



THE UNIVERSITY OF
MELBOURNE



Supporting mental health recovery

A report on the early outcomes of the Mind Recovery College TM

Teresa Hall, Dr Lisa Brophy and Dr Helen Jordan

Centre for Mental Health

Melbourne School of Population and Global Health

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Executive summary

This College gets people to stand up. You come in and you might be crawling on the floor and then you get to sitting up you know it's like you've got to walk before you can run before you can fly and the College can get you to do that (Student)

Mind Australia (Mind) is a leading provider of adult mental health services in Victoria. Mind initiated the Mind Recovery College™ in 2013 as the first of its kind in Australia. The Mind Recovery College™ is designed to advance the recovery orientation of mental health services and provide a new and complimentary education-based mental health service achieved through the co-production of relevant learning content by people with and without a lived experience of mental illness.

The implementation of the Mind Recovery College™ aimed to:

- Support individual recovery
- Establish a recovery college model underpinned by co-production of all activities
- Create an effective education platform to support recovery through contemporary teaching and learning technologies
- Impact on organisational culture within mental health services
- Facilitate community development and reduction of stigma
- Drive mental health service system policy change
- Establish a sustainable and scalable model that is well aligned with the National Disability Insurance Scheme (NDIS) funding environment

Mind commissioned researchers from the Centre for Mental Health, Melbourne School of Population and Global Health at the University of Melbourne to conduct an independent evaluation of the Mind Recovery College™. This early outcomes evaluation was one component of this evaluation and was designed to inform the continuing organisational rollout and improvement of the Mind Recovery College™ program in Australia. This report is the first systematic evaluation of the impact of the Mind Recovery College™.

This early outcomes evaluation aimed to answer the following research questions:

1. To what extent has the Mind Recovery College achieved its intended outcomes?
2. What are the unintended outcomes of the Mind Recovery College?
3. What aspects of the Recovery College model contributed to the observed outcomes for students, families and carers, staff and other stakeholders?

Methods

The evaluation adopted a mixed methods design to collect quantitative and qualitative information. The opinions and experiences of students, families and carers, staff members and other community stakeholders connected with the Mind Recovery College™ were

collected through a series of semi-structured interviews, responses to a survey and through a focus group discussion. The interviews with students included asking students to complete the Mind Australia Satisfaction Survey (MASS) and the Developing Recovery Enhancing Environments Measure (DREEM). The Inclusion Web was also used to prompt discussion about the impact of the Mind Recovery College™.

Summary of key findings

Research question 1: To what extent has the Mind Recovery College achieved its intended outcomes related to students?

The MASS findings indicate that students have a high level of satisfaction with the Mind Recovery College™; satisfaction being highest for ‘staff respect of students’ and the ‘safety and comfort’ of the service. Satisfaction with ‘staff respect for students’ is in line with interview comments that highlighted the neutral power dynamics between staff and students at the Mind Recovery College™, and the approachability and professionalism of staff. The standardised DREEM measure revealed that the Mind Recovery College™ service environment was orientated towards promoting learning and growth. This finding was also reflected in student reports that the Mind Recovery College™ had the greatest impact on education and learning in their lives.

Overall, students reported that the Mind Recovery College™ had had a resoundingly positive impact on many aspects of their lives. The most commonly reported impact for students was in education and learning. For many students, attendance at the service provided them with access to new knowledge and ways of thinking. A common experience of students was that the Mind Recovery College™ provided a pathway to future options: *“at the moment I don’t feel confident enough to [go to a tertiary college] so [the Mind Recovery College™] is a good stepping stone because you’re still learning”* (Student). For many students, the Mind Recovery College™ allowed them to access learning and recovery opportunities that had been unavailable to them in other settings due to their level of disability.

The second most frequently reported impact on students was that the Mind Recovery College™ encouraged them to adopt and maintain a healthy lifestyle. Specifically, attendance at the service had supported one participant to reduce smoking, and several others to be more physically active. The third most common area of impact reported by students was on employment. Several students had taken up the opportunity to participate in the formulation and facilitation of courses either on a paid or voluntary basis. For other students, their conceptualisation of employment had expanded after coming to the Mind Recovery College™ to include knowledge of career options in peer support.

All respondents to the MASS reported their intention to use the Mind Recovery College™ again.

Research question 2: What are the unintended outcomes of the Mind Recovery College?

Some students reported challenging aspects of attending the Mind Recovery College™ that were not intended in the implementation. The most commonly reported challenge was having to handle the distress of other students during a course. A small number of students reported that attending the Mind Recovery College™ had sometimes been a trigger for their past pain. However, all the students who reported these adverse experiences continued to attend the College. Some students also reported dissatisfaction with the concept of recovery as promoted by the Mind Recovery College, believing instead that recovery was not possible but ‘discovery’ was. A final unintended outcome experienced by some students was around managing the time conflict between taking courses and involvement in other activities.

Research question 3: What aspects of the Recovery College model contributed to the observed outcomes for students, families and carers, staff and other stakeholders?

The Mind Recovery College™ was conceptualised in three main ways: (1) as an education service, (2) as a different service model, and (3) as a complementary mental health service. The majority of participants identified and appreciated the education elements of the Mind Recovery College™.

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

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

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

Staff reported a positive experience of working at the Mind Recovery College™. For some staff, the chance to witness personal growth in the students was rewarding. For other staff, it was the experience of working in the service environment that encouraged them to think

that a 'different way' of delivering mental health services was possible. The majority of students valued the skills and passion of the Mind Recovery College™ staff, particularly the course facilitators.

Discussion

There is strong evidence that the Mind Recovery College™ has carved a new space for recovery-orientated mental health service provision. The results of this early outcomes evaluation, collected through semi-structured interviews, survey responses and a focus group, suggest that the Mind Recovery College™ is operating primarily as an educational service founded upon the principles of co-production and consumer empowerment. Students, staff, families, carers, and community stakeholders in contact with the College were overwhelmingly positive about the potential for the Mind Recovery College™ to serve as a recovery-orientated educational service, with direct educational benefits of knowledge and skill acquisition and therapeutic impacts of increased confidence, feelings of connection and community and social integration. The positive potential for different approaches to mental health service delivery were evident for staff members and Mind professionals in contact with the College.

The ability for the Mind Recovery College™ to cater to the needs, learning preferences, abilities and support needs of a wide-range of people was also evident. The role of the College in a broad range of people's lives, including those with complex needs, is of particular importance in the context of the roll out of the National Disability Insurance Scheme (NDIS). Importantly, the impacts discussed by students demonstrate an improvement across settings including the achievement of educational qualifications, employment, self-care, and social engagement within the community.

Recommendations for ongoing service improvement

While the findings of this evaluation were overwhelmingly positive in relation to the experience of participants, a number of challenges were also identified, as well as gaps in current implementation activities. The following recommendations are provided to assist the Mind Recovery College™ to address these challenges and gaps.

Environment

- Mind Recovery College™ to consider the development of appropriate mechanisms to support students to connect socially if they choose including, for example, via a student social group and Facebook page.

Content

- Mind Recovery College™ to consider the development of different course levels to allow students to opt-in to more advanced levels if they would like to be further challenged.

Student journey through College

- Mind Recovery College™ to further develop systems to monitor student's individual learning plans to guide and track the recovery journey of all students. This should include discussing risk and safety issues in learning plans when anything in a course is distressing.

Evaluation

- Mind Recovery College™ to continue current methods of course evaluation (i.e. feedback forms), and explore alternative ways of engaging participants in course evaluation, including access to evaluation feedback.

Delivery

Mind Recovery College™ to:

- Include different lengths of courses (short form and long form).
- Consider offering courses outside of traditional working hours to accommodate full-time workers and carers.
- Consider establishing clearer boundaries for student attendance. This may relate to different levels of expectation depending on the level of the course.
- Consider non-graded assessment tasks for some courses.
- Include different suites of courses i.e. courses that fit together to build specific skills or knowledge areas.
- Continue, maintain and promote clear educational pathway options for the future for students.

Introduction

Background

The Mind Recovery College™

Mind Australia is a leading provider of adult mental health services in Victoria (1, 2). Mind initiated the Mind Recovery College™ (Mind Recovery College™) in 2013 as the first of its kind in Australia. This innovative model provides an alternative approach to mental health service delivery based on co-production and education-based approaches. The Mind Recovery College™ is modelled on earlier international initiatives from the United Kingdom, Canada and the USA (3-7). It is designed to provide an educational platform that complements existing mental health support services by offering self-directed recovery and learning opportunities for persons experiencing mental ill-health. The Mind Recovery College™ is also designed to advance the recovery orientation of mental health services by the co-production of relevant learning content by people with and without a lived experience of mental illness.

The three theoretical perspectives informing and underpinning the Mind Recovery College™ are: health inequalities and a rights-based approach to health development; co-production by persons with lived experience of mental health problems; and adult learning approaches to support recovery.

