



Are recovery colleges socially acceptable?

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Recovery colleges offer an educational approach which is believed to develop people's strengths rather than focusing attention on their problems. We have reviewed the literature on this subject, with the aim of determining whether this approach to the management of mental health disorders is socially acceptable. We found preliminary evidence that they are indeed acceptable to families and service users. However, the literature is limited. We therefore recommend that further research is undertaken to confirm the status of recovery colleges, with particular reference to the attitudes of family and friends.

Recovery colleges or recovery education centres are becoming increasingly popular both nationally and internationally; they comprise a key element in the organisation of recovery-focused mental health services in both the USA and the UK (Perkins *et al*, 2012). Each individual's experience of recovery from mental illness is unique and personal. It involves understanding and finding meaning in what has happened, which develops knowledge of how to manage the illness and its consequences. This understanding also helps to instil a sense of value, purpose and aspiration (Repper & Perkins, 2012). The emphasis on learning to live with the consequences of mental illness requires a shift from the model of symptom control to the social context of recovery. Recovery colleges use an educational approach that champions individual strengths and empowers service users to find their own solutions to their functional difficulties (Perkins *et al*, 2012).

The principles of recovery colleges

Recovery colleges are defined by a number of principles. These include an educational approach, with classrooms and libraries to facilitate research, collaboration and co-production of solutions to everyday challenges. There is collaboration between professionals and the 'lived' expertise of the affected individual, with a focus on choice, recovery and integration. The approach is complementary to traditional assessment and treatment and is based on collegiate principles (Shepherd *et al*, 2008, 2010). These principles help people rebuild their life goals, as they focus on individual strengths and provide hope. Students are supported to learn to take control of their illness and to develop self-management skills (Meddings *et al*, 2014a). Recovery colleges aim to change the

relationship between people who use services and mental health professionals to one of partnership. The guiding philosophy of the college is to foster a student and tutor role, where lived experience is valued and inclusivity is promoted (McCaig *et al*, 2014). Co-working is emphasised in all aspects of college life, including joint organisation, decision making, curriculum design and quality control (McGregor *et al*, 2014; Meddings *et al*, 2014b).

Educational approaches are believed to reinforce and develop individual strengths, and this positive attitude replaces the traditional focus on problems and difficulties (Perkins *et al*, 2012). Courses often cover five main themes:

- understanding of mental health difficulties and treatment
- self-management
- development of life skills
- development of peer support
- the role of family and friends.

The core curriculum may be modified by suggestions from tutors and students. The courses offered at recovery colleges are based on recognising and exploring people's difficulties such as sleep problems, depression and anxiety, and the development of self-management strategies. There is support to help people understand psychiatric diagnoses and ways to manage drug and alcohol misuse, as well as an emphasis on the core positive values of happiness and mindfulness (McCaig *et al*, 2014; Meddings *et al*, 2015).

The recovery college is a place where people can feel safe and can open up about their life experiences. This facet of the experience is facilitated by the opportunity to mix with others with mental health difficulties. There is always an emphasis on relational experiences with other individuals at the college (McGregor *et al*, 2014; Meddings *et al*, 2014b). Recovery colleges are accessed by individuals who suffer from mental illness, as well as their carers, family members, staff from mental health service providers and partner agencies (Perkins *et al*, 2012; Zucchelli & Skinner, 2013).

Social acceptability and recovery colleges

Social acceptability has become an increasingly important factor in the development of psychological approaches to treatment. Acceptance has been defined as 'relationship-specific and relatively stable cognitive appraisals that others care for and

value us and that their concern is not contingent upon our holding particular attitudes or acting differently from how we typically act' (Brock *et al.*, 1998).

The literature on recovery colleges indicates there are several important issues involved in treatment acceptance. These include: problem severity; perception of effectiveness; knowledge about the intervention; the amount of time required to participate; and the social influence of family and professionals (Elliott & Treuting, 1991).

Students who attend recovery colleges usually value the service and many benefit from it. In a qualitative study of Sussex Recovery College (Meddings *et al.*, 2014a), 96% of students reported that the course they attended was 'good' or 'excellent' and 68% of students felt more hopeful for the future than they had 18 months previously, before attending. The perceived benefits of enrolment included 'learning from other students, co-production and the value of lived experience, a safe supportive environment, gaining knowledge, social opportunity, a structure to the day, choice, the curriculum, progression and support learning'. These aspects of the course help to build confidence and lead to a more positive attitude toward health and well-being (Meddings *et al.*, 2014a, 2015). Furthermore, 84% reported they had improved knowledge and skills, while 81% found it helpful being on a course with other people who also had mental health difficulties. This survey focused only on how helpful students found the college experience. It would be important for any future research into the value of recovery colleges to survey those who did not attend or who dropped out. There are insufficient data at present to support the view that recovery colleges are positively regarded by people with mental illness in general, and by their families, or that they are more broadly regarded as socially acceptable approaches to helping people with mental health difficulties.

While it is clear that many students benefit from, and highly rate, the service that recovery colleges provide, little is known about the social acceptability of this service with regard to family and friends. Recovery colleges attract a wide variety of people to their courses. The Sussex Recovery College study reported that 8% of people attending the college were relatives or carers, with some courses specifically designed for individuals and families to attend together (Perkins *et al.*, 2012; Meddings *et al.*, 2015). Engagement with the college by those family members implies social acceptance, however, and highlights the potential importance of this service to a wider constituency (Perkins *et al.*, 2012). Participation by others in the college could lead to significant increases in the number of friends with whom students could discuss their mental health problems and could improve their prospects for recovery (Meddings *et al.*, 2015).

Meddings *et al.* (2014b) report that 97% of students said they would be 'likely or extremely likely' to recommend the college to friends, family or colleagues. Nevertheless, students will have a

variety of different peer groups and many may not disclose to their friends that they are attending. Some build relationships on their journey through recovery, but what is socially acceptable to one group of peers may not be acceptable to another peer group. Currently, we just do not know, as there is limited research directly exploring social acceptability within the wider community.

Need for further research

In conclusion, there is preliminary evidence that the recovery college model is socially acceptable to many family members and peers, but there has not been any in-depth research to support this impression. Most literature is based on student perspectives, and has investigated whether students are satisfied with the service that is being provided. The evidence presented indicates that students do indeed find the courses helpful. However, this approach does not give us much of an insight into whether recovery colleges are socially acceptable to a wider community. Relatives who attend the college do seem to value this service greatly (Brock *et al.*, 1998) but more needs to be done to examine social acceptability to family and friends who do not attend. When we have this additional information we may be able to use it to increase social understanding of the role played by recovery colleges both nationally and internationally.

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