



Faculty of Health, Social Care & Education

**Evaluation of the Mid Essex Recovery College
January - April 2014**

North Essex Research Network

with

South Essex Service User Research Group

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The North Essex Research Network

Introduction

Recovery Colleges have been successfully developed in several UK locations and preliminary evaluation results indicate that attending Recovery College courses can support recovery. In 2013 a decision was therefore taken by mental health commissioners at the NHS Greater Eastern Commissioning Support Unit to pilot a Recovery College in Mid Essex for one year, beginning in the autumn of 2013.

Since this was a pilot project, evaluation was important to inform future planning and the North Essex Research Network (NERN) was asked to carry out an evaluation of provision during the first (autumn) term, with support from the longer-established South Essex Service User Research Group (SE-SURG). NERN and SE-SURG are hosted by Anglia Ruskin University and were set up to provide research and evaluation informed by service user perspectives. Members of both groups are all themselves current or former mental health service users.

Results from the initial evaluation indicated that the Recovery College was achieving its aims and had the potential to provide an important stepping stone towards recovery for service users in Mid Essex.

In July 2014, NERN was asked to carry out a further evaluation of provision during the second (spring) term which ran from January to April 2014. The following sections of this report describe the methods used for the evaluation and the results obtained. The implications of the results are then discussed and suggestions put forward for the further development of the Recovery College.

Evaluation methods

The evaluation methods comprised focus groups held in three of the areas where courses had run: Chelmsford, Maldon and Halstead. Halstead was specifically included in the evaluation as courses had not previously been run there. NERN provided the Recovery College with invitation packs to be distributed to all 132 new students who had taken a course at the three venues during the spring term.

A topic guide based on the one developed for the previous evaluation was used to facilitate exploration of participants' experiences of the college. An opportunity was also provided for any other feedback or suggestions for improvement participants wished to add. Training,

including role-play of the topic guide, had been provided for members of NERN and SE-SURG.

Due to other demands on the service user researchers' time over the summer, the focus groups were held in early October. Each group was facilitated by one service user researcher while another took notes. The discussions lasted between one hour and 90 minutes and participants were offered a gift of £15 to thank them for their time and cover any out of pocket expenses.

Notes were written up as soon as possible, omitting any information that could identify participants. The data from each locality were then analysed and compared across localities to identify key themes.

Results

Information about the participants who took part in discussions is provided here first. Their views are then presented under headings relating to:

- Their reasons for attending the Recovery College
- Perceived benefits of attending
- Future plans
- Helpful aspects of the Recovery College
- Less helpful aspects
- Support from the Recovery College
- Suggestions for developing the College
- Further comments.

When extracts from the data are presented to illustrate key themes, three dots (...) indicates that material less relevant to that theme has been omitted. A forward slash (/) indicates a change of speaker.

Participants

The response to the invitation to take part in the focus groups was lower than hoped. Only 12 expressions of interest were received in response to the 132 invitation packs and only seven people actually attended a discussion: three in Chelmsford and two each in Maldon and Halstead. Two further expressions of interest were received after the focus groups had been held.

Of the seven participants, four were male and three female. Three participants were in the younger age groups, while the other four were in their middle years. All seven participants were from White ethnic backgrounds and all were current or former service users. One participant at each of the three venues explained that they also had a caring role.

One participant at Halstead and one at Maldon had attended just one Recovery College session. Attendance amongst the other five participants ranged from two to eight sessions, with an average of five.

Three participants had learnt of the Recovery College at their community mental health team (CMHT). In one case at Halstead an employment specialist had provided the information, while one participant at Chelmsford and one at Maldon had come across written information at their CMHT and had then contacted the Recovery Hub. Another participant at Chelmsford had found a prospectus at his supported accommodation and had self-referred, while the third had learnt of the college from her GP and contacted the hub. The second Halstead participant explained that she had found information online after being told about the college by her son.

One participant at Chelmsford had actually attended sessions only in Maldon, while another had attended sessions in both Chelmsford and Maldon. At Maldon, one participant had attended sessions in Witham and Chelmsford but not in Maldon.

