Workshop: Learning about Recovery Col

exchanging experiences and reflective dialogue

POP

Peer Onderzoekers Perspectief

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26/11/2025
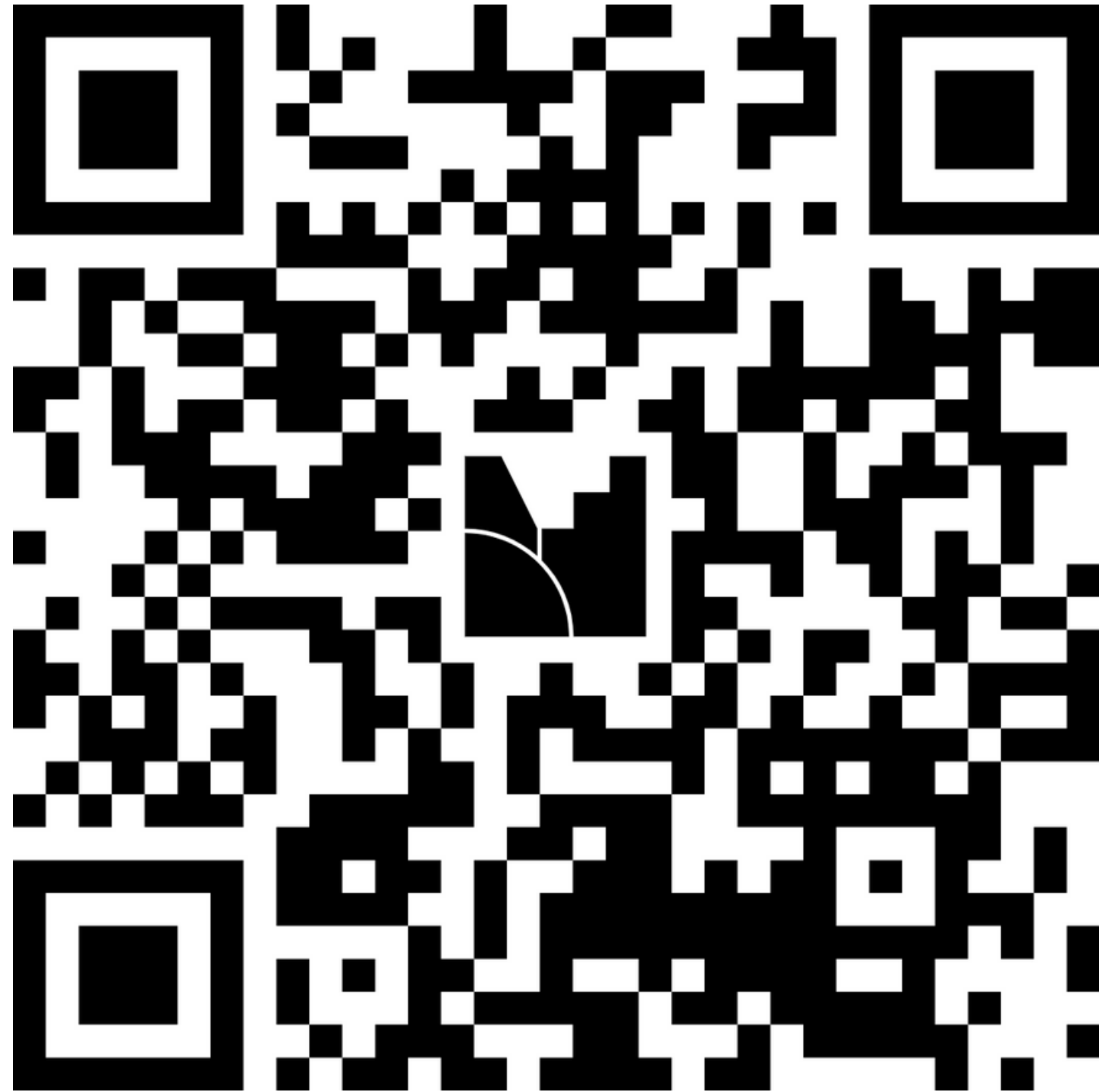
Program

Warming up	20 min
Group exchange	4x 10 min
Plenary reflection	20 min
Cooling down	10 min

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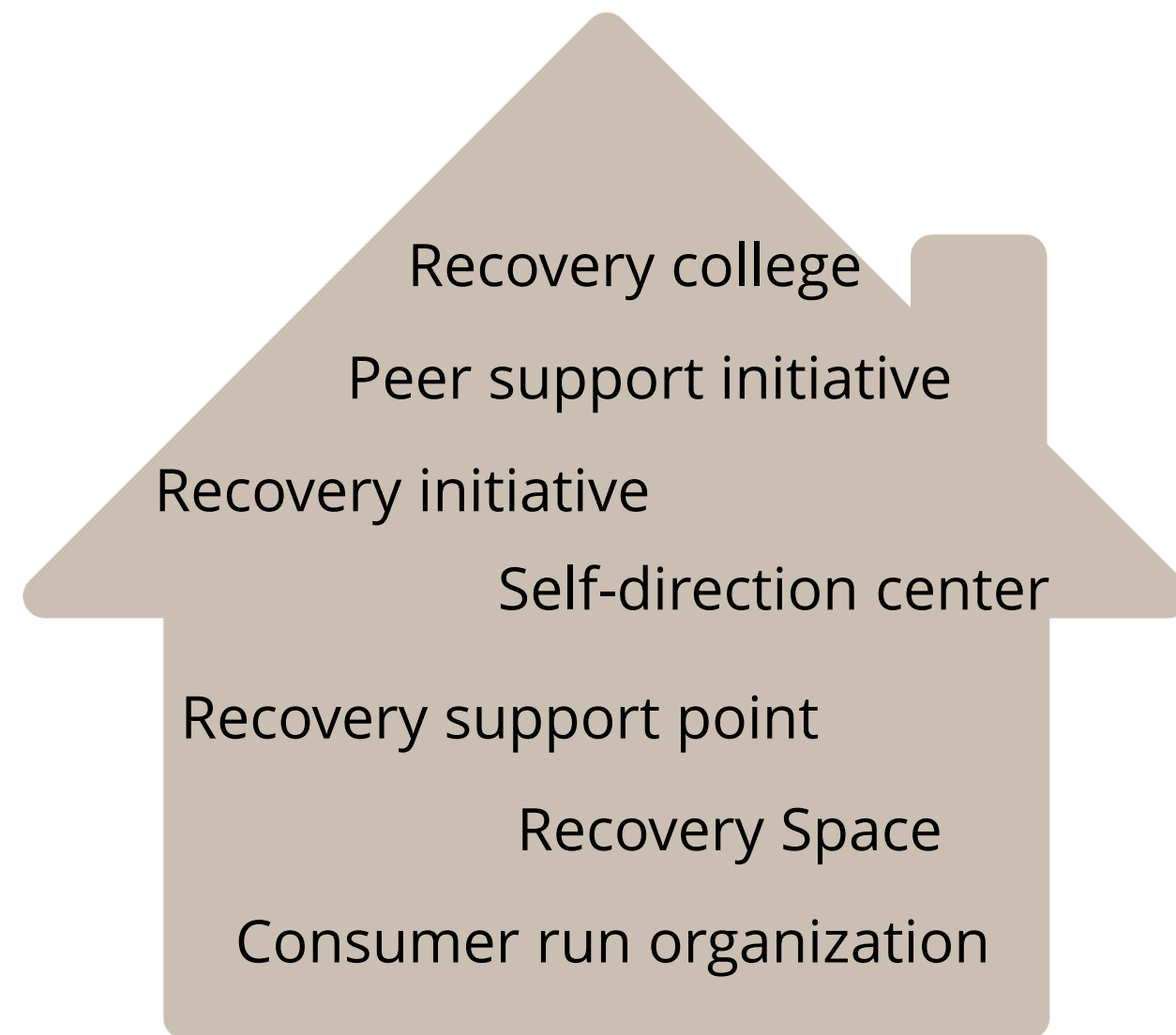
Quiz time!

