , 162-171.                          | Y | Y | Research and NHS staff     | Qualitative   | People with lived experience, family members, staff and health professionals | 21   | UK        | 1   |
| 22 | Burhouse A, Rowland M, Niman H M, Abraham D, Collins E, Matthews H, Denney J, Ryland H (2015) <i>Coaching for recovery: a quality improvement project in mental healthcare</i> , BMJ Quality Improvement Reports, <b>4</b> , doi: 10.1136/bmjquality.u206576.w2641. | Y | Y | NHS Staff                  | Mixed methods | Students   | 50   | UK        | 2   |
| 23 | Central and North West London NHS Foundation Trust (2015) <i>CNWL Recovery &amp; Wellbeing College Annual Report April 2014 - July 2015.</i>  | N | Y | Recovery College staff     | Mixed methods | Recovery College students, staff and supporters                              | 16 (Staff), 53 (service user and supporters) telephone survey, 1274 (evaluation forms) | UK        | 1   |
| 24 | Kaminskiy E, Moore S (2015) <i>South Essex Recovery College Evaluation</i> , Cambridge: Anglia Ruskin University.   | N | Y | Psychology Lecturers       | Mixed methods | Students   | 41   | UK        | 1   |

|    |   |   |    |  |                                 |  |   |           |     |
|----|---|---|----|--|---------------------------------|--|---|-----------|-----|
| 25 | King T (2015) <i>An exploratory study of co-production in recovery colleges in the UK</i> , Sussex: University of Brighton.   | N | Y  | MSc Student  | Quantitative                    | Recovery College staff                       | 23  | UK        | 10  |
| 26 | Meddings S, McGregor J, Roeg W, Shepherd G (2015) <i>Recovery colleges: quality and outcomes</i> , Mental Health and Social Inclusion, <b>19</b> , 212-222.   | Y | Y  | NHS and Recovery College staff                     | Qualitative                     | Literature                                   | N/A   | UK        | N/A |
| 27 | Gill K (2014) <i>Recovery Colleges. Co-Production in Action: The value of the lived experience in "Learning and Growth for Mental Health"</i> , Health Issues, <b>113</b> , 10-14.  | N | Y  | Researcher   | Qualitative                     | Recovery College staff and students          | 6   | Australia | 1   |
| 28 | McCaig M, McNay L, Marland G, Bradstreet S, Campbell J (2014) <i>Establishing a recovery college in a Scottish University</i> , Mental Health and Social Inclusion, <b>18</b> , 92-97.                                      | Y | Y  | Researchers and Recovery College staff             | Qualitative (narrative account) | N/A  | N/A   | UK        | 1   |
| 29 | McMahon J, Wallace N, Kelly J, Egan E (2014) <i>Recovery Education College: A Needs Analysis</i> , Limerick: University of Limerick.  | N | Y  | University researchers                             | Mixed methods                   | Service users, staff, carers, general public | 260 responded to survey, 20 in focus group, 8 in interviews and 7 in community consultations. | Ireland   | 1   |
| 30 | Meddings S, Byrne D, Barnicoat S, Campbell E, Locks L (2014) <i>Co-Delivered and Co-Produced: Creating a Recovery College in Partnership</i> , Journal of Mental Health Training, Education and Practice, <b>9</b> , 16-25. | Y | Y  | NHS and Recovery College staff, community partners | Mixed methods                   | Recovery College Staff                       | 7   | UK        | 1   |
| 31 | Meddings S, Guglietti S, Lambe H, Byrne D (2014) <i>Student perspectives: recovery college experience</i> , Mental Health and Social Inclusion, <b>18</b> , 142-150.  | Y | Y  | Recovery College and NHS staff                     | Qualitative                     | Students                                     | 40  | UK        | 1   |
| 32 | Rennison J, Skinner S, Bailey A (2014) <i>CNWL Recovery College Annual Report April 2013 - March 2014</i> , London: Central and North West London NHS Foundation Trust.   | N | Y  | Recovery College staff                             | Quantitative                    | Students                                     | 44 (interviews)442 (feedback forms)   | UK        | 1   |
| 33 | Zucchelli F, Skinner S (2013) <i>Central and North West London NHS Foundation Trust's (CNWL) recovery college: the story so far...</i> , Mental Health and Social Inclusion, <b>17</b> , 183-189.                           | Y | N  | Freelancer, NHS and Recovery College staff         | Qualitative                     | Students, Recovery College and NHS staff     | N/A   | UK        | 1   |
| 34 | Mind (2012) <i>Establishment of the</i>   | N | N? | ?  | N/A                             | N/A  | N/A   | Australia | 1   |