Reasons for attending

Although one participant had been unsure about what he might gain from the Recovery College other participants' reasons for attending varied in line with their individual situations. One participant who wanted to find part time or voluntary work had attended sessions on writing CVs but had been unable to attend the volunteering course due to her caring responsibilities. Another had wanted to improve his confidence and had therefore attended the Building Self-Confidence course, while a third was looking for peer support in relation to a specific diagnosis. The other three participants explained that the Recovery College was the only source of support available to them, and at Halstead in particular this was associated with very negative views of mental health services in North Essex which recurred throughout the discussion:

I was so desperate I would go on anything that would help ... was the only thing / I would do anything that would help...the mental health system is non existent....it's like last man standing so grasp anything that might help. (Female and male participants, Halstead)

Perceived benefits of attending

In keeping with the aims of the Recovery College, the most commonly mentioned benefits of attending did revolve around aspects of recovery. In some cases participants' spoke in general terms about the college's contribution to their recovery journeys. For one participant at Maldon, attending had given a boost to the journey he had already begun, while a participant at Halstead described a more tentative recovery journey:

Yes, the course has made a difference. It is something I have been working on over the year. I have improved a lot in the past 12 months. Hopefully my problems will be a lot better. (Male participant, Maldon)

It was absolutely excellent at the time, the problem is other stresses triggered my depression... It was marvellous, it got me through a little bit. (Female participant, Halstead)

Other participants spoke of more specific ways in which the college had contributed to their recovery, including improved self-worth, coping strategies and motivation:

It did improve my mental health. I feel better about myself... by attending the college things fell into place, but I was on that journey anyway... I feel more positive about my illness / When I go to the school the mums are there and I find it hard to pick my son up. I used to care what they think of me - I don't care anymore. I have been building my confidence and self-esteem... I liked the meetings and getting together, I felt important. It improved my self-worth. (Female participants, Chelmsford)

Yes, the assertiveness part, I learnt a lot from that and I feel more able to control situations. I learnt about diplomacy, knowing how to act in intense or worrying situations... Listening to other students and [tutor] gave me ideas about how to solve certain situations / I have used some of the examples and tried different approaches. (Male and female participants, Chelmsford)

It spurred me on, it gave me a kick up the arse, to get on with your life. I was going down a spiral and I had to take control... it made me step back, you've come this far you can keep going on... I have come off most of my medication, started college, started driving... (Male participant, Halstead)

Participants at all three venues also spoke of social benefits. At Chelmsford and Maldon, social relationships with peers on the courses were important. In addition, participants at both venues described how their confidence had improved in social situations:

It's good to talk and chat / It was a big class and the room was quite crowded. We had 15 people in the group but I had no problems in doing it. I met some good people. (Male participants, Maldon)

I've made acquaintances on the course / I am being a bit more assertive and self-confident. I've noticed that the mums [at the school gate] are beginning to talk to me. (Male and female participants, Chelmsford)

The social benefits described by the third Chelmsford participant were particularly striking, revolving around both vocational achievements and increased social activity:

I did the CV and cover letters and applied for a volunteer job here at the ACL and got it. I'm volunteering here now... I'm now attending [a carers support group] and I've started belly dancing. I'm hoping to meet more people and going out more. It's getting me more motivated. (Female participant, Chelmsford)

For one participant at Halstead, greater understanding on the part of her husband, who had attended the course with her, was an equally important social benefit:

It was the best thing I have been offered, it came at the right time. My husband could come with me, which was very important. Over the years I have tried to educate him to understand... this was the closest he has ever come to understanding. It was so beneficial having him there, hearing what others were saying... He has said it was a good thing and had helped him. (Female participant, Halstead)

Future plans

When participants were asked whether they had plans to try other courses one Maldon participant explained that he had no immediate plans but might do so in the future if he was free. Other participants at all three venues indicated that they were planning to take further courses, either at the Recovery College or elsewhere:

I start a sewing course in November at Maldon ACL. I am also doing four more courses at the Recovery College / As I said earlier, I have taken up belly dancing... I have looked at the courses being run at the ACL. I haven't yet seen the autumn term prospectus for the Recovery College / I would like to do the sessions on health and wellbeing and understanding anxiety disorders. (Female and male participants, Chelmsford).