Scan QR code...

... or go to: **menti.com**

And enter code: **2617 9963**
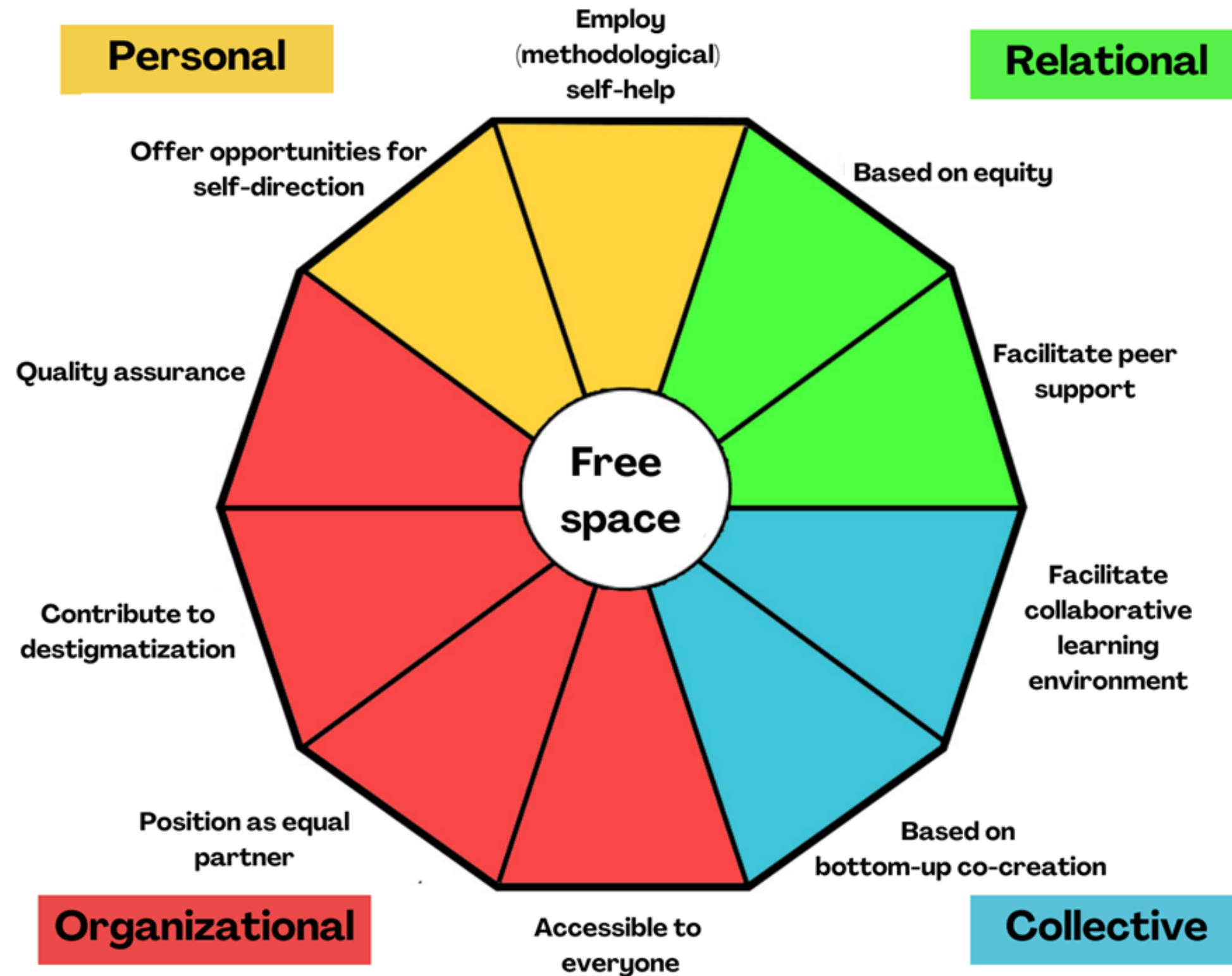
Recovery Colleges

- **In 2022 there were 221 Recovery Colleges worldwide**   , 28 countries, five continents (Hayes et al., 2023)
- **But....** Possibly many more!
- In the Netherlands: Recovery College is not standard term

Recovery college

Peer support initiative

Recovery initiative

Self-direction center

Recovery support point

Recovery Space

Consumer run organization

Core values:
- Free space
- Recovery
- Empowerment
- Experiential knowledge and expertise by experience
- Peer support
- Anti-stigma
- User emancipatory movement