The implementation of the Mind Recovery College™ aimed to:

- Support individual recovery (e.g., in terms of learning outcomes, personal development, skills acquisition, self-efficacy, self-perception, and wellbeing)
- Establish a recovery college model underpinned by co-production of all activities
- Create an effective education platform to support recovery through contemporary teaching and learning technologies
- Impact on organisational culture within mental health services (in terms of recovery-oriented practice and staff roles)
- Facilitate community development and reduction of stigma
- Drive mental health service system policy change (by validating learning and personal development as a legitimate recovery strategy)
- Establish a sustainable and scalable model that is well aligned with the NDIS funding environment

The Mind Recovery College™ has been subject to considerable recent growth and now operates out of the central Cheltenham campus and satellite campuses in Victoria are Thargomimba (Wangaratta, Benalla and Wodonga), Traralgon, Bendigo, Nunawading and South Morang and the college now has a campus at Mile End in South Australia. During the period of data collection for this evaluation (March to April 2016) the Mind Recovery College™ was staffed by 10 dedicated staff that include a College Director, Operations Manager, several Learning and Development Consultants and a pool of sessional facilitators.

The sessional facilitators comprise a diverse group of people: some with specific subject expertise, some with a lived experience of mental ill-health, and some concurrently undertaking courses offered by the Mind Recovery College™. In 2014, the College ran 50 courses that were attended by 345 students (126 of whom were unique students). In 2015, this increased to 516 students, and 636 students attended courses in the first and second terms of 2016. The initial impact of the Mind Recovery College™ is reflected in the service being a recipient of a “National Disability Award For Excellence in Choice and Control in Service Delivery” in 2015.

During the three years of the Mind Recovery College™ establishment, the College was primarily funded through two main philanthropic sponsors (Ian Potter Foundation and Lord Mayor’s Charitable Foundation) and contributions from Mind Australia. The expectation was that by 2016 when the National Disability Insurance Scheme (NDIS) was scheduled to be fully rolled out, the majority of students would have NDIS funding for relevant education within their packages and so be able to afford course fees which would form the main source of funds to operate the College. Courses are currently delivered free of charge to existing or previous Mind clients (the majority of the student population) and their families and carers. Non-Mind affiliates, including mental health professionals and community members, can also attend the Mind Recovery College™ courses for a \$28 per session. The delay in the roll out of the NDIS has meant that no access to this funding source has been available to date.

Mind Australia commissioned researchers from the Centre for Mental Health, Melbourne School of Population and Global Health at the University of Melbourne¹ to conduct an independent evaluation of the Mind Recovery College™. The evaluation involves four stages: (1) Evaluation plan and program logic in 2010 (8), (2) the early outcomes evaluation discussed in this report; (3) a process and implementation evaluation reported elsewhere; and (4) an outcomes evaluation that is yet to be conducted. This early outcomes evaluation was performed to inform the continuing organisational rollout and improvement of the Mind Recovery College™ program in Australia. This report is the first systematic evaluation of the Mind Recovery College™.

Aim and scope of evaluation

The early outcomes evaluation aimed to determine the experiences and short-term impacts for students, family and carers and staff member resulting from their connection to the

¹Lisa Brophy is the Director of Research for Mind Australia. Her position at the University is fully funded by Mind but she is employed full time at the University of Melbourne. Her position is designed to enable her to “in-reach” into Mind, encouraging and undertaking research and evaluation activities. Lisa does not have any role in the day to day operations of Mind other than supporting Mind’s role in research and evaluation activities that are in partnership with Universities and external researchers. Dr Brophy was not directly involved in qualitative data collection.

Mind Recovery College™. This evaluation is part of a broader evaluation study that aimed to systematically examine the processes involved in the implementation of the Mind Recovery College™ model and to identify enabling factors and challenges. The evaluation aimed to incorporate the experiences of multiple stakeholders to allow for a greater understanding of the experience of people engaged with the College and any early impacts resulting from this connection. Specifically, the evaluation sought to examine: (A) the effectiveness and any potential harms of the Mind Recovery College™; and (B) the ‘active ingredients’ of the Mind Recovery College™ Model in the short term.

The evaluation was intended to provide useful information to: (1) Mind Australia, Mind Recovery College™ staff, students, families and carers, and (2) other services that may want to incorporate the Mind Recovery College™ into their suite of services for people living with mental ill-health. It will also form the foundation of a follow-up outcome evaluation that will commence in the latter half of 2016.

The evaluation was informed by the Mind Recovery College™ Evaluation Framework (8, 9) previously formulated by the research team at the University of Melbourne (see Appendix 1). This Framework included a program logic which delineated the processes involved in the implementation of the Mind Recovery College™ including inputs, processes, and outcomes and depicts the overall assumptions underpinning the program. The program logic was developed through extensive consultation with lived-experience representatives and professionals within the College including mental health practitioners and education specialists. This program logic was used to formulate the evaluation research questions and corresponding methodologies.

The early outcomes evaluation aimed to answer the following research questions:

1. To what extent has the Mind Recovery College achieved its intended outcomes?
2. What are the unintended outcomes of the Mind Recovery College?
3. What aspects of the Recovery College model contributed to the observed outcomes for students, families and carers, staff and other stakeholders?

Methodology

Evaluation design

The evaluation adopted a mixed-methods design and collected both qualitative and quantitative information pertaining to the evaluation research questions. Data collection for occurred in two stages over a two-month period from March to April 2016 at two Mind Recovery College™ campuses (Cheltenham and Wangaratta). Figure 1 displays the timeline and accompanying evaluation activities for the evaluation.

Co-design approach to evaluation

The evaluation was co-designed such that persons with a lived experience of mental ill-health and families and carers worked collaboratively with the research team to ensure that

Stage 1:

Experience of students, families and carers, staff and community stakeholders

Individual interviews

Stage 2:

Validation of key themes

Focus group

Survey

March

April

2016



the research design, methods and materials were appropriate. The co-design approach was important in designing the evaluation to identify processes relevant to multiple stakeholders. It also empowered the historically marginalized voices of persons with lived-experience of mental ill health and their families, and fostered collaboration between different stakeholders to better translate into practice (10, 11).

Figure 1. Evaluation timeline and stages 1

This was achieved through consultation with the Evaluation Advisory Group throughout the evaluation process and with a group of students, family members and carers before submitting an ethics approval for the evaluation. The Evaluation Advisory Group consisted of a lived-experience representative, research representatives, Mind Recovery College™ staff representatives and Mind Australia representatives. The initial consultation group with students and family members and carers was co-facilitated by a lived experience researcher and a University of Melbourne researcher (Hall), and involved the presentation of research materials intended to be used in the evaluation. The group provided feedback on the materials which were then modified before being submitted to the Human Ethics Review process at the University of Melbourne. Ethics approval was granted for the evaluation: HERC 1545741.1.

Stage 1: Experience of students, families, carers, staff and community stakeholders

Semi-structured individual interviews and a survey collected information on the experience at the Mind Recovery College™ of all previous and current students, families and carers, staff members and other key stakeholders. Previous research has highlighted the need to support persons with lived experience of mental-ill health and their families to participate in service evaluation (10, 12, 13). As such, students, families and carers were able to participate in the evaluation in one of three ways depending on their preferences and needs: (1) individual interview, (2) survey, or (3) focus group. Staff members and other stakeholders were able to participate in either (1) an individual interview or (2) the survey.

Semi-structured individual interviews

Individual interviews were conducted face-to-face at a convenient location for each participant ($n = 26$ at a Mind Recovery College™ campus and $n = 6$ at the participants' café of choice). Potential participants were given a written study information sheet, verbally explained the purpose of the evaluation and provided consent² before the initiation of the interview. An interview guide for the semi-structured interviews included questions pertaining to the evaluation questions and the standardised measures listed below. Seven versions of the interview guide were developed for each type of participant (student, family or carer, Mind Recovery College™ staff, Mind Recovery College™ designer, Mind staff, other stakeholder and health professional student). A question asked to all participant types was *"In what way can the a) space, b) delivery, c) content of the Mind Recovery College be improved?"* An example of a question asked only to students was *"Which course(s) did you value the most/least and why?"* An example of a question asked only of staff members was *"Can you please summarise your understanding of the Mind Recovery College™ model?"*. The questions used in the survey were the same as the interview guide for each participant type with open-text response boxes. At the end of the interview, students completed standardised measures of satisfaction, the recovery orientation of the Mind Recovery College™ and recovery outcomes or impacts at the end of the interview (see the section titled 'Measures' below for more information). Individual interviews were audiotaped with permission and transcribed by an independent transcriber. A purposive sampling technique was employed to achieve a balance between genders and ages and across the service sites.

Survey

The survey was made available online via the Survey Monkey® website or in paper form upon request of the participant. There were seven versions of the survey with questions corresponding to participant type (student, family or carer, Mind Recovery College™ staff, Mind Recovery College™ designer³, Mind staff, other stakeholder, and health professional student). The survey asked the same questions as the individual interviews, dependent on participant type as described in 'Semi-structured interviews' above. The student version of the survey included the standardised measures used to assess satisfaction, the recovery orientation of the Mind Recovery College™ and impacts of the Mind Recovery College™ (see the section titled 'Measures' below for more information). The study information and a statement of consent were presented on the first page of the online survey and consent was assumed if the participant proceeded with the survey. Paper copies of the survey were accompanied by the study information sheet and consent form, and reply paid envelopes.