I am starting a [Recovery College] course on 21st October, after that I don't know. (Male participant, Maldon)

I've started my plan to try to get to university... I'm doing maths and English and doing GCSEs. I just used to sit and smoke It gave me my confidence back... I can get on and do something myself / I like to learn, I'd be happy if I was dumped in a library. I did go back to a weekly scripture course I'd done before... I'm crying out for more, I would travel anywhere, I am absolutely crying out. (Male and female participants, Halstead)

Participants also described vocational goals, particularly in relation to roles that would enable them to reciprocate the support they had received:

I'm looking for employment... I would like to be an experiential tutor but I need more training. I'm interested in the use of language and stigma and discrimination / I would like to be a mentor or counsellor / I would like to give something back, I have had support from the Recovery College and the ACL where I am now volunteering. (Male and female participants, Chelmsford)

I volunteer at Young Carers now. I want to give something back, (Male participant, Halstead)

Helpful aspects of the Recovery College

Participants at all three venues had clearly found the courses they had taken helpful and identified several aspects as key to this. At both Chelmsford and Maldon support and learning from peers was singled out as important:

Listening to other people... We had some fun and laughter /
Listening to other students. (Male and female participants,
Chelmsford)

The interaction with other people and it is nice to see other people
/ It was good to hear other people's views. There are people out
there who have it a lot harder than I was. (Male participants,
Maldon).

Participants at Chelmsford and Halstead also commented on course content and materials they had found particularly helpful, including the prospectus:

I was interested in seeing the CV layout and would have liked
more 'recovery letters' / The hand-outs were good as you could
take them home... and reading through the notes. (Female
participants, Chelmsford)

Look at the brochure, it is happy, a moving forward brochure / I
like the design, look at the bottom: 'Hope, Control, Opportunity',
I've got all of these. (Female and male participants, Halstead)

At Chelmsford and Halstead both the welcoming, recovery-focused ethos of the college was also singled out as helpful:

I felt relaxed with the people from the hub. It helped knowing they
were there / It was easy to ask questions. We felt included
throughout [general agreement with this]. (Female and male
participants, Chelmsford)

Calling it recovery is very good, it is centred on recovery... as soon
as you came in you felt welcome, it was inclusive, welcoming / As
soon as you came in they asked 'how are you, how are you getting
on this week?' / They put you at your ease... not being asked lots
of questions, it was not off-putting. I actually feel the ethos, the
way it is set up, recovering, not about treating. This could be the

core that all other services feed off. Other bits are so disparate, this could be the core. They are so good at what they do. (Male and female participants, Halstead)

In addition, the Halstead participants singled out the tutors, and particularly the tutors by experience:

The teachers had mental health problems themselves so it wasn't like having people from an office / The tutors told you about their personal experiences and how they had overcome them / Yes, the person who had suffered was very useful, There was also a qualified person but they were very equal. (Male and female participants, Halstead)

A further aspect identified as helpful by one of the female participants at Chelmsford was the provision of attendance certificates to include with CVs. At Halstead the female participant had particularly appreciated the informal seating arrangement and the fact that she had been able to access her course quickly after contacting the college.

Less helpful aspects

Although all seven participants had clearly valued their courses and found them beneficial, they did find aspects of their courses less helpful. At Chelmsford the male participant had found the self-confidence course 'too vague and too broad', but the main issue raised at Chelmsford revolved around the use of PowerPoint:

The PowerPoint presentation didn't suit my learning style. After the presentation there was nothing else. [Tutor] was better, the other person relied on PowerPoint, there was nothing else. I can't remember being asked what my learning needs were. I have a short concentration span, I was dipping in and out every ten or 15 minutes. I struggled, it was much more challenging than the course content. (Male participant, Chelmsford)

There were a lot of PowerPoints in my session and I did drift off a bit. The one about cover letters could have been sent to me. There were the odd flaws, too much reliance on PowerPoint. (Female participant, Chelmsford)

The third Chelmsford participant did not comment on this issue, but she had found the amount of information and some of the language used challenging:

There was a lot to take in. Some terms and phrases I didn't understand. They should have given us a list of words and what they meant. It didn't change how I feel but there could have been more emphasis on coping skills. (Female participant, Chelmsford)