Hayes et al. (2023) Organisational and student characteristics, fidelity, funding models, and unit costs of recovery colleges in 28 countries: a cross-sectional survey. *The Lancet Psychiatry* (10) 10, 768-779
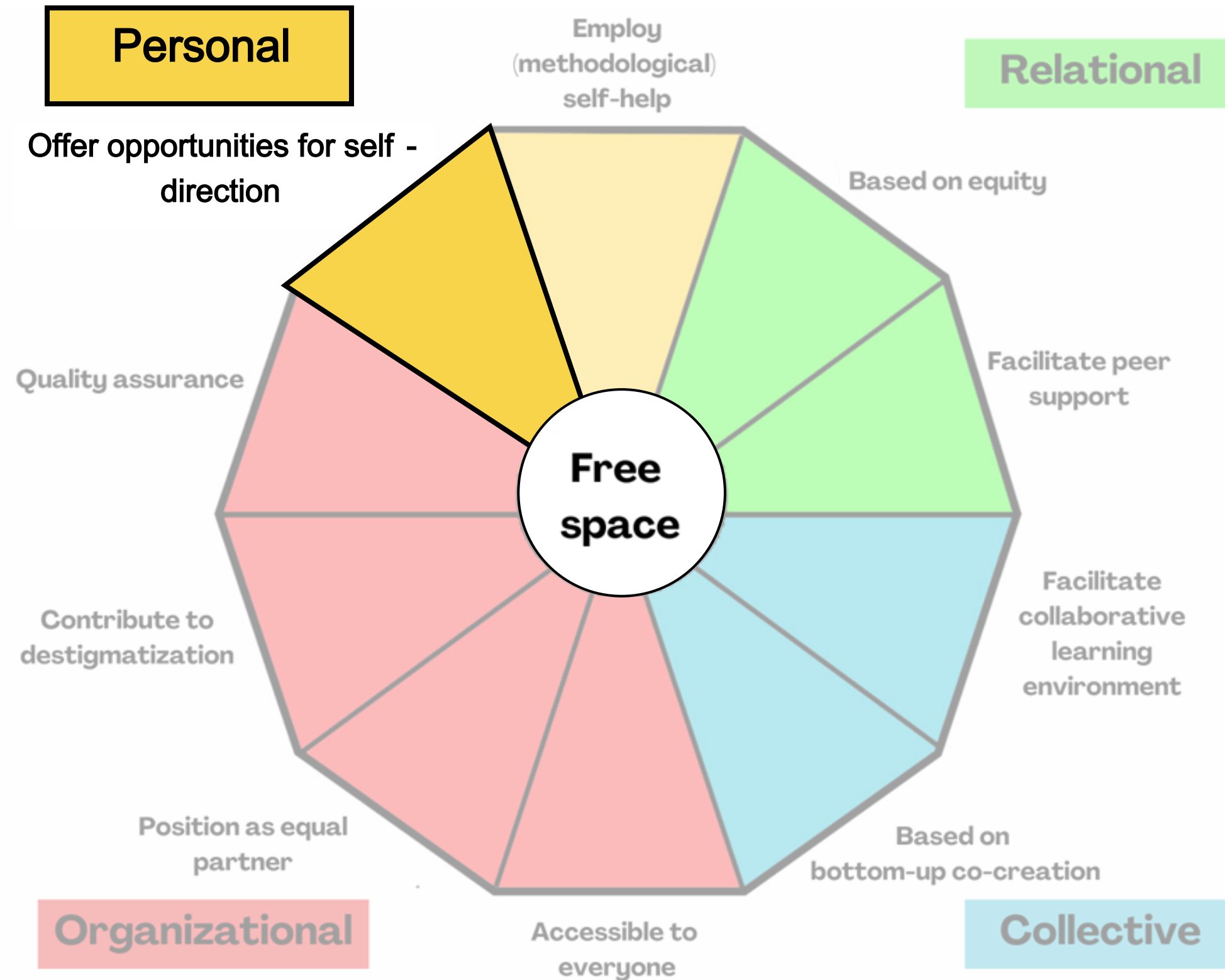
Reflection Tool

Practical choices:
- Program offerings
- Program scope
- Co-created partnerships
- Types of locations

Find group members!

Plenary reflection

- What did you **learn** about your own practice?

- What is **unique** to Recovery Colleges (and do you **not** want to implement in your own practice)?

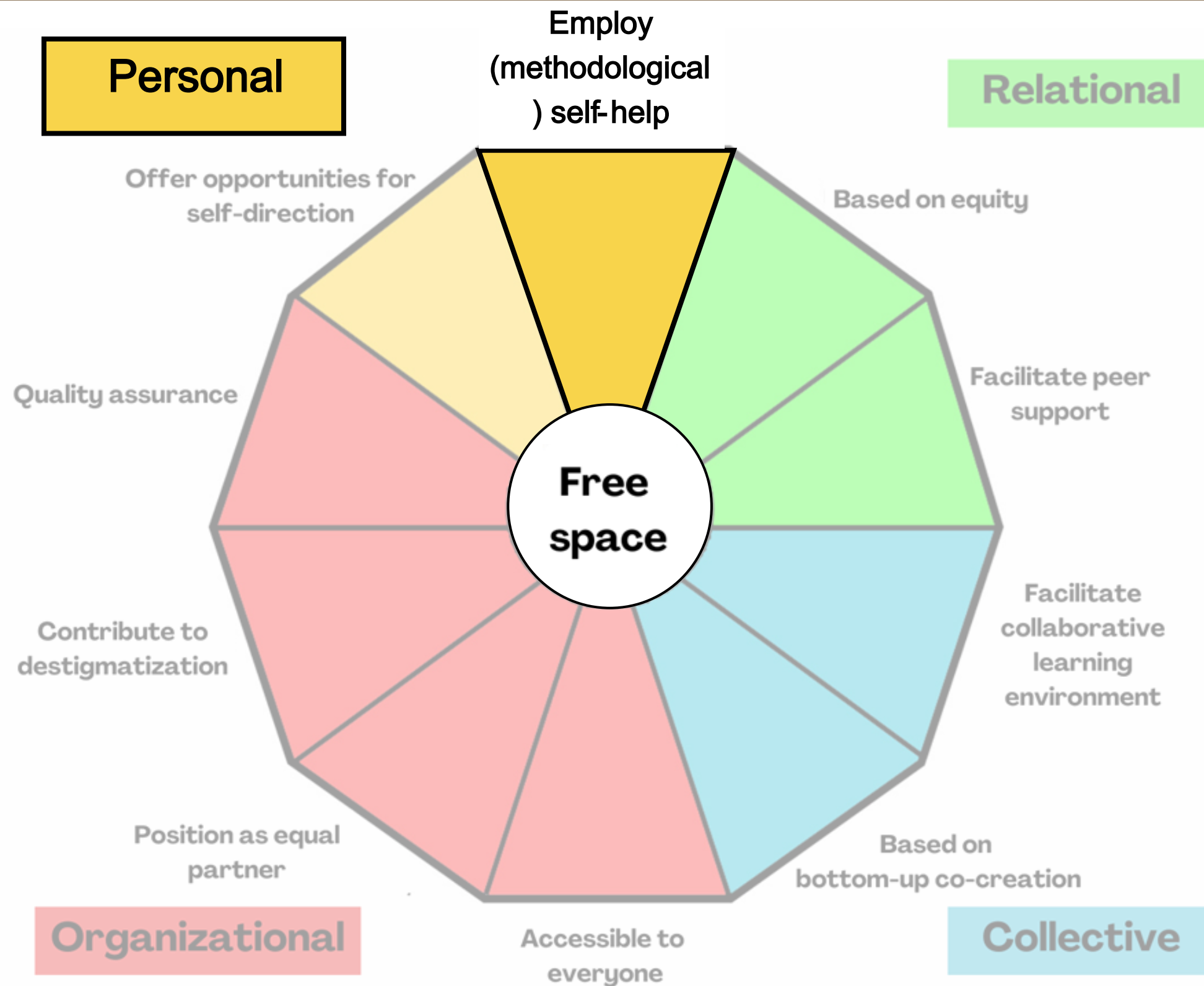- What **do** you want to implement yourselves? And **how** can you?