² Students of the Recovery College are not considered to be patients. They are persons with lived experience of mental illness, who are participating in an adult education program for supported recovery. Their participation in the study was voluntary. It was assumed that their participation in the College would be unlikely if they were persistently so disabled by their mental illness that they were unable to give informed consent.

³ Mind Recovery College™ designers were staff involved in the design of the Mind Recovery College™ model

Stage 2: Focus group

The focus group was conducted to cross check the key themes that emerged from the interview and survey responses. Participants included students of the Mind Recovery College™ and a family member. Potential participants were given a written study information sheet, verbally explained the purpose of the evaluation and provided consent before the initiation of the focus group. Participants were presented with a typed summary of the key themes and preliminary findings from the interviews and survey including the most salient experiences, challenges and suggestions provided by participants. The group were asked to comment on the extent that these themes reflected their own experiences in the Mind Recovery College™. The focus group was co-facilitated by a consumer researcher. Upon completion of the focus group students completed the standardised measures.

Measures

The following standardised measures of satisfaction, recovery orientation and impacts of the Mind Recovery College™ were completed by students at the end of the individual interviews and focus group, and during the survey (with multiple-choice box options).

1. Mind Australia Satisfaction Survey (MASS)

The MASS (14) is a 13-item self-report questionnaire used by Mind Australia services to assess client satisfaction. 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*. One such item is *“I feel that staff in the service have respected me and treated me with dignity”*. The remaining three items are open response questions such as *“What has been the most helpful thing about Mind?”* The MASS is based on the Rethink Satisfaction Survey (14). Mind is currently in the process of validating the MASS. 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.

2. Developing Recovery Enhancing Environments Measure (DREEM)

The DREEM (15) is a validated self-report instrument widely used to evaluate the coherence of a health service with recovery-orientated principles (16). 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 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”*.

3. Inclusion Web

The Inclusion Web (17) is a validated tool used to assess any recovery-orientated impacts on various aspects of a student's life arising from their connection with the Mind Recovery College™. The Inclusion Web includes eight domains of social inclusion: education and learning; volunteering; spirituality; family, friends and carers; mental health services (clinical

or community); and healthy lifestyle. After consultation with a group of students, families and carers (see co-design approach to evaluation), an image-based format was adopted for the Inclusion Web. Pictorial prompts were provided next to the typed heading for each domain to assist participants to respond (see Appendix 2). During the individual interviews and focus group, students were presented with a paper copy of the image-based Inclusion Web and asked “*As a result of your participation in the Recovery College, has your connection with any of the following areas changed and in what way?*” Survey participants responded to the domains relevant to them in an open text response box.

Recruitment

The Cheltenham and Wangaratta Mind Recovery College™ campuses were the primary locations for data collection. Cheltenham is the main Mind Recovery College™ campus and Wangaratta (Thargomimba) was the first pilot site for the implementation of the Mind Recovery College™ in 2013. During the evaluation, the Mind Recovery College™’s expansion throughout Victoria meant that two staff members from the Nunawading campus also completed the online survey. Ethics approval was obtained to include these responses because it was deemed unethical to omit them.

The evaluation was promoted through hardcopy information flyers displayed on the notice boards at both Mind Recovery College™ campuses and electronically through both the Mind Recovery College™ email list and websites, and the Mind Australia newsletter and social media accounts (Facebook group, twitter). The flyer emphasized that the evaluation was assessing the Mind Recovery College™ service and not the participants. The flyer offered participation options as described in *Methodology: Stage 1* above. Participants of the individual interviews and focus group received a \$25 shopping voucher to thank them their participation. The flyer asked all interested persons to contact the researcher (Hall) to be screened for eligibility and to make an appointment for either an individual interview or focus group (See Appendix 3 for the Flyer). The link to the online survey was displayed on the paper-copy and electronic versions of the flyer.

Sample

Figure 3 displays the evaluation sample delineated by methodology and participant type. Fifty four unique individuals participated in the evaluation. The sample was 81.5% female ($n = 44$; male: $n = 9$, 16.7%; gender-free: $n = 1$, 1.9%), with a mean age of 43.4 years ($SD = 13.1$ years; range = 19 to 71 years). The majority of participants had a connection to the Cheltenham campus (75.9% of total sample, $n = 41$). Participation in the evaluation by students and staff was in line with expected responses such that 31 students participated in an interview, the survey or the focus group and 13 staff participated in an interview or the survey. There was a lower response rate to the survey ($n = 17$) than expected ($n = 50$). The research team also experienced difficulties in recruiting for the focus group. The first scheduled focus group was rescheduled because only one participant attended. A second focus group was conducted two weeks later ($n = 5$) after more targeted advertising to

students. Community stakeholders were individuals who self-identified as having a connection to the Mind Recovery College™, but not as a student, family or carer or staff member. One participant was an Indigenous elder involved in the design of the Mind Recovery College™.