|    |   |   |   |                                     |               |                                     |                               |    |               |
|----|---|---|---|-------------------------------------|---------------|-------------------------------------|-------------------------------|----|---------------|
|    | <i>Mind Recovery College, Heidelberg: Mind Australia.</i>   |   |   |                                     |               |                                     |                               | a  |               |
| 35 | Perkins R, Repper J, Rinaldi M, Brown H (2012) <i>Recovery Colleges, London: Implementing Recovery Through Organisational Change.</i>   | N | N | IMROC                               | N/A           | N/A                                 | N/A                           | UK | 2 (mentioned) |
| 36 | Rinaldi M, Morland M, Wybourn S (2012) <i>Annual Report 2011 – 2012 South West London Recovery College, London, South West London and St George’s Mental Health NHS Trust.</i>  | N | Y | NHS Staff                           | Quantitative  | Students                            | 1,260                         | UK | 1             |
| 37 | Rinaldi M, Suleman M (2012) <i>Care co-ordinators’ attitudes to self-management and their experience of the use of the South West London Recovery College, London: South West London and St George’s Mental Health NHS Trust.</i> | N | Y | NHS Staff                           | Quantitative  | Care-coordinators                   | 47                            | UK | 1             |
| 38 | Rinaldi M, Wybourn S (2011) <i>The Recovery College Pilot in Merton and Sutton: longer term individual and service level outcomes, London: South West London and St. Georges Mental Health NHS Trust.</i>                         | N | Y | NHS Staff                           | Quantitative  | Students                            | 174                           | UK | 1             |
| 39 | Bourne, Meddings, Cooper, Locks & Whittington (2016) <i>An evaluation of service use outcomes in Sussex Recovery College. Sussex NHS Trust.</i>   | N | Y | NHS Staff                           | Quantitative  | Students                            | 199 (but varies per analysis) | UK | 2             |
| 40 | Bristow (2015) <i>An annual report of Lincoln Recovery College. Lincolnshire Partnership NHS Foundation Trust.</i>  | N |   | Recovery College staff              | Mixed methods | Students                            | 154                           | UK | 1             |
| 41 | Martina (2015) <i>Poetry for recovery: Peer trainer reflections at Sussex Recovery College. Clinical Psychology Forum 268 (April).</i>  | Y | Y | Recovery College staff              | Qualitative   | Students                            | 8                             | UK | 1             |
| 42 | SRC (2014) <i>Solent Recovery College, Our first year – Outcomes.</i>   | N |   | Recovery College staff              | Mixed methods | Recovery College students and staff | 64 students, 17 trainers      | UK | 1             |
| 43 | Barton (?) <i>South West Yorkshire Partnership NHS Foundation Trust Recovery College, ppt.</i>  | N | N | Recovery College staff              | N/A           | N/A                                 | N/A                           | UK | 1             |
| 44 | Sault, Garner and Gatherer (?), <i>Southern Health Recovery College, ppt.</i>   | N | N | Recovery College staff and students | N/A           | N/A                                 | N/A                           | UK | 1             |

**Initial theoretical framework developed by academic research team through  
inductive analysis of 10 key papers**

---

**MECHANISMS OF ACTION**

**1. Increased agency**

- 1.1 Open to all
- 1.2 Nurturing environment
  - 1.2.1 Safety
  - 1.2.2 Respect
- 1.3 Opportunity to make choices
  - 1.3.1 Students choose to come to the Recovery College
  - 1.3.2 Students choose their courses
  - 1.3.3 Students decide how much support they need
- 1.4 Raised expectations