Personal

Offer opportunities for self - direction

Employ (methodological) self-help

Relational

Based on equity

Facilitate peer support

Free space

Quality assurance

Facilitate collaborative learning environment

Contribute to destigmatization

Position as equal partner

Based on bottom-up co-creation

Organizational

Accessible to everyone

Collective

Reflections:

- How many **choices** can someone make when they come into care with your organization? Is there sufficient diversity in:
  - **Content** ? (topics)
  - **Intensity of offerings** ? (e.g., 1 hour vs half-days)
  - **Scheduling** ? (morning, afternoon, evening, weekdays, weekend)
  - **Formats** ? (e.g., creative, physical, cognitive)
- Is there enough **freedom of choice** within offerings? (e.g., give own twists, skip parts)
- Is space provided to **express needs and act** on them?
- Does your organization allow **an individual learning path** ? (no predefined processes or protocols must be followed?)
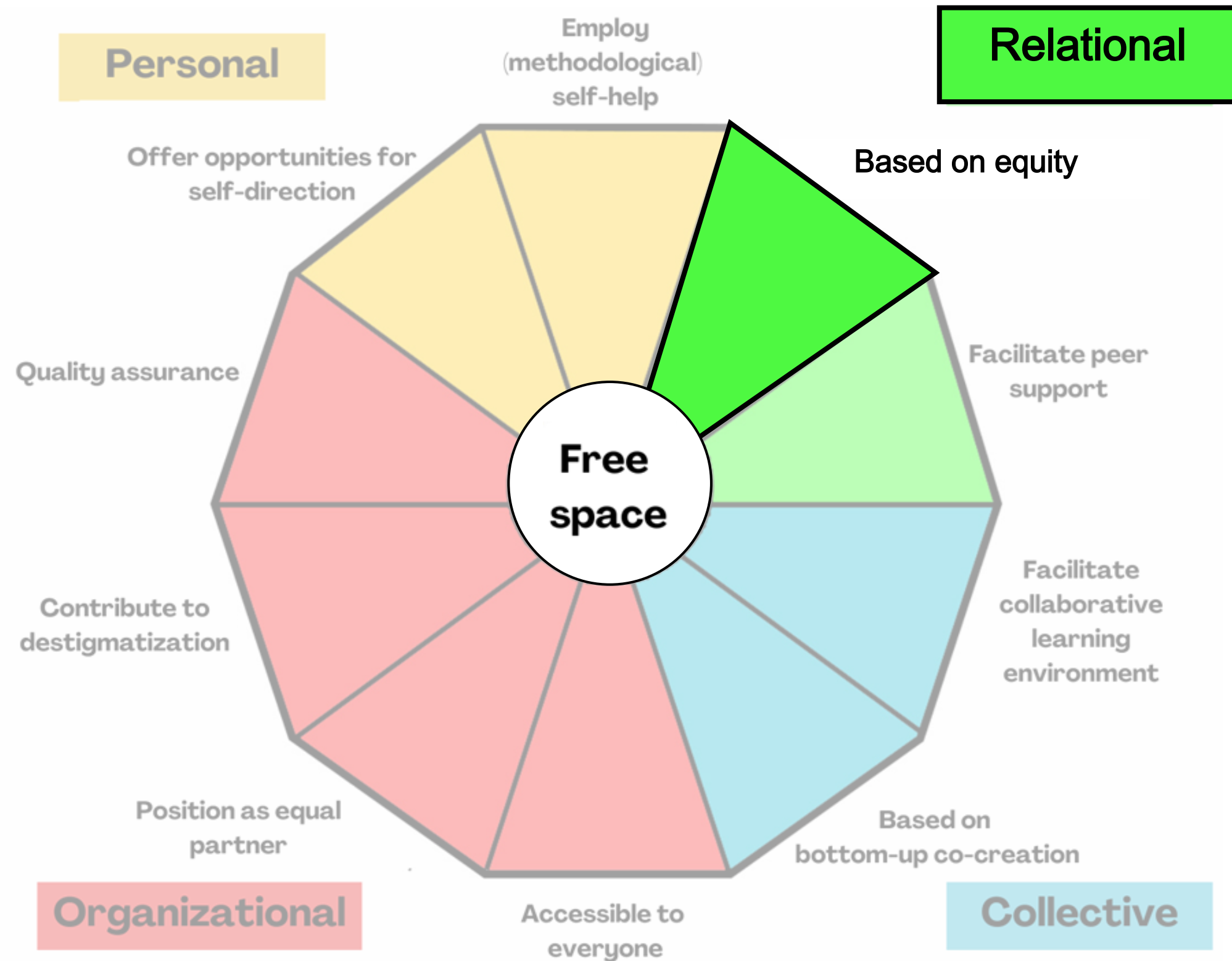
Personal

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Free space

Reflections:

- Are clients encouraged to reflect on their **strengths**, **capabilities**, and **qualities** to gain insight into their **possibilities**?
- In **what ways** does your organization facilitate this? (e.g., recovery groups, reflection exercises, writing recovery stories)

Personal

Employ (methodological) self-help

Offer opportunities for self-direction

Quality assurance

Contribute to destigmatization

Position as equal partner

Organizational

Accessible to everyone

Free space

Based on equity

Facilitate peer support

Facilitate collaborative learning environment

Based on bottom-up co-creation

Collective

Relational

Reflections:

- Is it **explicitly emphasized** within your organization that **all experiences are of equal value** ? That no experience is better or worse than another?
  - Are care providers **taught** how to ensure this?
  - Do care providers **explicitly state** this at the start of their client contacts?
  - Does this come across in (non)verbal communication, e.g., is there **a non - judgmental** attitude?
- Is the influence of roles and responsibilities on **power dynamics** regularly discussed?