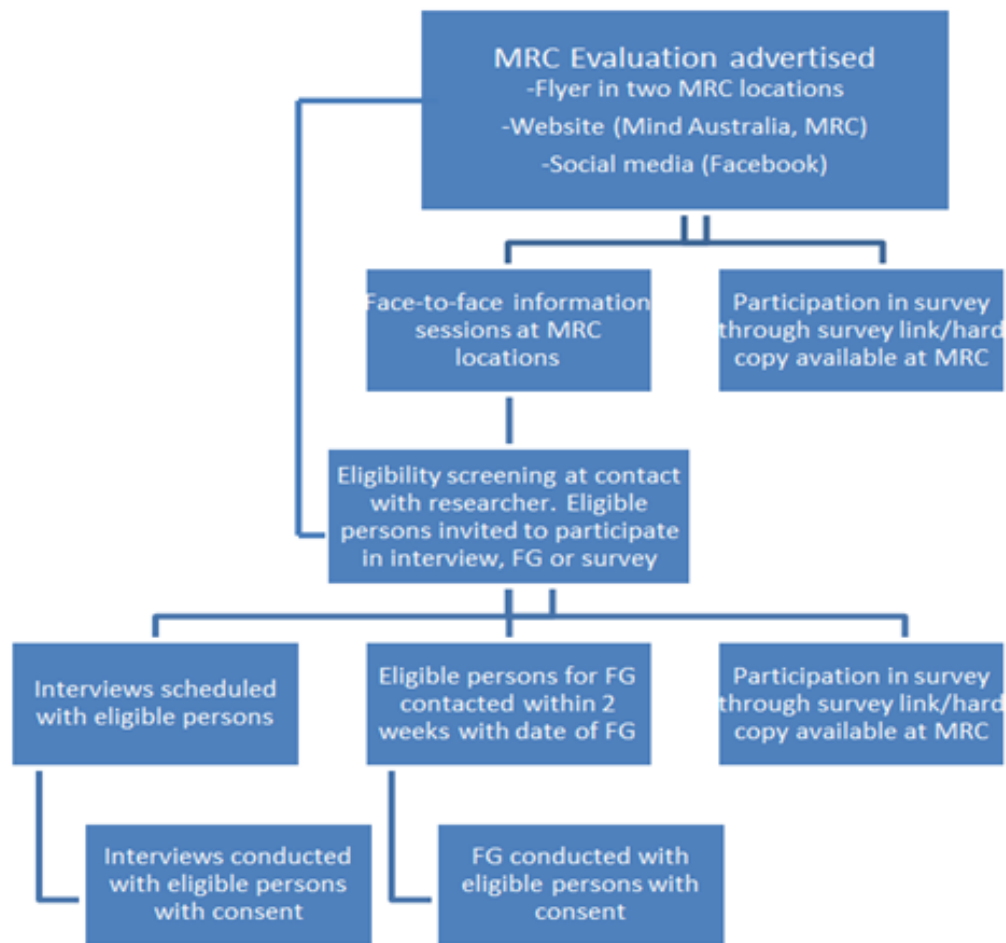


Figure 2. Flow diagram of recruitment

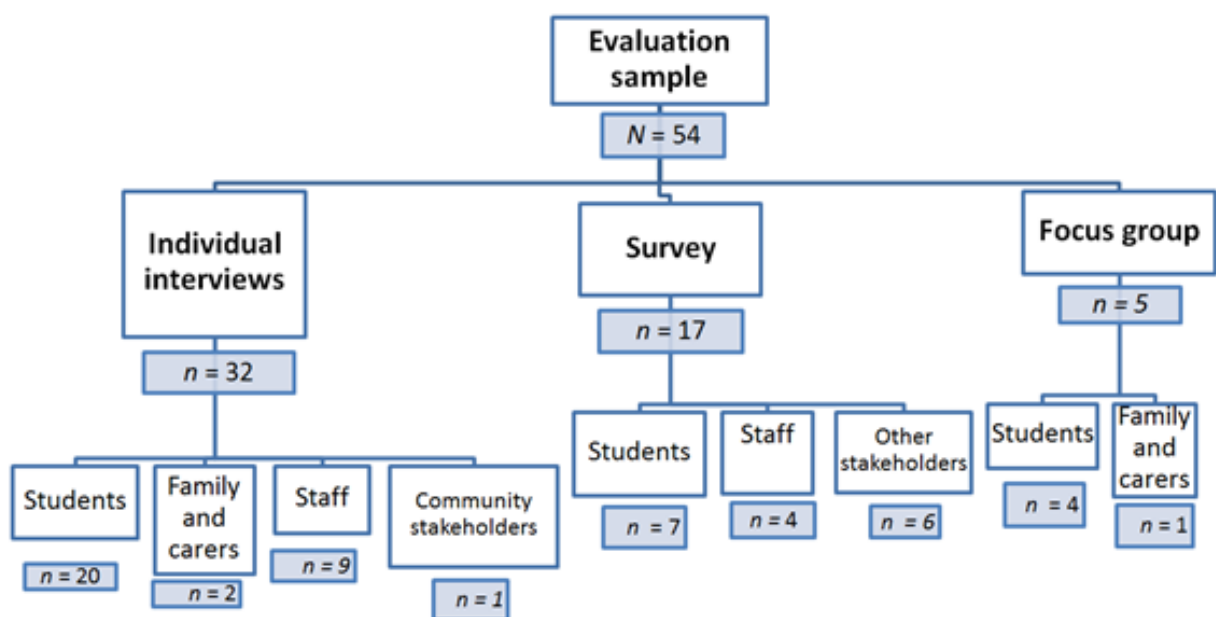


Figure 3. Evaluation sample delineated by methodology and participant type

Analysis

All responses to the interviews, survey and focus groups were de-identified. Quantitative analysis (frequency and averages for the satisfaction and recovery orientation measures) was conducted using SPSS 23.0(18). Transcribed interviews were analysed using NVivo 11.0 (19). A framework approach was adopted for the qualitative analysis (20). First, the researcher became familiarised with the data by reading the transcripts. The thematic framework then identified a combination of *a priori* themes derived from the interview guide and newly emergent themes. One such *a priori* theme was “space” which was derived from the question “*What aspects of the Recovery College (space, people, or delivery) might have contributed to these outcomes?*”. An example of an emergent theme was “journey” which was not present in the interview or survey questions but was used by multiple participants to describe their experience of the Mind Recovery College™.

Fifteen main themes were used in the initial framework. One researcher then used the thematic framework to code each interview (Hall). A second researcher (Brophy) then independently coded 20% of the interviews ($n = 6$) to strengthen the validity of the thematic framework and refine categories. The researchers differed on three categories (“space”, “principles” and “process”) which were discussed and a new theme “enabling environment” was agreed on.

The refined thematic framework was then applied to all interviews, including the recoded initial interviews ($n = 6$). Data saturation (no new themes emerged) for student interviews and surveys was identified after 12 interviews but all interviews were analysed and themes cross checked. Thirteen main themes and 52 subthemes were identified in the data (see Table 5 in Appendix for complete list).

Results

Stage 2 - Experience of the Mind Recovery College™

The opinions and experiences of students, families and carers, staff members and other community stakeholders connected with the Mind Recovery College™ were collected through a series of semi-structured interviews, an online/paper based survey and a focus group discussion. The semi-structured interviews/survey included standardised measures to assess satisfaction, the recovery orientation of the Mind Recovery College™ environment and early outcomes. Identifying characteristics (Mind Recovery College™ campus and participant number) were removed from the data to protect participant identity given the small sample size. Table 1 displays the demographic characteristics of participants. The majority of participants were female and on average aged between 37 and 48 years (students age range: 26 – 74 years).

Table 1. Demographic information for students, families and carers, staff and other stakeholders

Participant type	Methodology	<i>n</i>	Mean age in years (range)	<i>n</i> female (% of total)
Student	Interview	20	45.0 (29 - 71)	15 (75.0)
	Survey	6	46.3 (35 – 74)	6 (85.7)
	Focus group	4	41.3 (26 – 54)	3 (75.0)
	TOTAL	30	44.8 (26 – 74)	24 (77.4)
Family and carer	Interview	2	35.5 (19 – 52)	2 (100)
	Survey	0	-	-
	Focus group	1	*	1 (100)
	TOTAL	3	44.7 (19 – 52)	3 (100)
Staff	Interview	7	41.1 (31 – 58)	7 (77.8)
	Survey	4	29.25 (25 – 38)	4 (100)
	TOTAL	13	37.5 (25 – 58)	11 (84.6)
Other stakeholder	Interview	1	*	1 (100)
	Survey	6	46 (25 – 71)	5 (83.3)
	TOTAL	7	47.9 (25 – 71)	6 (85.7)

*values have been omitted to protect participant identity when $n = 1$

Research question 1: To what extent has the Mind Recovery College achieved its intended outcomes related to students?

Student responses to the MASS and DREEM

Students reported a high level of satisfaction with the Mind Recovery College™, with the highest satisfaction being for ‘staff respect of students’ ($mean = 4.70/5$) and ‘the safety and comfort of the Mind Recovery College™’ ($mean = 4.71/5$). This is supported by the high scores given ($mean = 4.71/5$) when asked of their intention to use the Mind Recovery College™ again (see Figure 4). Although lower than the other domains, the ratings for cultural and spiritual needs ($mean = 4.38/5$) are in line with that found in the PARCS exit survey ($mean = 4.35/5$) (14).

Students also rated the recovery orientation of the Mind Recovery College™ environment positively, such that the average ratings for all items ranged from $mean = 3.83$ to 4.88 of a maximum of 5 (see Figure 5). The strengths of the Mind Recovery College™ were in its promotion of learning and growth ($mean = 4.88/5$), for being inspiring and encouraging ($mean = 4.79/5$), and the caring and compassionate staff ($mean = 4.79/5$). Students rated the availability of resources ($mean = 3.83/5$) and the Mind Recovery College™ response to student feedback ($mean = 3.96/5$) lowest.