**2. Transformed relationships**

- 2.1 Co-production
  - 2.1.1 Co-production of administration
  - 2.1.2 Co-production of courses
  - 2.1.3 In-class co-production
- 2.2 Reduced 'them and us' distinctions
  - 2.2.1 Equality in relationships
  - 2.2.2 Relationship with other students
  - 2.2.3 Relationship with peer tutor
  - 2.2.4 Relationship with workers

**3. Identity development**

- 3.1 Becoming a 'student'
- 3.2 Connecting with others

**4. Personal growth**

- 4.1 Adult Learning
  - 4.1.1 Learning new knowledge
  - 4.1.2 Learning practical skills
  - 4.1.3 Undertaking research
- 4.2 Learning from lived experience
- 4.3 Building on strengths
- 4.4 Support to make progress
  - 4.4.1 Support from staff
  - 4.4.2 Support from other students
  - 4.4.3 Support from Recovery College environment
- 4.5 Goal striving
- 4.6 Celebrating success

**OUTCOMES**

**1. Change in the student**

- 1.1 Emotional change
  - 1.1.1 Hope for the future
  - 1.1.2 Purpose and motivation

- 1.1.3 Empowerment and control
- 1.1.4 Confidence
- 1.2 Wellbeing
  - 1.2.1 Sense of personal wellbeing
  - 1.2.2 Mental health difficulties
  - 1.2.3 Knowledge and skills for managing wellbeing
  - 1.2.4 Use of wellness tools
- 1.3 Self-awareness
  - 1.3.1 Understanding of own mental health
  - 1.3.2 Rediscovering interests
  - 1.3.3 Awareness of triggers and early warning signs
- 1.4 Identity change
  - 1.4.1 Rediscovering an identity beyond “illness”
  - 1.4.2 Self-worth
  - 1.4.3 Becoming more “themselves”
  - 1.4.4 Recognising potential
  - 1.4.5 Anticipated stigma

## **2. Change in the student’s life**

- 2.1 Social change
    - 2.1.1 Social networks
    - 2.1.2 Existing friendships
    - 2.1.3 Relationship with professionals
    - 2.1.4 Social isolation
    - 2.1.5 Attaining socially valued roles
  - 2.2. Occupational change
    - 2.2.1 Employment
    - 2.2.2 Education
    - 2.2.3 Volunteering
    - 2.2.4 Training as a peer
  - 2.3. Daily life change
    - 2.3.1 Daily activity
    - 2.3.2 Sleep
    - 2.3.3 Goal attainment
  - 2.4 Change in service use
    - 2.4.1 Use of mental health services
    - 2.4.2 Use of other services
-

## Co-developed theoretical framework

---

### **MECHANISMS OF ACTION**

#### **1 Empowering environment**

- 1.1 Providing a nurturing environment
  - 1.1.1 Providing a safe space
  - 1.1.2 Providing a respectful space
- 1.2 Offering opportunities to make choices
  - 1.2.1 Students choose to enrol at a Recovery College
  - 1.2.2 Students choose the courses they wish to join
  - 1.2.3 Students choose how much support they need

#### **2 Enabling different relationships**

- 2.1 Working together
  - 2.1.1 Designing and delivering the Recovery College as a whole
  - 2.1.2 Designing courses
- 2.2 Shifting the balance of power
  - 2.2.1 Relationships with other students
  - 2.2.2 Relationships with peer trainers
  - 2.2.2 Relationships with workers
- 2.3 Connecting with peers
  - 2.3.1 Making friends
  - 2.3.2 Developing empathetic relationships with other students
  - 2.3.3 Peer tutors offering inspiration