A further issue raised at Chelmsford concerned difficulties in obtaining information about the Recovery College resources. All three participants explained that they had only recently found out about the library housed at the hub, and one participant had experienced delays in receiving the prospectus. At Halstead, however, a lack of information was clearly a more fundamental issue. The two participants explained that they had found out about the college too late to access more than one course, attributing this to other services being unaware of the college. In addition they had found it difficult to find out about future courses:

When I got the list I thought what good is that, they have already gone / It's just a shame it wasn't more advertised. It's an issue raising awareness with GPs etc. The crisis management should have referred me... The great issue is that mental health professionals don't know about it. I don't think GPs know because things keep changing all the time. Things change, there's no continuity, they make different teams... When I found out about the college it was too late. I wish I had been able to go on other courses. (Male and female participants, Halstead)

We didn't know if there were any more courses / I just looked on the internet and I could only see the spring term. I don't even know if it is NHS or not. There is nothing out there. It's like being in a third world country. (Male and female participants, Halstead)

Access to the courses was a further issue raised at all three venues. For one Maldon participant the issue revolved around the length of time he had to wait for a place on his course, whereas geographical location was the main concern for participants at Chelmsford and Halstead:

I had to travel from Chelmsford to Maldon to do my course as the Chelmsford session was full, and I had to pay my own travel

expenses. I feel they should have run it on another day in Chelmsford. (Male participant, Chelmsford)

The problem is I live in a village, I didn't drive. It was like dangling a piece of string, I couldn't access it / It is very difficult to find this place, there is no Recovery Hub sign, I only found it the first time as my husband brought me / I also found it hard because it is next to the school. I only found it because I came in and asked. (Male and female participants, Halstead)

The venues attended by these participants were not singled out for comment beyond the difficulties experienced in accessing them. At Maldon, although one participant did find the venue there overcrowded, he explained that the ACL had recently moved into a new building, suggesting that this issue would be unlikely to recur.

The only other issue raised in response to questions about less helpful aspects of the Recovery College courses concerned a comment made by a tutor by experience at Chelmsford. The tutor was reported to have introduced herself as 'known as the local nutter' and all three participants thought this 'self-stigmatising' and inappropriate.

Support from the Recovery College

Although participants were specifically asked about their experiences of support from the college this line of questioning elicited few comments. As was seen earlier, at Chelmsford one of the female participants had commented that she felt able to contact the hub and found the people there helpful, but when asked more directly about support all three Chelmsford participants thought the initial support provided had been helpful but that follow-up support was needed:

They were all very helpful and they made a courtesy call if you didn't attend / During January when we were doing our courses the team were very supportive but since June we have heard nothing / I feel things are running differently at the hub now. Unless you want to go on a course they don't want to know. I think we should be followed up asking if we are ok. (Female and male participants, Chelmsford)

At both Maldon and Halstead, participants indicated that they had insufficient experience of support from the college to comment. For one of the Maldon participants, this was because he had attended only one

day-long course, where he had found people friendly despite the large class size. At Halstead, similar issues were raised to those raised at Chelmsford:

I've not actually had any support. It would have been nice if there had been some follow on, to check how you are getting on / Yes, to get feedback off you, let you know about other courses / We both seem to be quite self-motivated, others may not be. (Female and male participants, Halstead)

However, one of the Halstead participants did later indicate that when students themselves initiated further contact the response was helpful:

They answered the phone quickly and the voice on the other end was friendly. Even today I rang them to check and the phone was answered immediately and they were very friendly, so different to anything else out there. (Female participant, Halstead)

Suggestions for developing the Recovery College

At Chelmsford and Maldon, several of participants' suggestions echoed the earlier discussions about support, with a focus particularly on peer support:

I need a routine, I need more input from the Recovery College to keep things going / There should have been a re-cap session / We could have done with some kind of social, a coffee morning would be good... There could be a mentoring or buddy scheme or peer support to meet students and go with them to their course. (Female and male participants, Chelmsford)

People who have been on courses could help out on other courses, support new students and listen to them. (Male participant, Maldon)

The need for information raised earlier underpinned other suggestions at Chelmsford and Halstead:

They could always send out information via email. A newsletter would be good so we can stay in touch... And some kind of reaching out to potential students who may not be well enough to attend the Recovery College, who would want to attend when they feel better. (Male participant, Chelmsford).