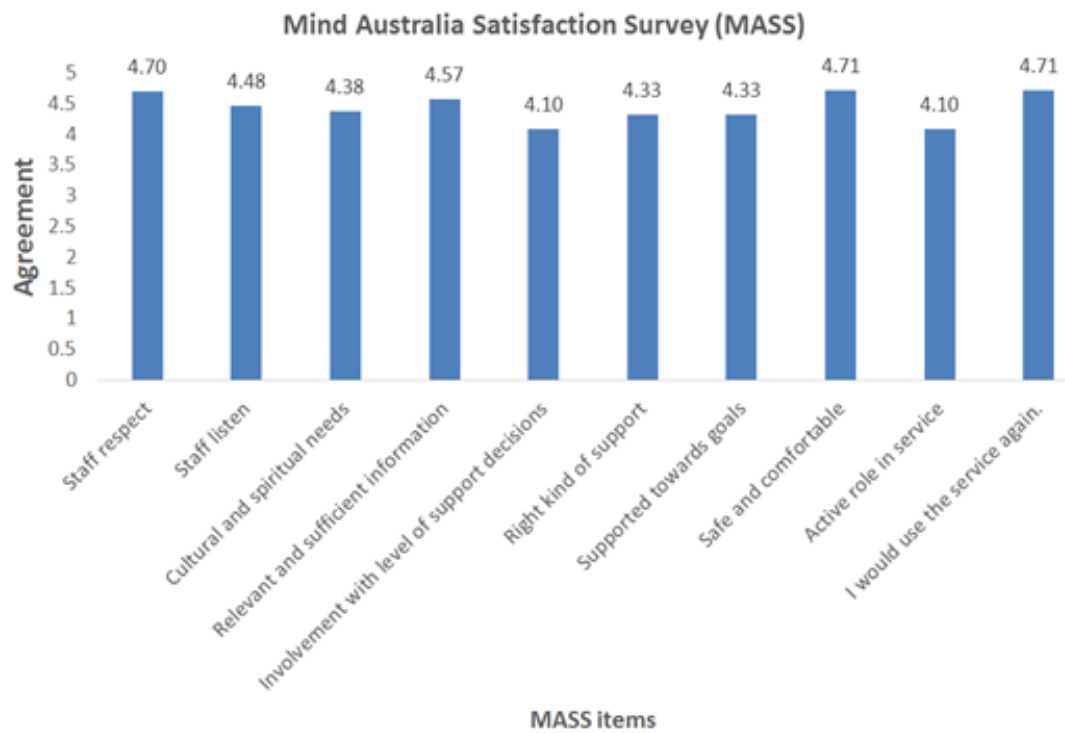


Figure 4. Self-reported student satisfaction with the Mind Recovery College™

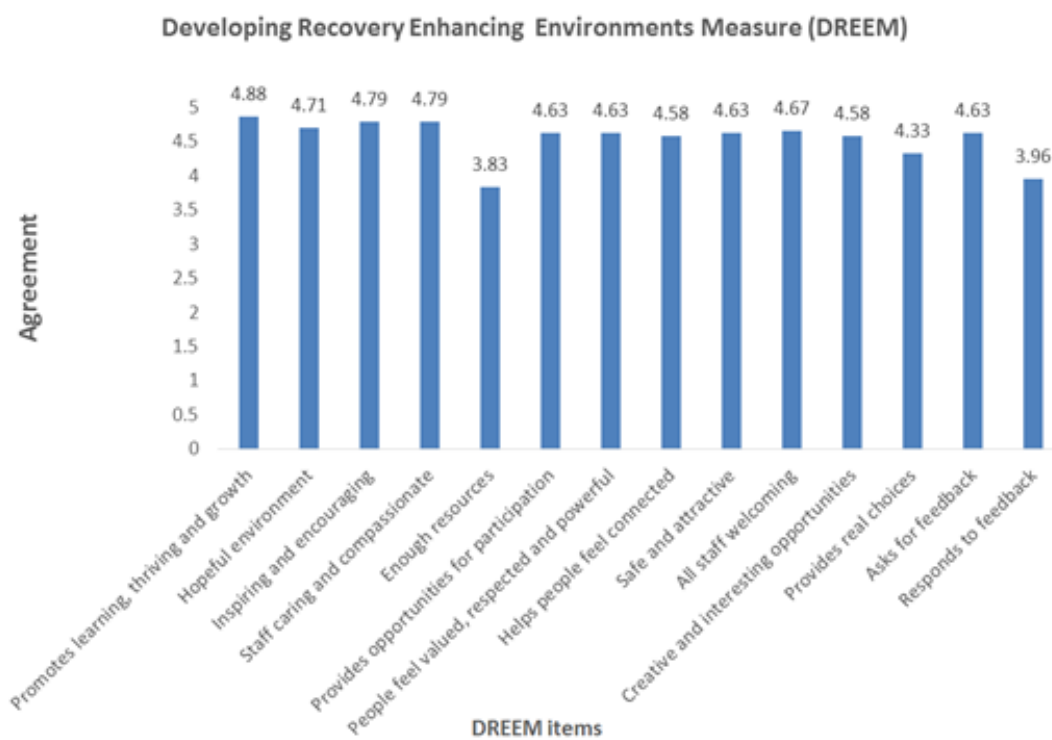


Figure 5. Self-reported ratings of the recovery orientation of the Mind Recovery College™ environment

Student impacts

The impact of the College on students was explored using the Inclusion web. Overall, students reported that the Mind Recovery College™ had had a resoundingly positive impact on various aspects of their lives. The most frequently reported impact of the Mind Recovery College™ on students was the opportunity for education and learning ($n = 22$).

Many students spoke about the new types of knowledge that they had gained related to mental ill-health such as diagnosis and management strategies ($n = 14$): *“By coming to a number of programmes I’ve had clarity and understanding where I can take particular steps forward in my life... [Previously] I, lacked understanding, and it was kind of like I had these blinkers”* (Student). Another common experience of students was that the Mind Recovery College™ provided a pathway to future options: *“at the moment I don’t feel confident enough to [go to a tertiary college] so [the Mind Recovery College™] is a good stepping stone because you’re still learning”* (Student). Other students were encouraged by witnessing their own capacity to learn: *“I’m not very good on my own to sort of study and to think but I noticed that I too can contribute things and understand and I’m thinking wow I can study and learn so that’s helped me”* (Student).



The second most frequently reported impact of the Mind Recovery College™ on students was to encourage them to adopt and maintain a healthy lifestyle ($n = 19$). One student stated that the supportive environment of the Mind Recovery College™ and other students had *“made me smoke less and be more confident and less anxious”* (Student), while another student said that the Mind Recovery College™ had *“got me exercising more, and going to the gym all the time and walking, playing tennis, playing golf, and it’s got me cooking again, and I haven’t cooked for about 1½ years...And now I’m cooking every night and I’m not ordering meals in”* (Student).

Many students discussed the impact of the Mind Recovery College™ on their employment ($n = 14$). For some students, the opportunity to facilitate courses and participate in peer work was supported by their attendance at the Mind Recovery College™ ($n = 5$): *“I probably would have still ummed and ahed [about pursuing a Diploma of Mental Health] if I hadn’t come here because I wouldn’t have thought there was a pathway, I wouldn’t have seen in action how peers are working”* (Student). Volunteering opportunities to participate in co-production at the Mind Recovery College™ were also reported by some students ($n = 10$). For other students, the Mind Recovery College™ provided them with greater knowledge of

their career options such as peer work, and a broader conceptualization of employment. As one student put it: *“[the]recovery college make me understand alternative way of employment, like suits more to people who has got difficulties with the mentality”* (Student).

One carer spoke about the benefit of having careers goals for their family member that the Mind Recovery College™ had supported them to develop:

“Just by kind of offering a support I suppose, like having somebody to go and talk to and just refocus her back on to her idea – her goal of going to university and getting back into the workforce and just being someone to push and drive behind – so it’s when she feels like she’s falling to pieces that you can go “come on you are doing really well, you’ve got this in place, you’ve got this in place” and just realigning her to her goals and her focuses which is good”. (Carer)

For many students the Mind Recovery College™ provided them with a space for meaningful social interaction ($n = 15$), arriving at the College before class and staying afterwards to have a chat. For some students, this social interaction had not been available to them in other settings:

“Well before like I said I hadn’t been really interacting much with people, so this has given me an outlet to meet and to interact with people...and [get] out from the isolation that I had sort of put myself in, it gives me something to look forward to and I think a lot of people would say that” (Student).

Related to social interaction, attending the Mind Recovery College™ gave some students structure to their lives ($n = 14$), without which *“I haven’t got a purpose to get out of bed”* (Student).

Many students reported experiencing improved confidence since attending the College ($n = 13$). One student discussed how this new found confidence developed despite continuing challenges with their mental health:

“Being part of the recovery college has been a good confidence builder for me, in a lot of ways, even though I haven’t been well, it’s helped me to I feel that I’m able to express myself to people that I don’t know a lot better now” (Student).

Another student described how participation in the College had *“strengthened who I am”* (Student), while another discussed how their confidence had generalised to other settings such that *“when I’m walking down the street I’ll actually look at people”* (Student). For some students, their increased confidence at the College had had a positive impact on their relationship with their family ($n = 7$):

“I feel that I’m able to express myself to people that I don’t know a lot better now – even like young people...I can talk to [my son and his friends] ... easier, because I’ve

had the experience of having to talk in front of lots of people [at the Mind Recovery College™]" (Student).

In contrast, for other students their family remained a 'trigger' to their mental ill-health ($n=4$).

Many students ($n = 14$) reported an improved connection to mental health service since their connection to the Mind Recovery College™, by way of navigating the mental health system and a broader understanding of ways of interacting with mental health professionals:

"[the Mind Recovery College™ has] given me a whole new interesting view on...the whole way the mental health field treats people with mental illnesses... this Recovery College shows that that's not necessarily how it has to be...so that's had an impact on just my whole thinking of the mental health services" (Student).

A third of students ($n = 13$) described impacts on their engagement with arts and culture, for example creative writing, reading and photography. For some students, the Mind Recovery College™ gave them *"a taste of other avenues and things to dabble in"* (Student), while other students found themselves returning to past recreations since coming to the College: *"I play the piano now all the time, so that's been a happy thing, so having music in my life has been wonderful"* (Student). Spirituality was another realm in which students reported impacts from attending the Mind Recovery College™ ($n = 12$). For some students, the Mind Recovery College™ was consistent with their existing understandings of spirituality: *"I have my own spiritual path so – I guess it fits with what I'm kind of you know working with. It kind of supports it in a way"* (Student). For other students, the Mind Recovery College™ provided them with a new way of integrating their mental health problem with spirituality by *"putting it in the terms of mental illness is a bit like a spiritual illness as well you know like it involves your mind, body and your spirit so I found that very useful"* (Student).

Carers and family member impacts

The carer and family member participants interviewed reported a positive impact of the Mind Recovery College™ resulting from the attendance of their family member or themselves. One carer described how the positive influence of the Mind Recovery College™ on her family member had eased tensions in their home and allowed other family members to blossom:

"it's definitely brought a very positive impact upon my family...I think because of [my parent's] being better and kind of pushing [my younger sibling, they have] really kind of grown out of [their] shell and [they seem] seem to be doing really well" (Carer).

Impacts on employment were reported by both carers interviewed ($n = 2$): *“it’s given me a new career direction certainly through coming here and everything and getting to see the people and the workers and thinking wow maybe I could do something like that”* (Carer).

Staff impacts

Staff reported a positive experience of working at the Mind Recovery College™. For some staff ($n = 5$), the chance to witness personal growth in the students was rewarding:

“it’s seeing that [the Mind Recovery College™] actually works... I’ve seen change much faster... and just had more positive feedback within a recovery college setting than I have had any other setting. So for me it’s just getting that positive reinforcement that this idea does actually work for people... and it’s really positive for people in their recovery” (Staff).