#### **3 Facilitating personal growth**

- 3.1 Becoming a student
- 3.2 Shared / co-produced learning
  - 3.2.1 Students learn from each other
  - 3.2.2 Students learn from peer trainers
  - 3.2.3 Students learn from professionals
  - 3.2.4 Students contribute their lived experiences to the learning of others
  - 3.2.5 Students have an active role in deciding the structure and content of learning once in the classroom: together they (students and trainers) decide what to learn and how to learn
- 3.3 Independent learning
- 3.4 Learning and applying practical skills
- 3.5 Building on strengths
- 3.6 Supporting students to make personal progress
  - 3.6.1 Support offered by staff
  - 3.6.2 Support offered by other students
- 3.7 Working towards goals
- 3.8 Celebrating success

### **OUTCOMES**

#### **1. Changes in the student**

- 1.1 A more optimistic and self confident outlook
  - 1.1.1 Increased hope for the future
  - 1.1.2 Greater purpose and motivation



- 1.1.3 An acquired sense of empowerment and control
- 1.1.4 Improved confidence
- 1.2 An improved sense of health and wellbeing
  - 1.2.1 Positive impact on personal wellbeing
  - 1.2.2 Reduction in symptoms
- 1.3 Increased resilience
  - 1.3.1 Deeper understanding of own mental health
  - 1.3.2 (Re)discovering what motivates
  - 1.3.3 Acquired knowledge and skills for managing wellbeing
- 1.4 Understanding myself in a new or more positive way
  - 1.4.1 Developing an identity beyond “illness”
  - 1.4.2 Feeling more worthwhile
  - 1.4.3 Adopting a preferred identity
  - 1.4.5 Reducing anticipated stigma

## **2. Changes made by the student in his/her life**

- 2.1 Social
    - 2.1.1 Expanded social networks
    - 2.1.2 Improved existing friendships
    - 2.1.3 More collaborative and less hierarchical relationships with people who have professional training / expertise
    - 2.1.4 Reduced social isolation
    - 2.1.5 Attaining socially valued roles
  - 2.2 Occupational
    - 2.2.1 Moving to paid employment
    - 2.2.2 Moving to mainstream education
    - 2.2.3 Engaging in volunteering
    - 2.2.4 Becoming a peer trainer
  - 2.3 Day-to-day life
    - 2.3.1 Physically active
    - 2.3.2 Daily routine
  - 2.4 Goal achievement
-

## **Coding Framework for mechanisms of action developed through deductive analysis of remaining 34 papers**

---

### **MECHANISMS OF ACTION**

#### **1 Empowering environment**

- 1.1 Providing a nurturing environment
  - 1.1.1 Providing a safe space
  - 1.1.2 Providing a respectful space
- 1.2 Offering opportunities to make choices
  - 1.2.1 Students choose to enrol at a Recovery College
  - 1.2.2 Students choose the courses they wish to join
  - 1.2.3 Students choose how much support they need
- 1.3 Language is empowering and recovery-focused

#### **2 Enabling different relationships**

- 2.1 Working together
  - 2.1.1 Designing and delivering the Recovery College as a whole
  - 2.1.2 Designing courses
- 2.2 Shifting the balance of power
  - 2.2.1 Relationships with other students
  - 2.2.2 Relationships with peer trainers
  - 2.2.2 Relationships with workers
- 2.3 Connecting with peers
  - 2.3.1 Making friends
  - 2.3.2 Developing empathetic relationships with other students
  - 2.3.3 Peer tutors offering inspiration

#### **3 Facilitating personal growth**

- 3.1 Becoming a student
  - 3.2 Shared / co-produced learning
    - 3.2.1 Students learn from each other
    - 3.2.2 Students learn from peer trainers
    - 3.2.3 Students learn from professionals
    - 3.2.4 Students contribute their lived experiences to the learning of others
    - 3.2.5 Students have an active role in deciding the structure and content of learning once in the classroom
  - 3.3 Independent learning
  - 3.4 Learning and applying practical skills
  - 3.5 Building on strengths
  - 3.6 Supporting students to make personal progress
    - 3.6.1 Support offered by staff
    - 3.6.2 Support offered by other students
  - 3.7 Working towards goals
  - 3.8 Linking students with the wider community
  - 3.9 Celebrating success
-