There were only three on my course / it's such a shame others were not aware, they could have come along, it would have helped others / Yes, the advertising was very poor / Calling it Mid Essex is a bit of a problem / Yes get rid of the Mid, make it more inclusive... If it reached more people it would be more effective / The day couldn't be bettered but it's about scope and marketing.

Other suggestions revolved around course organisation and content, including:

- Longer sessions and a dining hall where students could meet for lunch (Maldon)
- Opportunities for students to propose topics and work through them (Maldon)
- Courses covering drug misuse, self-harm and art (Halstead).

Further comments

Despite identifying several areas where they thought improvements could be made, participants at all three localities were very positive about the Recovery College and had clearly valued their courses.

At Chelmsford the three participants used the opportunity to emphasise that the Recovery College provided a good service, adding that they would recommend it to other service users and friends.

At Maldon and Halstead comments emphasised the need for the college to continue:

It would be nice if it carried on and got the funding / It is needed - what will people do without it? (Male participants, Maldon)

They need more funding / Please plead for them to continue with it. (Male and female participants, Halstead)

In addition, one participant at Halstead reiterated the need for mental health services to support and refer to the Recovery College, adding that she was pleased to have been invited to the focus group and to have been asked her opinion.

Discussion

The conclusions that can be drawn from the evaluation are necessarily limited by the fact that only seven people took part in the focus groups, compared with the total of 132 new students who we understand enrolled on courses during the spring term. While recruitment to focus groups is often challenging, due to people having moved on in their lives and having other commitments, delays in both commissioning and carrying out the focus groups may well have contributed. For future evaluations it may help if focus groups could be scheduled at the same time as the courses so that firm dates can be agreed with the researchers and included in course information packs.

For the seven people who did take part, however, the Recovery College had clearly made a significant difference. All seven described ways in which their recovery had been supported, in terms of mental health, wellbeing and social gains. The recovery-focused ethos, including learning from peers and tutors by experience, was singled out as particularly helpful, alongside useful and informative course content.

Some participants did find some of the ways in which material was presented challenging and it may therefore be helpful to limit the use of PowerPoint, and also jargon where possible. Hand-outs were appreciated and in some cases these could perhaps be used in place of PowerPoint presentations, as well as to provide a glossary of terms where jargon is unavoidable. The disquiet expressed at Chelmsford about a comment from a tutor by experience that was perceived to be self-stigmatising also highlights the need for awareness that what may be intended as a humorous introduction can be perceived very differently.

At Halstead especially, but also to some extent at Chelmsford, participants described difficulties in finding information about the college and the courses available. Almost all the participants had found out about their courses as a result of coming across written or online material, rather than through health professionals, and even the Halstead participant whose employment advisor had told him about the college later explained that the advisor had heard about it from another service user. While written materials and word of mouth are clearly valuable sources of information, more widespread dissemination of information via mental health and primary care services would arguably reach a wider range of service users. Where information about future courses is not yet available, 'watch this space' postings online

might be useful as a means of filling the gap, as even information to the effect that no firmer information is yet available can be helpful.

The need for follow-up support expressed by several participants raises the question of whether this reflects an element of dependency which it would be inappropriate for a Recovery College to encourage. That most participants were already taking other courses, or had firm plans to do so, suggests that follow-up support of the sort suggested is probably not widely needed to support ongoing recovery. However, some of the suggestions revolved more around peer support, and this could be considered, perhaps in the form of an alumni association or similar initiative aimed at enabling students to continue to support each other and offer support to new students too.

Developing the Recovery College

Based on the above discussion, it may be helpful to consider the following suggestions if funding is available to further develop the Recovery College:

1. Providing feedback to tutors from this and the previous evaluation about presentation styles that students find helpful and less helpful, including the use of difficult or potentially stigmatising language.
2. Ongoing efforts to inform those working in other services about the Recovery College and the benefits it brings for service users.
3. Ensuring that up to date information about courses and other college resources is available, even if this means explaining that no information is yet available.
4. Developing a means through which students can continue to provide each other and new students with peer support.