Staff also reported professional satisfaction from having the opportunity for their own personal growth alongside the growth of the Mind Recovery College™:

“I think it’s a great part of the organisation that has a lot of scope to grow and improve, and I’m looking forward to seeing how that sort of pans out, and how it comes to fruition within an NDIS world basically” (Staff).

Another staff member was encouraged by the ability to learn from colleagues:

“you have an opportunity to every day be learning and...talking to your colleagues about different philosophy and building courses around that, and continually evolving your ideas. So... you’re constantly reinventing yourself as well” (Staff).

Staff with lived experience of mental ill-health described satisfaction from using their own experiences to help other people ($n = 3$): *“Personally it’s an opportunity for me to bring my lived experience and sharing it with others in a way that can help them to have a sense of hope, and transform their own lives”* (Staff). Another staff member found working at the Mind Recovery College™ validating for their journey of recovery:

“You know I’m feeling good and I have no shame... so I’m able to share [my experience] and there’s no hurt there... So I think it’s confirming in that sense... of the work I’ve done towards well-being” (Staff).

Research question 2: What are the unintended outcomes of the Mind Recovery College?

Unintended outcomes: Students

Some students reported challenging aspects of attending the Mind Recovery College™ that were not intended in the implementation ($n = 10$). The most commonly reported challenge was presented by having to handle the distress of other students during a course ($n = 8$). Several staff members ($n = 5$) reported incidents of student distress that impacted on other students:

“One time...someone was very distressed when they arrived, and they managed to sort of derail I guess the whole class. And it was really hard to contain that and keep the rest of the class focused, and that had a flow on effect to a number of students who didn't return, because it triggered off some anxieties and things for them” (Staff).

One student described how the discussion of challenging emotions reflected the supportive environment of the College:

“Some of the things people talk, sometimes people get very personal. There was a few tears [in one session], with people that have trouble with their family, and there's all those things are challenging. But ...it just proves that people do feel that it's a safe and private space where they can talk about their stuff without fear..., and I think that says a lot about the recovery college” (Student).

Some students reported that attending the Mind Recovery College™ had been a trigger for their past pain ($n = 4$). For example, in the context of discussing the concept of recovery, one student described how *“the Mind Recovery College is constantly reminding me about the discharge from a psychiatrist and that's why I don't feel comfortable”* (Student). For another student, the discussion of other people's experience in the mental health system that differed from their own *“made me feel angry”* (Student), and subsequently they stopped attending the course. The students who reported these adverse experiences continued to attend the College.

A differing view of 'recovery' was also evident in several interviews with students ($n = 3$), who disliked the name 'Recovery College'. One student explained their dislike in the terms of experience of symptoms of mental ill-health:

“Recovery to me is getting rid of the problem but then they say no it's managing and I say but that's not recovery why do you keep using the word recovery. I said to me recovery is the problem will eventually go away. So I can't get my head around it's really managing it. There's just something about that word I don't like” (Student).

One staff member discussed how the idea of recovery might distress some students:

“the problem with this word 'recovery' is that it makes it sound like it's...a tangible... state of being, and I think that can cause a lot of anxiety because people think 'Oh, well I'm not there yet' ...and [that] has caused negativity 'cos people say 'Well I don't believe in recovery. It's just not possible' ... [the concept of recovery] just puts a lot of pressure on you to reach that point wherever that is” (Staff).

A final unintended outcome experienced by some students was around managing the time conflict between taking courses and involvement in other activities ($n = 3$). Two students reported prioritisation of the Mind Recovery College™ courses over work and volunteering

opportunities: *“at the moment...I’m not applying anywhere for employment, because I’m like so busy here, like I don’t want to work and then I miss out [on courses]”* (Student).

Research question 3: What aspects of the Recovery College model contributed to the observed outcomes for students, families and carers?

Conceptualisations of the Mind Recovery College™ Model

Education elements

A third of participants ($n = 19$) thought of the Mind Recovery College™ as an education service. Many students saw the Mind Recovery College™ as a source of knowledge through which to gain new perspectives: *“I’m getting more knowledge and learning skills and getting information and resources... And also access to people who have expertise in certain areas”* (Student). Other students saw the Mind Recovery College™ as providing a “stepping stone” to other options in education, such as TAFE, and in other aspects of their life such as employment and volunteering:

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

The interaction of people as students and peers neutralised power dynamics between staff and students. One staff member with lived experience commented: *“it seems like everyone’s mutual and you just go in there and just being curious with all these subjects, and you can learn things along the way”* (Staff). Staff members saw the Mind Recovery College™ operating as an education service because of its structure:

“procedural environment of a standard educational institution, [with] a director,...learning advisors,...teachers and the people who attended the college [are] students, and the... policy and procedure that you’d see in an education environment, ... like course development processes, ... student progress monitoring” (Staff).

Students and staff members emphasized the recovery orientation of the education service: *“it’s just an education based facility for people to come and learn about recovery principles and self-development skills and strategies to help with living with mental illness”* (Staff).

Another staff member said it was important that the Mind Recovery College™ emphasized that recovery is not a linear process so instead *“[provided] a whole menu of ways...[to] contribute to your recovery. And...a normalisation than what they’re living with...I think it can provide them with a pathway”* (Staff).

Different service delivery model

The second most frequent conceptualisation of the Mind Recovery College™ was as a different model of mental health service provision ($n = 9$): *“Here we have an open environment that’s safe and again we see people as people, not as a diagnosis or as a*

patient or as a label" (Staff 1). One student saw the Mind Recovery College™ as providing recovery-orientated education in ways that they had not previously experienced: *"it's really relevant to where I am in life...because we are not really taught about the mind at school or how to cope...here you are getting at least some sort of tool, some sort of education, some sort of guidance"* (Student). For another student, the interaction between staff and students at the Mind Recovery College™ was in stark contrast to their experience in mainstream mental health services:

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

Complementary mental health service

The Mind Recovery College™ was also seen as a complementary mental health service ($n = 5$), being an education service operating within the jurisdiction of a mental health organisation. Staff members underscored that *"recovery colleges are [not] here to take over the way things are run, and only ever be just recovery colleges, I think we're just here to complement other services"* (Staff). For one student, the Mind Recovery College™ was *"not necessarily therapeutic or straight out educational information it was a hybrid ...it's not therapy but people still share their experiences which can have that value. So I really like that mix"* (Student). The focus group reiterated that the Mind Recovery College™ has *"therapeutic value but it may not be therapy – that's the point"* (Focus group).

Ways of operating and enabling environment

The Mind Recovery College™ has promoted a strong of community and connection between students and staff ($n = 23$). Participants enjoyed the ability to relate to other students and staff with lived experience in a way that they had not experienced in other mental health settings:



"we all have our difficulties, and being here...I feel like more understood, and you're not alienated because you're a bit not well...so I think it's a great place to meet friends, to meet people like the facilitators they can be your friends as well, ...I just love coming here" (Student)

The community-feel of the Mind Recovery College™ allowed some students to build friendships by *"[sharing] in your experiences and [hearing] from others with experiences either similar or different, and in the process of doing that actually develop relationships with other people"* (Staff). The sense of community at the Mind Recovery College™ was fostered by its non-clinical focus in which people with lived experience of mental ill-health are *"treated like a person, they're not*

treated like a patient or a service user or a client as sometimes [they've] experienced in other areas of mental health" (Staff). This interaction as students rather than as a "diagnosis" was cited by numerous participants to encourage their attendance at the College (n = 9). As one staff member described, this non-clinical focus contributed to the feeling that the Mind Recovery College™ was a safe place (n = 15): "here we have an open environment that's safe" (Staff). This idea was reiterated by one student who said that the Mind Recovery College™ "provides a safe haven in which to grow. The peer effect is very strong in helping with recovery" (Student). The non-clinical focus of the Mind Recovery College™ promoted neutral power dynamics between students and staff (n = 9). One student described how this interaction made the Mind Recovery College™ unique: "I really did like the fact that... the educators were on the same level as the students; that was something that for me made this outstanding, and very remarkable" (Student).

The sense of community within the Mind Recovery College™ was supported by a feeling that it was a welcoming and open environment (n = 13). The physical environment – *"all bright and light and airy and very welcoming"* (Student) – contributed to the ambience of the College such that *"people come in and they feel happy"* (Staff). The organisational culture of the Mind Recovery College™ was also cited by students: *"[the Mind Recovery College™] really makes you feel welcome, the people make you feel really welcome and you can just be yourself and you feel comfortable enough to be yourself"* (Student).