### Definitions and exemplar text for mechanisms of action

| Code  | Definition   | Exemplar text (publication number)   |
|---|--|--|
| <b>1 Empowering environment</b>                 | The Recovery College environment supports students to develop confidence and control in managing their lives   |  |
| 1.1 Providing a nurturing environment           | Recovery Colleges provide a safe, confidential space to talk and a non-judgemental approach, combined with a warm and respectful attitude.   | Part of the Centre's appeal is that it feels like a separate entity from the hospital, where people can be more open... and be themselves. (1)<br>There is empathy, warmth and a welcome and you do not have to explain yourself... the contribution that everyone can make is recognised and valued. (7)                    |
| 1.2 Offering opportunities to make choices      | Students have as much choice as possible at every stage of their Recovery College experience.  | The prospectus outlines opportunities for learning and puts you in control. You choose what might help you. That is empowering. (3)<br>Recovery Colleges hold to the belief that students can articulate for themselves what they want to learn and what works well for them in managing and living with mental illness. (8) |
| 1.3 Language is empowering and recovery-focused | Recovery Colleges use language which conveys messages of hope and belief in the students' strength and potential. It avoids jargonistic, overly medical or deficit-focused language. | The main themes included... Recovery language and communication. (32)  |
| <b>2 Enabling different relationships</b>       | Students experience new types of relationships through their interactions with different types of people in the Recovery College.  | -  |
| 2.1 Working together                            | People who have lived experience of mental health work alongside people with professional training / expertise to develop and deliver the Recovery College.                          | [Peers] have been involved in the Discovery Centre at all levels, from preparing the premises and debating the programme to designing publicity materials and facilitating sessions. (1)<br>Co-production emphasises reciprocal relationships where  |

|                                       |  |  |
|---------------------------------------|--|--|
|                                       |  | users of public services are recognised as active agents with positive capabilities rather than passive beneficiaries. (7)   |
| 2.2 Shifting the balance of power     | The power balance between people experience mental health issues and who offer support is challenged. Recovery Colleges promote equality. No one is more important/powerful than anyone else.  | ...perhaps more tricky for him [a student], to develop a different relationship work on a more equal footing after I'd been his responsible clinician for many years. (1)<br>The "Us and Them" culture is being questioned in the Recovery College classroom. (9)  |
| 2.3 Connecting with peers             | Making links with peer trainers and other students offers both social support and friendship, but also the opportunity to learn from one another.  | Experience from fellow students creates an extra supportive dimension and opportunity for friendships to develop. (3)<br>I think there is something quite cathartic about being in a group with other people going through similar challenges, not always the same but similar challenges in their lives, and the sense of belonging to a community. (5)   |
| <b>3 Facilitating personal growth</b> | Students are encouraged to adopt alternative / additional roles (like 'student') and come to understand themselves and their worlds in new ways.   |  |
| 3.1 Becoming a student                | The role of student may be transformational ("I am now a student, not a patient or service user"), or develop alongside previous ones ("I am now a student as well as a service user").        | ... enables people to take control of their symptoms and challenges, the way these are treated, and their life a whole, by accessing relevant courses and through becoming a college student. (7)<br>The identity shift from being a patient to occupying a valued role as student is immensely healing. (10)  |
| 3.2 Shared / Co-produced learning     | Students are provided with information about different aspects of their recovery by both experts by experience (peer trainers and students) and experts by professional training / experience. | I did the Bi-polar course and I thought it was good how they talked about the history of it... It was interesting how they started diagnosing stuff. It's nice to know where things have come from rather than it just happened. (5)<br>However, it is not assumed that all expertise rests with course designers and facilitators, it also rests with the learners in the room. "We learn from each other and we inspire each other..." (2) |
| 3.3 Independent learning              | Recovery Colleges support students to do self-initiated research relevant  | If people do not have access to the literature, resources and computers they need to do their own research then they are   |

|   |  |   |
|---|--|---|
|   | to their recovery.   | dependent on the facilitators to provide all information. (2)<br>... a library where people can do their own research. (7)  |
| 3.4 Learning and applying practical skills        | Students learn strategies and coping skills which they can apply to their daily lives.   | They have given me the techniques that I need to deal with [my anxiety]. You are gaining coping mechanisms, learning about things you are going to have to face in the future. (5)<br>... the acquisition of knowledge and an increased ability to self-manage, provides a springboard for students at the Recovery College to accelerate their recovery. (10)  |
| 3.5 Building on strengths                         | Students experience an environment which highlights and builds on their strengths rather than focussing on their deficits.   | For all students and staff, achievements, strengths, skills and qualities are identified, built upon and rewarded. (2)<br>I liked the idea that it was Recovery. It sounded positive... It's going from always being told what you can't do because of your illness to being positive... Perhaps this will tell me what I can do. (5)   |
| 3.6 Supporting students to make personal progress | Students receive individualised practical and emotional support from staff, tutors and other students in order to make changes in their lives that are meaningful to them. | [Students] discuss their previous education experience, goals and are assisted in identifying potential opportunities and deciding on courses. The ILP is reviewed as the student progresses through their engagement with the college. (7)<br>Everyone in the groups I have experienced roots for each other... Everybody in the group was really supportive and to me that was worth more than the course itself. (5) |
| 3.7 Working towards goals                         | The support, courses and approach adopted in a Recovery College are all focused on helping students to make progress towards their chosen goals.                           | The tutor made me realise I could do it. Helped me to work out what courses might help me to achieve my goals. (2)<br>It is axiomatic in the college that students work towards their own goals and to overcome personal challenges identified. (7)   |
| 3.8 Linking students with the wider community     | Students are given information and guidance about local opportunities beyond the college (services, training, leisure, etc.) to support their ongoing recovery.            | ...linking students with other community supports and resources – including further education and/or employment services for those who want this. (34)<br>Signposting – progression... Links up to something after the course finishes. Being able to find out how to become a peer trainer. (31)   |
| 3.9 Celebrating success                           | Praise and certificates to recognise achievement are given for the completion of courses and the   | The graduation is a special occasion which marks group and personal achievement and success. (3)<br>I remember getting my first certificate after attending a   |

|  |                      |   |
|--|----------------------|---|
|  | attainment of goals. | wellness planning course. I attended more courses and my confidence grew. (9) |
|--|----------------------|---|

## **Coding Framework for outcomes developed through deductive analysis of remaining 34 papers**

---

### **1. Changes in the student**

- 1.1 A more optimistic and self confident outlook
  - 1.1.1 Increased hope for the future
  - 1.1.2 Greater purpose and motivation
  - 1.1.3 An acquired sense of empowerment and control
  - 1.1.4 Improved confidence
- 1.2 An improved sense of health and wellbeing
  - 1.2.1 Positive impact on personal wellbeing
  - 1.2.2 Reduction in symptoms
- 1.3 Increased resilience
  - 1.3.1 Deeper understanding of own mental health
  - 1.3.2 (Re)discovering what motivates
  - 1.3.3 Acquired knowledge and skills for managing wellbeing
- 1.4 Understanding myself in a new or more positive way
  - 1.4.1 Developing an identity beyond “illness”
  - 1.4.2 Feeling more worthwhile
  - 1.4.3 Adopting a preferred identity
  - 1.4.5 Reducing anticipated stigma

### **2. Changes made by the student in his/her life**

- 2.1 Social
    - 2.1.1 Expanded social networks
    - 2.1.2 Improved existing friendships
    - 2.1.3 More collaborative and less hierarchical relationships with people who have professional training / expertise
    - 2.1.4 Reduced social isolation
    - 2.1.5 Attaining socially valued roles
  - 2.2 Occupational
    - 2.2.1 Moving to paid employment
    - 2.2.2 Moving to mainstream education
    - 2.2.3 Engaging in volunteering
    - 2.2.4 Becoming a peer trainer
  - 2.3 Day-to-day life
    - 2.3.1 Physically active
    - 2.3.2 Daily routine
    - 2.3.3 Having interests and leisure activities
  - 2.4 Goal achievement
  - 2.5 Service use
    - 2.5.1 Medication
    - 2.5.2 Use of primary care services
    - 2.5.3 Use of community services
    - 2.5.4 Use of in-patient services
-