Many students reported that the environment of the Mind Recovery College™ instilled hope that their lived experience of mental ill-health had value (n = 15). For some students, it was the idea that they could use their lived experience in the future:

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

This sense of hope translated into an empowering experience for some participants (n = 9). One staff member described how the openness of the College reduced stigma attached to mental illness by employing an educational framework:

"it could be just anybody just wanting to learn about something else, and I think...turning it into that classroom environment rather than that just group activity run by a mental health organisation breaks down some of that stigma, which is really important... [The Mind Recovery College™] empowers and allows the person to be able to... recognise their story, be able to talk about it openly and without judgement of others" (Staff)

The Mind Recovery College™'s strength-based approach to mental ill-health – as a *"mental skill-ness"* (Student) – was reported to be empowering (n = 9): *"[the Mind Recovery*

College™] is very much about people sharing information and sharing strengths and you know their recovery journeys” (Staff).

Discussion

This early outcomes evaluation aimed to answer the following research questions: (1) the extent that the Mind Recovery College™ outcomes were achieved, including (2) unintended outcomes; and (3) the ‘active ingredients’ of the Mind Recovery College™ Model in the short term. There is strong evidence that the Mind Recovery College™ has carved a new space for recovery-orientated mental health service provision. The results of the interviews, survey responses and focus group suggest that the Mind Recovery College™ is operating primarily as an educational service founded upon the principles of co-production and consumer empowerment. Students, staff, families, carers, and community stakeholders in contact with the College were overwhelmingly positive about the potential for the Mind Recovery College™ to serve as a recovery-orientated educational service, with direct educational benefits of knowledge and skill acquisition and therapeutic impacts of increased confidence, feelings of connection and community and social integration. The *‘Mind Recovery College™ process evaluation report’* discusses ways in which these positive outcomes can be maintained.

The valuing of lived experience of mental ill-health was reflected in the very high levels of student satisfaction detected by the MASS and student comments that specifically identified the non-clinical focus, welcoming attitude and sense of community of the Mind Recovery College™. The high DREEM rating of the inspiring and encouraging nature of the Mind Recovery College™ was reflected in student discussion of their feelings of hope inspired by facilitators with lived experience. MASS ratings of high levels of staff respect for students were in line with interview comments that highlighted the neutral power dynamics between staff and students at the Mind Recovery College™, and the approachability and professionalism of staff. The high ratings that the Mind Recovery College™ is a place of safety and comfort were reflected in student reports that they were able to talk in front of others in a way that they had not been able to before, including the discussion of personal and difficult experiences that were oftentimes upsetting but also therapeutic. The high ratings of intention to use the Mind Recovery College™ again by students in the MASS were supported by students’ reports that they were attending multiple courses.

There is strong evidence that the Mind Recovery College™ has impacts on various aspects of the lives of students. The DREEM finding that the strength of the Mind Recovery College™ was in its promotion of learning and growth was reflected in student reports that the Mind Recovery College™ had the greatest impact on education and learning in their lives. Positive experiences on healthy lifestyles, employment and cultural activities were also encouraged from attendance at the College. The ability for the Mind Recovery College™ to cater to the needs, learning preferences and abilities of a wide-range of people also stood out. Of particular note was the impact the College was able to have to promote learning and

recovery for persons with a level of disability that had previously precluded them from participation in other settings. For example, for people who reporting being unable to speak in front of strangers or use a computer, or for carers who themselves experienced problems with mental ill-health. The role of the College in these lives is of particular importance in the context of the roll out of the National Disability Insurance Scheme (NDIS). Importantly, the impacts discussed by students demonstrate an improvement across settings including the achievement of educational qualifications, employment, self-care such as cooking, and social engagement within the community.

Positive impacts resulting from a connection to the Mind Recovery College™ were also reported for family members and carers, and staff. Specifically, family members discussed positive changes in their perceived level of support, family dynamics and knowledge of career options. Staff discussed the opportunities for professional satisfaction and personal growth afforded by working at the Mind Recovery College™, and for staff with lived experience particularly their ability to draw strength and utility from their personal history. These positive experiences of people with different roles at the Mind Recovery College™ – students, family members and staff – are suggestive of a soundly operating service.

Unintended negative outcomes were experienced by some students relating to occasional experiences of distress from the course content, a different understanding of the concept and achievability of ‘recovery’ and a scheduling conflict between attending the Mind Recovery College™ and engaging in other activities. These outcomes were reported by students who continued to attend the College, so it is possible that other students may have desisted attending due to such experiences. Nonetheless, the continued attendance by the students interviewed suggests that the benefits of the Mind Recovery College™ exceeded these challenging aspects.

Limitations of evaluation

This early outcomes evaluation has several limitations. First, the number of responses to the survey ($n = 16$) was lower than previous evaluations conducted by Mind Australia, which was despite approval by the lived experience and carer consultation group. Second, the evaluation was informed primarily by the opinions of current students, staff and family members. It is possible that people with continuing contact with the Mind Recovery College™ are less likely to have had an adverse experience at the College than people who are no longer in contact with the College. However, the frank discussion by many participants of challenging aspects of the Mind Recovery College™ implementation suggests that a comprehensive picture of the implementation was obtained. In addition, there was a good degree of consistency in the findings from the individual interviews, standardised measures, survey responses and focus group discussion. Third, the perspective of mental health professionals was limited to three survey responses, largely due to the separation between Mind Recovery College™ and other services in main Cheltenham campus. As such,

the reported impacts of the Mind Recovery College™ by students were not also discussed with others with knowledge of the students. Finally, in line with co-designed evaluation, the future outcome evaluation of the Mind Recovery College™ should investigate ways to expand the role of the researchers with lived experience of mental ill-health, and the potential for them to conduct interviews. Nonetheless, this co-designed early outcomes evaluation used a mixed-methods design to incorporate the views of multiple stakeholders to assess the impacts on students, families and carers and staff of the implementation of the Mind Recovery College™.

Recommendations

While the findings of this evaluation were overwhelmingly positive in relation to the experience of participants, a number of challenges were also identified, as well as gaps in current implementation activities. The following recommendations are provided to assist the Mind Recovery College™ to address these challenges and gaps. Recommendations were derived from the results of the semi-structured interviews and survey responses. The recommendations relate to student outcomes. The *'Mind Recovery College™ process evaluation report'* evaluates the operational process of the service and makes recommendations relating to these processes.

Environment

- Mind Recovery College™ to consider the development of appropriate mechanisms to support students to connect socially if they choose including, for example, via a student social group and Facebook page.

Content

- Mind Recovery College™ to consider the development of different course levels to allow students to opt-in to more advanced levels if they would like to be further challenged.

Student journey through College

- Mind Recovery College™ to further develop systems to monitor student's individual learning plans to guide and track the recovery journey of all students. This should include discussing risk and safety issues in learning plans when anything in a course is distressing.

Evaluation

- Mind Recovery College™ to continue current methods of course evaluation (i.e. feedback forms), and explore alternative ways of engaging participants in course evaluation, including access to evaluation feedback.