## Definitions and exemplar text for outcomes

| Code   | Definition   | Exemplar text (publication number)   |
|--|--|--|
| <b>1. Changes in the student</b>                       | This refers to the internal changes a student may experience in terms of how they think and feel.  |  |
| 1.1 A more optimistic and self confident outlook       | Students are more hopeful and optimistic about their future and have more self-confidence in their abilities and in interacting with others. | The place has given me a lot of hope for the future, it was great to meet some ex-patients who are doing well in the community... made me feel less anxious about the future. (1)<br>It's going from doing nothing... this gives you confidence, self-confidence to help you get out there. (5)  |
| 1.2 An improved sense of health and wellbeing          | Students experience improved wellbeing and quality of life.  | ... through an educational approach to recovery there is a greater focus on wellbeing and quality of life. (4)<br>The "outcomes" of engagement with the college may be measured... However, it is likely that more subjective processes are equally significant, for example gaining an enhanced feeling of wellbeing or access to an improved quality of life. (7)            |
| 1.3 Increased resilience                               | Students gain new skills and greater self-awareness and understanding of their experiences, helping them to self-manage more effectively.    | The skills will be helpful when I'm out in the community. (1)<br>They have helped me cope with my illness more. I think I understand my illness better than I did. The anxiety I understand a bit better, and I can control that a bit better. (5)   |
| 1.4 Understanding myself in a new or more positive way | Students undergo a change in identity, away from someone who is "ill" to someone who has worth and potential.                                | It has certainly made me feel more worth-while, I had a problem with that. Staying at home all the time when every other 'worthy' person is out doing something. It gave me a bit more self-worth to say that's what I did, I did that. (5)<br>It enables them to redefine their personal experience of mental health issues, (re)create an identity beyond their illness. (7) |
| <b>2. Changes made by the student in his/her life</b>  | This refers to the external changes a student may experience in terms of behaviours displayed and engagement in activities.                  |  |



|                      |  |   |
|----------------------|--|---|
| 2.1 Social           | Students gain a richer social life and experience more positive relationships with people.                           | I also made so many friends. I feel included, not alone. (3)<br>Overcoming the impact of stigmatisation and consequent social isolation may be addressed through the development of social networks and learning communities and the support for pathways to meaningful roles. (7)  |
| 2.2 Occupational     | Recovery Colleges give students the opportunity for progression to paid work, volunteering, education, and training. | Recovery colleges also appear to have impacted on employment outcomes with up to 70 per cent of students going on to find work, become mainstream students or become a volunteer. (4)<br>[Recovery Colleges] may equip people to move into mainstream education/training opportunities that could provide the qualifications recognised by employers (if that is the person's choice). (2)        |
| 2.3 Day-to-day life  | Students are more active and achieve more in their day-to-day lives.   | I've been able to do more in the day. (3)<br>The sense of purpose and motivation provided by having a reason to leave the house... "A big part was it gave me a purpose to get up, get sorted and leave the house". (5)   |
| 2.4 Goal achievement | Students work towards things that are important to them.   | The recovery college uses a recovery based approach to help people... do the things they want to do in life. (4)<br>After attending, students feel... more able to achieve their goals. (3)   |
| 2.5 Service use      | There are changes in students' use of primary care, in-patient and community services, and medication.               | Findings also suggest that those who attended more than 70% of their scheduled sessions showed a significant reduction in use of community mental health services. (29)<br>However, there is also anecdotal evidence that a minority of students (about 20 per cent) actually increase service use in the first few months of attending, perhaps due to raised awareness of support options. (26) |