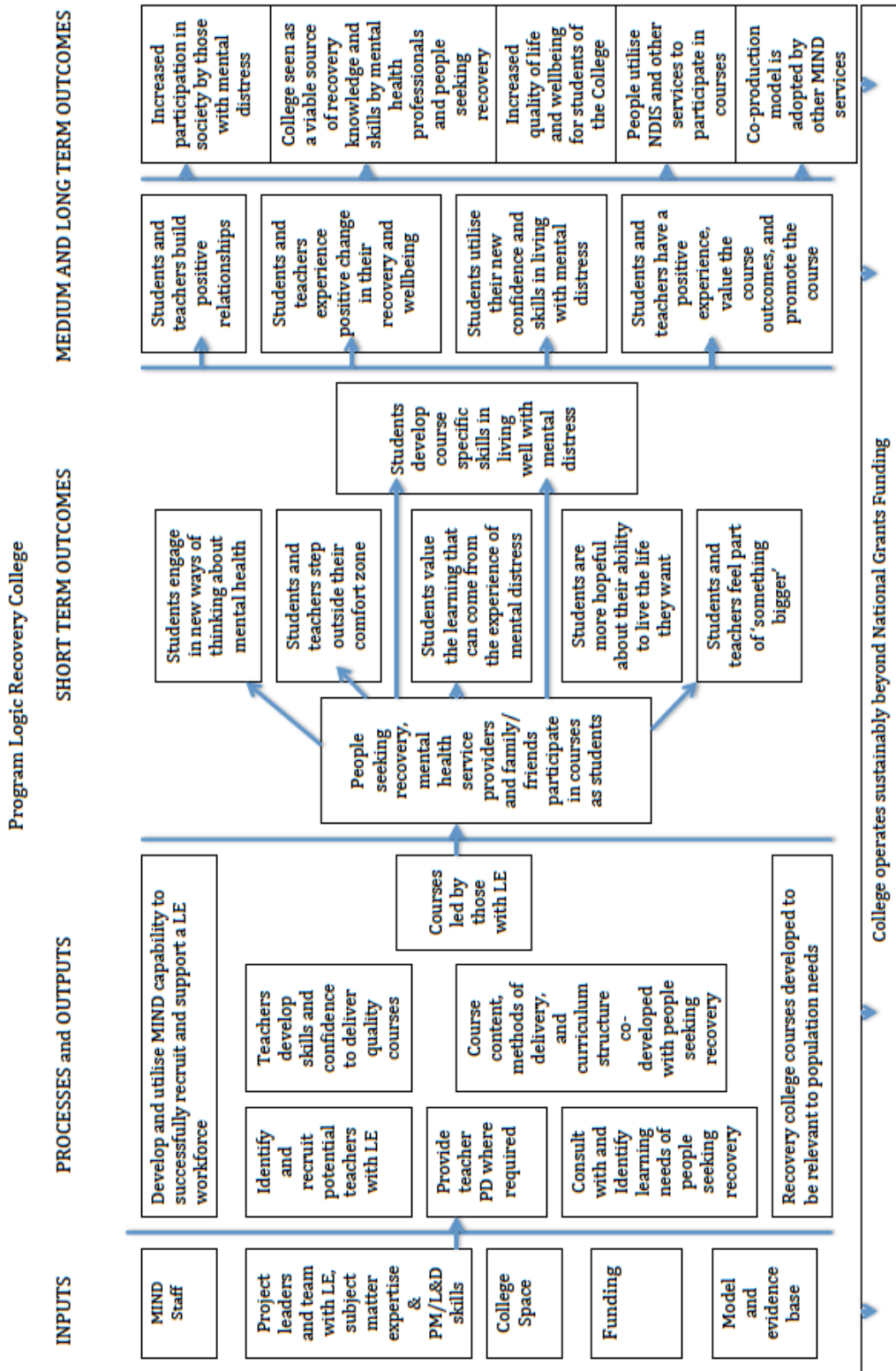
Delivery

Mind Recovery College™ to:

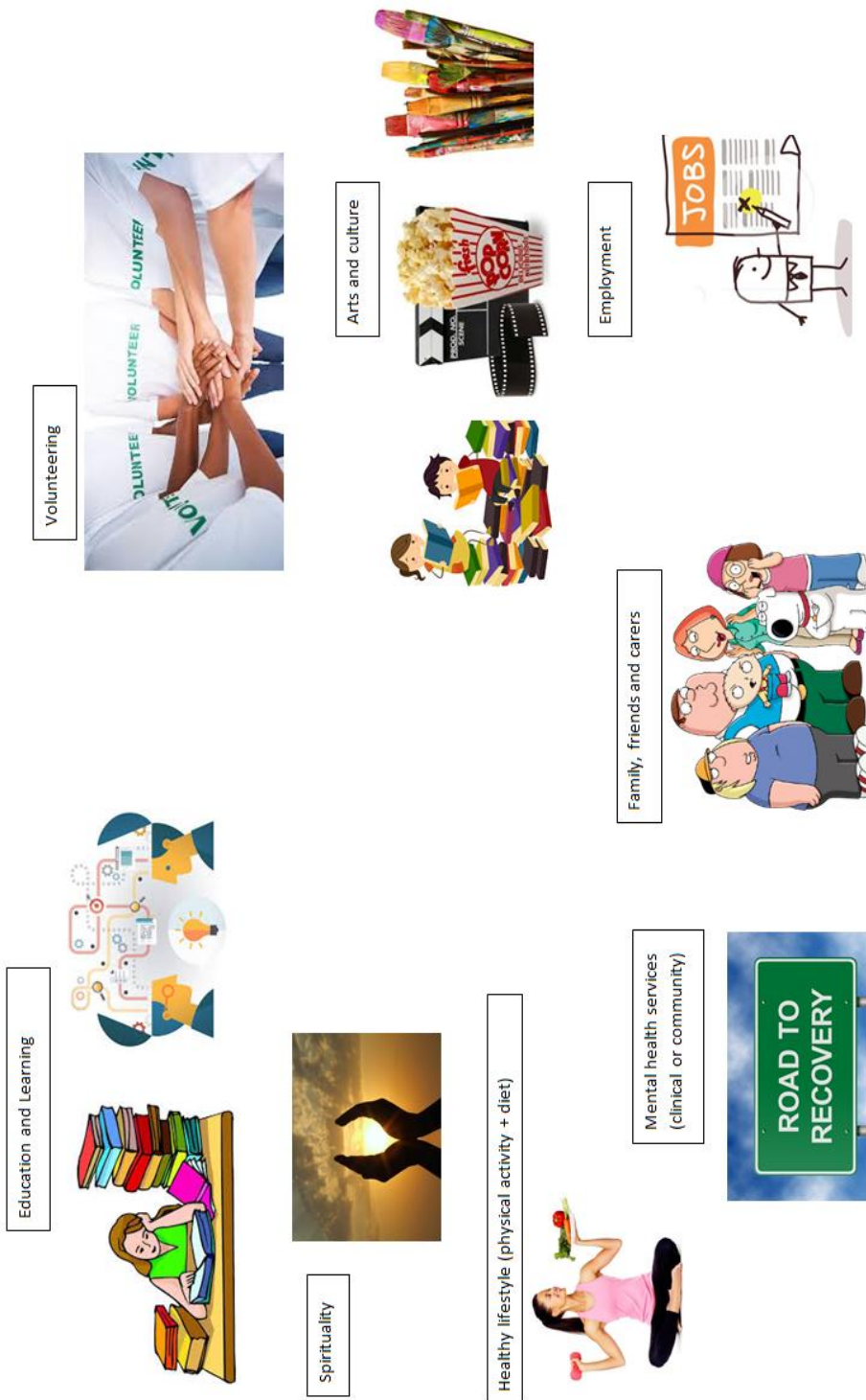
- Include different lengths of courses (short form and long form).

- Consider offering courses outside of traditional working hours to accommodate full-time workers and carers.
- Consider establishing clearer boundaries for student attendance. This may relate to different levels of expectation depending on the level of the course.
- Consider non-graded assessment tasks for some courses.
- Include different suites of courses i.e. courses that fit together to build specific skills or knowledge areas.
- Continue, maintain and promote clear educational pathway options for the future for students.

Appendix 1: Program logic



Appendix 2: Inclusion web



Appendix 3: Recruitment flyer



Mind Australia want to know what you think about the **Mind Australia Recovery College**

What is the evaluation about?

The University of Melbourne have been commission by Mind Australia to evaluate the Mind Recovery College.

In **March and April 2016**, all past and present students and teachers of Mind Australia's Recovery College will have the chance to tell us about your experiences with the College, and any areas for improvement.

You can do this in **one** of three ways:

1. Individual interview *OR*
2. Focus group (students only) *OR*
3. Survey



However little or much you have to say, we would be delighted to hear from you! Your feedback will be anonymous.

To register for an interview or focus group, or for more information, please contact:

Tess Hall

teresa.hall@unimelb.edu.au or **8344 7685**.

If you agree to participate in an interview or focus group, you will receive a \$25 shopping voucher to thank you for your time

Feel free to pass this information on to your family members or carers who you think would like to participate. Mind Staff and other people involved in the Recovery College are also going to be involved in the evaluation.

The survey can be accessed online at:

<https://www.surveymonkey.com/r/9YJS8KP>.

Hard copies will also be available to the College

Appendix 4: Qualitative themes

The qualitative themes and sub-themes from the individual interviews, survey and focus group

Theme	Sub-theme
Process	1. Process implementation 2. Process improvements
Content	3. Content implementation 4. Content improvements
Access to Mind Recovery College™	5. Cost 6. Point of entrance to Mind Recovery College™ 7. Barriers to access to Mind Recovery College™
Environment	8. Space implementation 9. Space improvements 10. Enabling environment
Delivery	11. Delivery implementation 12. Delivery improvements
Ways of operating, principles	13. Co-production model elements 14. Focus on strengths 15. Empowerment of consumers 16. Collaborative
Context	17. Link with Mind 18. Awareness of distinction between Mind Recovery College™ and Mind 19. Local solutions to disconnect between Mind Recovery College™ campuses 20. Finding appropriate spaces for satellite courses
Knowledge of other programs similar to Mind Recovery College™	
Enablers to implementation	21. Passion of staff 22. Support of students 23. Support of Mind 24. Local coordinating staff in satellite sites
Implementation challenges	25. Stigma 26. Confidentiality 27. Demand 28. Trust of students 29. Systems and processes

	<ul style="list-style-type: none"> 30. Will of staff and organisation 31. Development of processes 32. High staff turnover 33. Autonomy of satellite sites 34. Resource limitations
Mind Recovery College™ model	<ul style="list-style-type: none"> 35. Adaptations from UK 36. As a hybrid therapeutic and educational service 37. As a complementary mental health service 38. Not a drop in centre 39. Different service model 40. Role in promoting MH organisational change 41. Recovery principles 42. Journey 43. As an education service 44. Implementation of Mind Recovery College™ model
Mind Recovery College™ linkage to other services	<ul style="list-style-type: none"> 45. purpose 46. other Mind services 47. External services 48. Promotion of course by students 49. Barriers to links with external services
Impacts and outcomes	<ul style="list-style-type: none"> 50. Students 51. Carers and family 52. Staff

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