Peer support
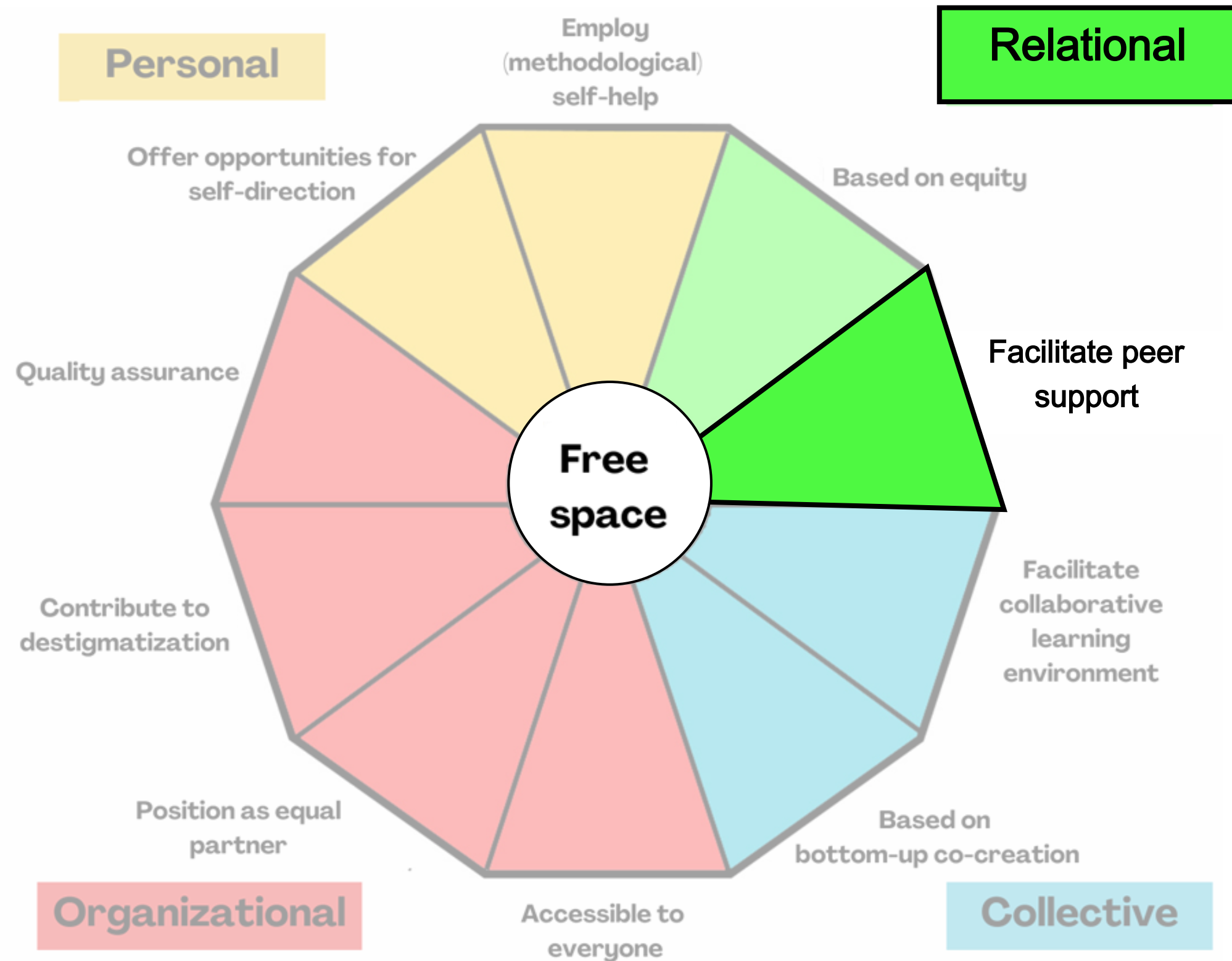
Reflections:

- Does your organization create a supportive environment **where people provide each other with support** through mutual connections?
- Within groups, is there **enough space and time for social contact** besides offered content? (e.g., icebreaker exercises and breaks)
- Is there space for **lightness** and **humor**?
- Is there a **space** within your organization where **peers can meet** other than during sessions? (e.g., a social meeting ground)
- Is the **physical space** designed to encourage social contact?

Collaborative learning environment
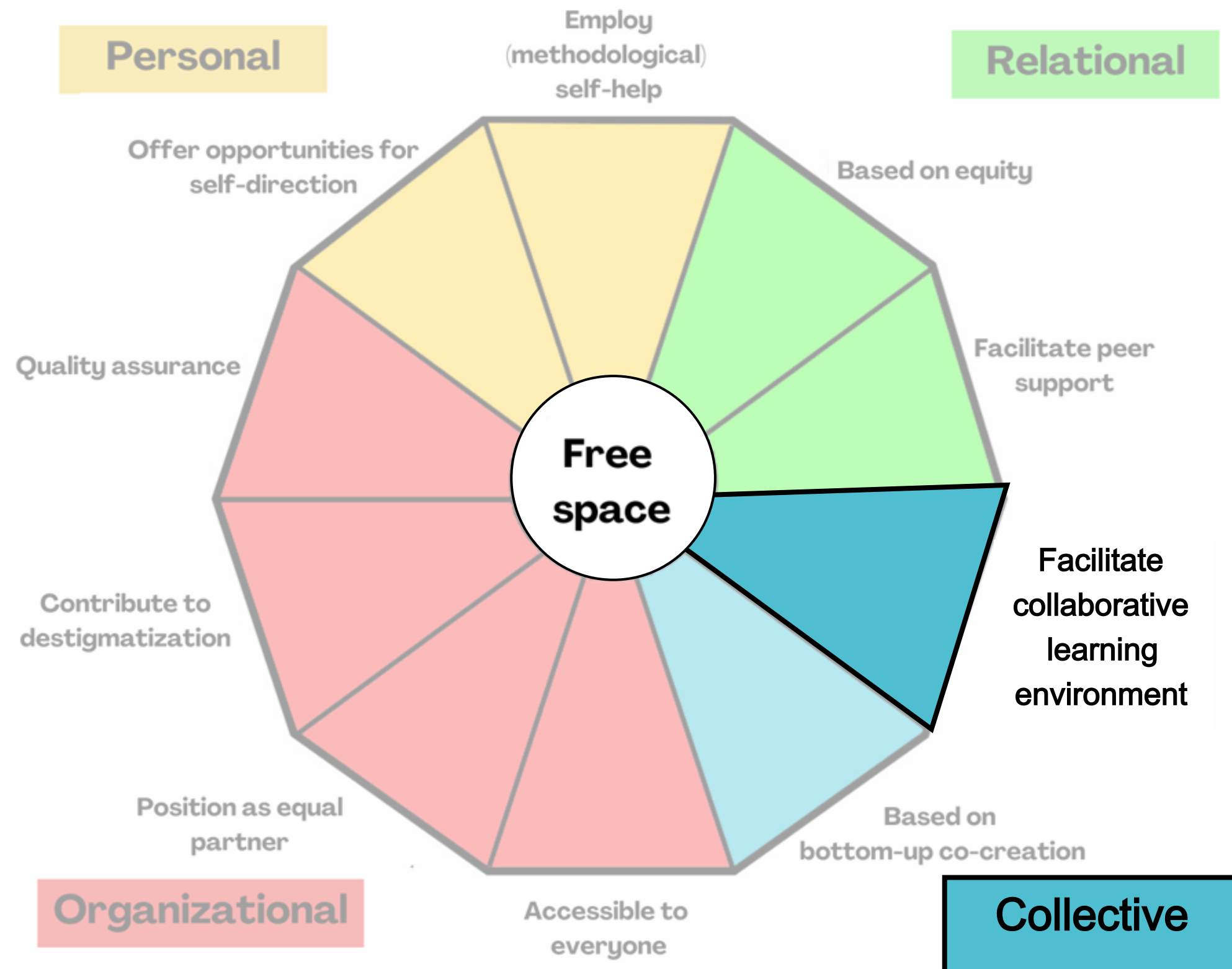
Reflections:

- Is there enough space and time within offerings **for clients to exchange experience and learn from each other** ?
- Does the main program always take place in a **group setting** ?
- In addition to 'formal' learning opportunities (such as groups and sessions), does your organization also provide space for **informal learning** ? (e.g., volunteering, peer-to-peer contact)
- Are **physical spaces** designed as learning environments? (e.g., whiteboards, flipcharts, workbooks)

Bottom-up co-creation
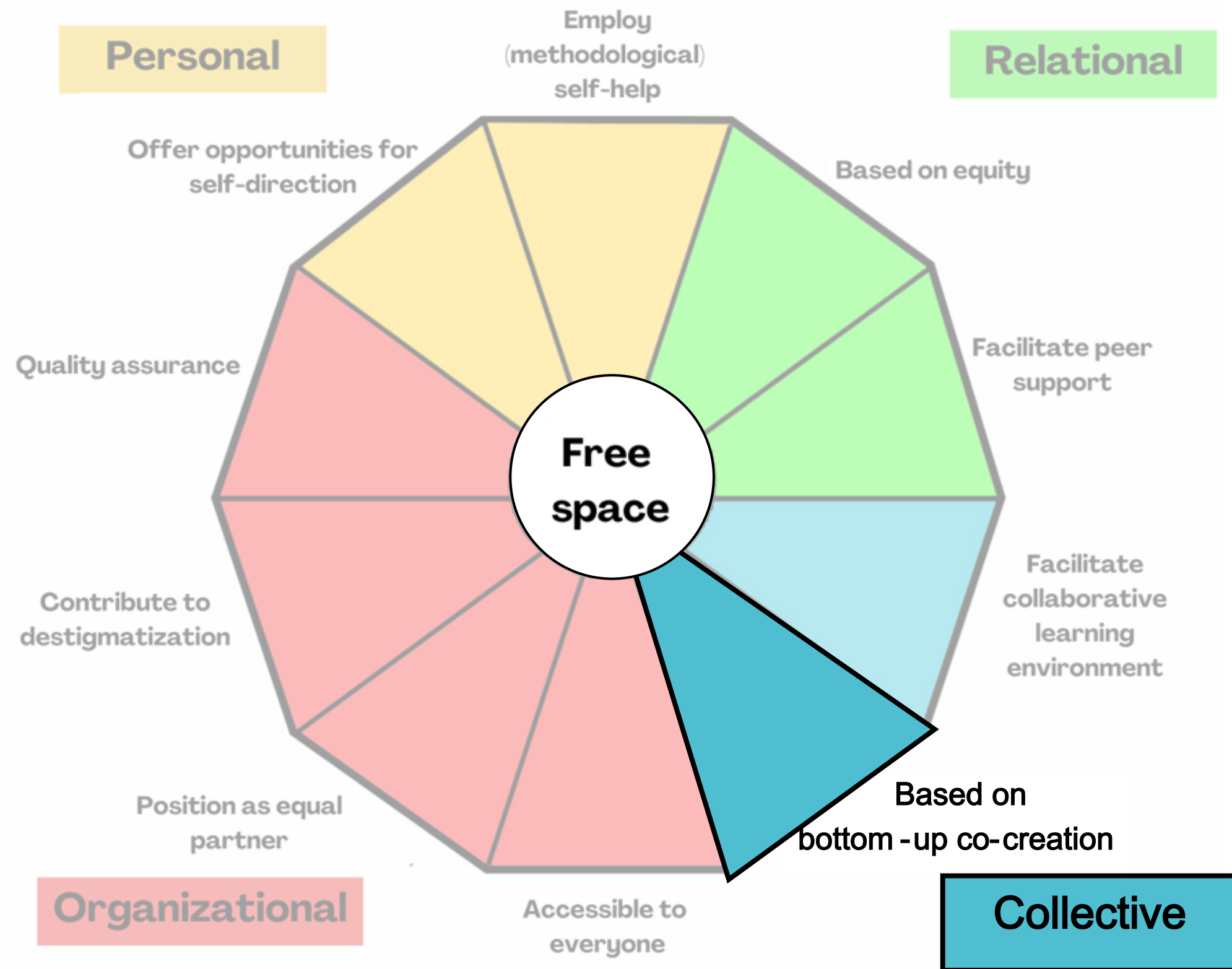
Reflections:

- Are **offerings** developed **based on wants and needs** of clients?
- Is there space for clients to **work out new ideas** (to contribute to offerings)?
  - If so, are clients regularly **made aware** of that option?
- Are all offerings within your organization facilitated by **at least one person with lived experience**?
- Are people with lived experience **in the lead** within your organization?
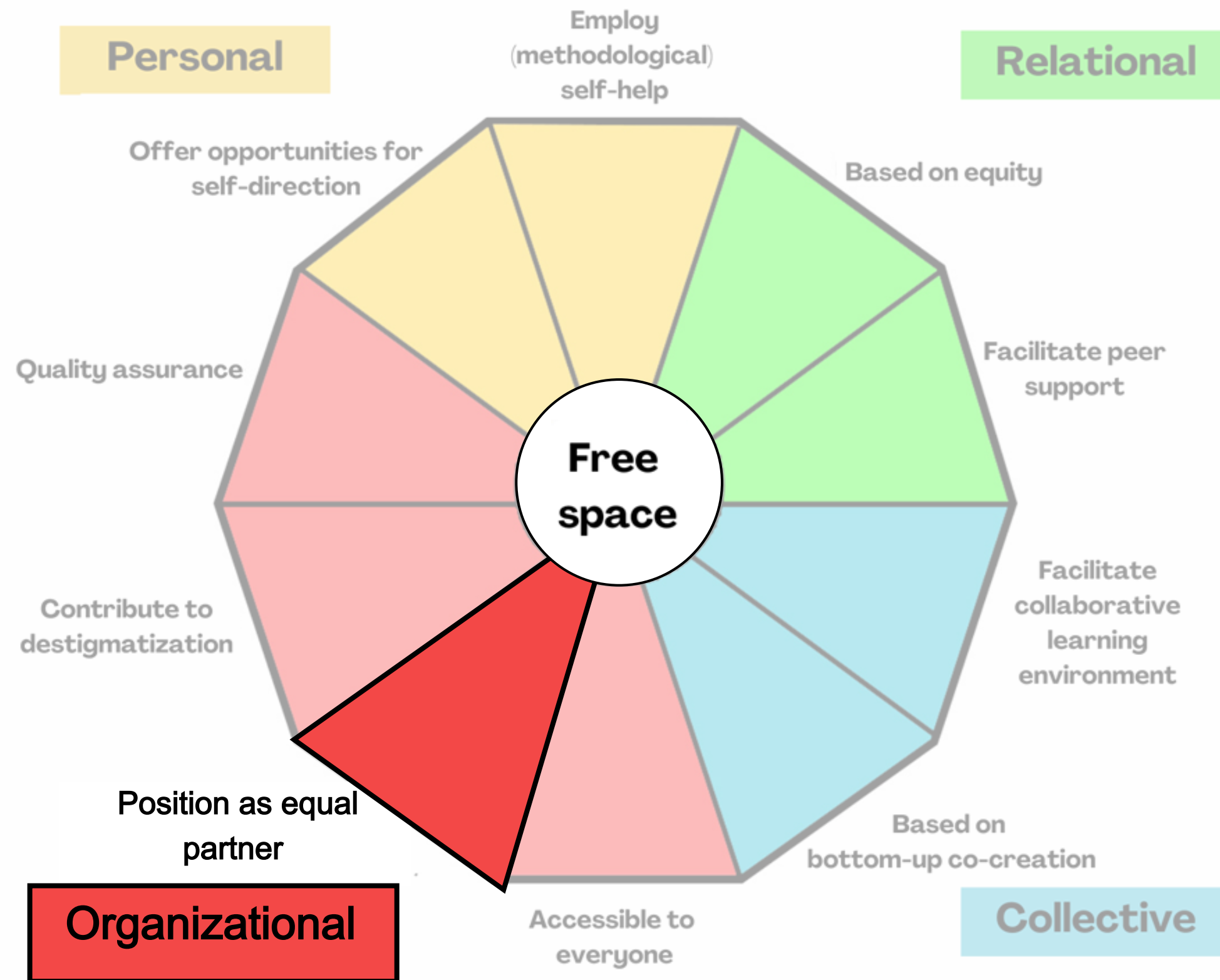- Is the **physical space co-created** (and maintained) with clients?

Accessible to everyone
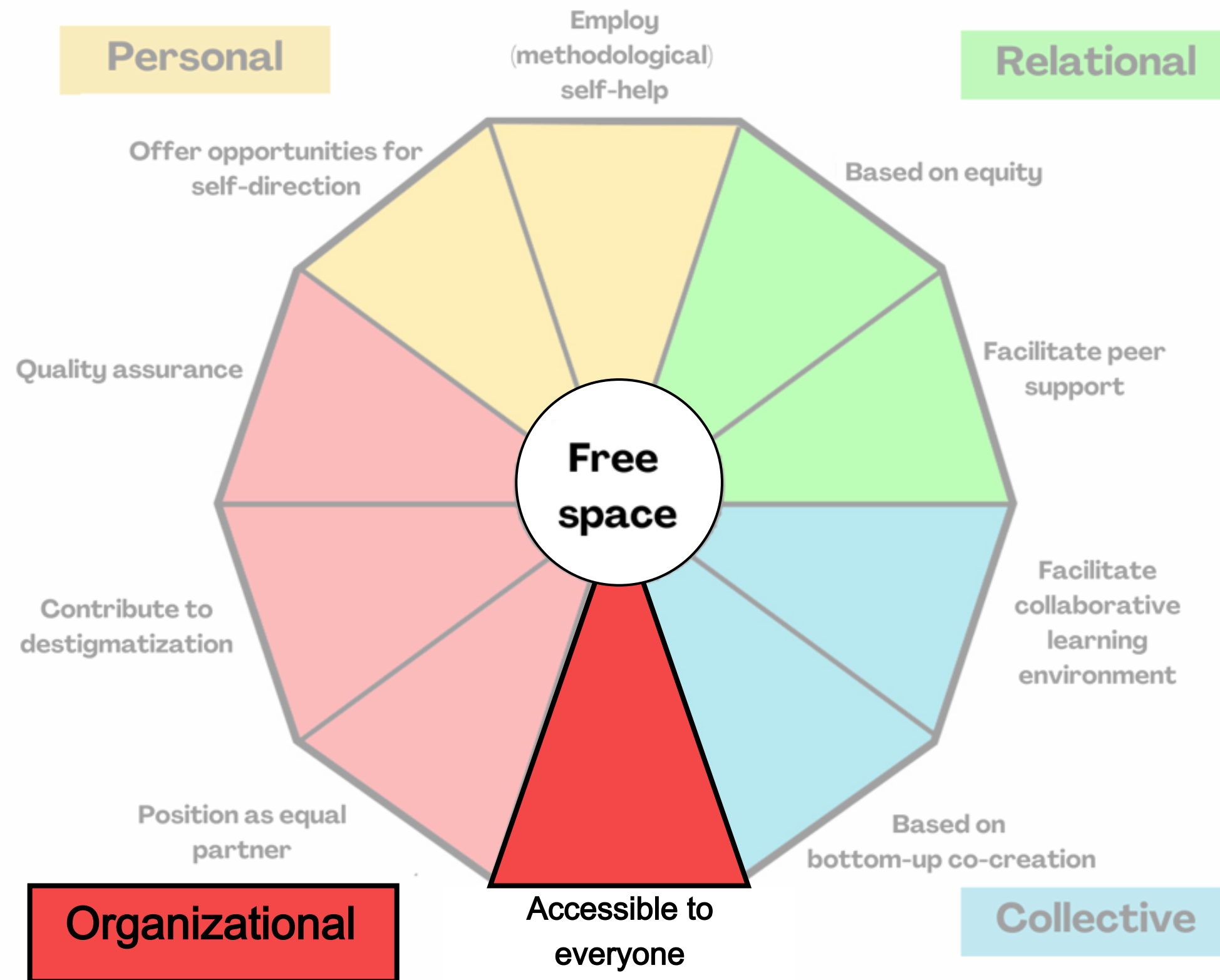
Reflections:

- Are the offerings of your organization **accessible without a diagnosis** or are their eligibility criteria?
- Does your organization offer **a diagnosis -free** space?
- Are **physical locations** easily accessible? (e.g., wheelchair accessibility, public transport, easy to find)
- Do locations have **warm, welcoming atmosphere**? (Homely rather than clinical)?
- Is there an open culture where everyone feels **welcome and safe**?
  - Have certain actions been taken to ensure this? (e.g., behavioral agreements or core values visible)
- Are offerings **financially accessible**?
- Is the **report** on someone's process always **in the hands of the client** themselves? (no internal records, no personal details shared with third parties)
- Are **individual needs** considered? (E.g., printing larger texts for people with dyslexia, translating to foreign languages)

Position as equal partner

Personal · Employ (methodological) self-help · Relational · Offer opportunities for self-direction · Based on equity · Quality assurance · Facilitate peer support · Free space · Contribute to destigmatization · Facilitate collaborative learning environment · Position as equal partner · Organizational · Based on bottom-up co-creation · Accessible to everyone · Collective

Reflections:

- Is your organization active in the region to raise **awareness** of their offerings? (e.g., posters, information sessions)
- How is community integration of your organization **stimulated**? (e.g., brainstorms with neigborhood)
- Does your organization **collaborate** with relevant **partners** in the region? (e.g., welfare, community centers, sports clubs, schools)
- Are **clients actively informed about opportunties** in the region?
- Does your organization **share knowledge and expertise** with relevant partners in the region?
- If collaborations exist: is your organization's **identity** actively maintained?
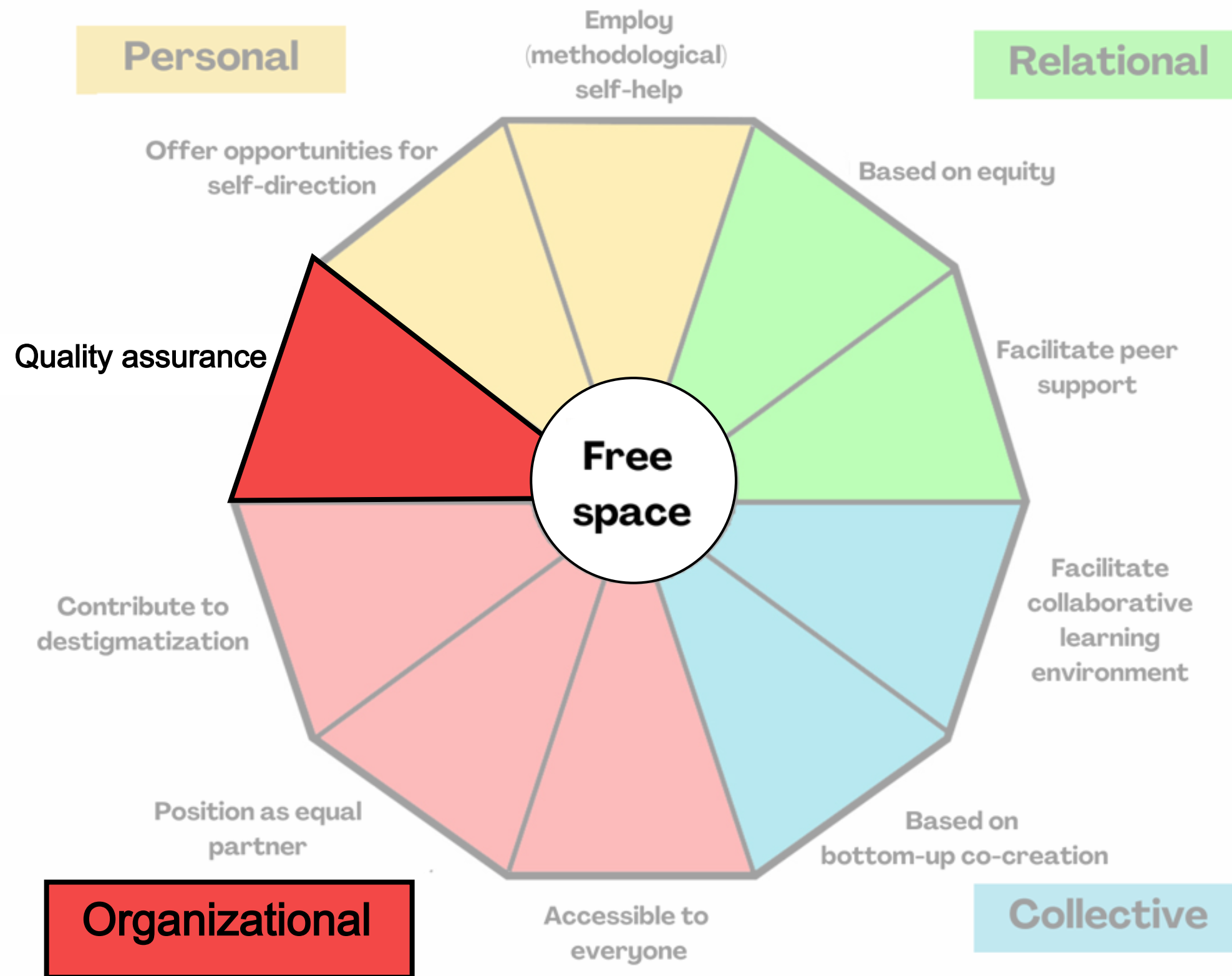
Destigmatization
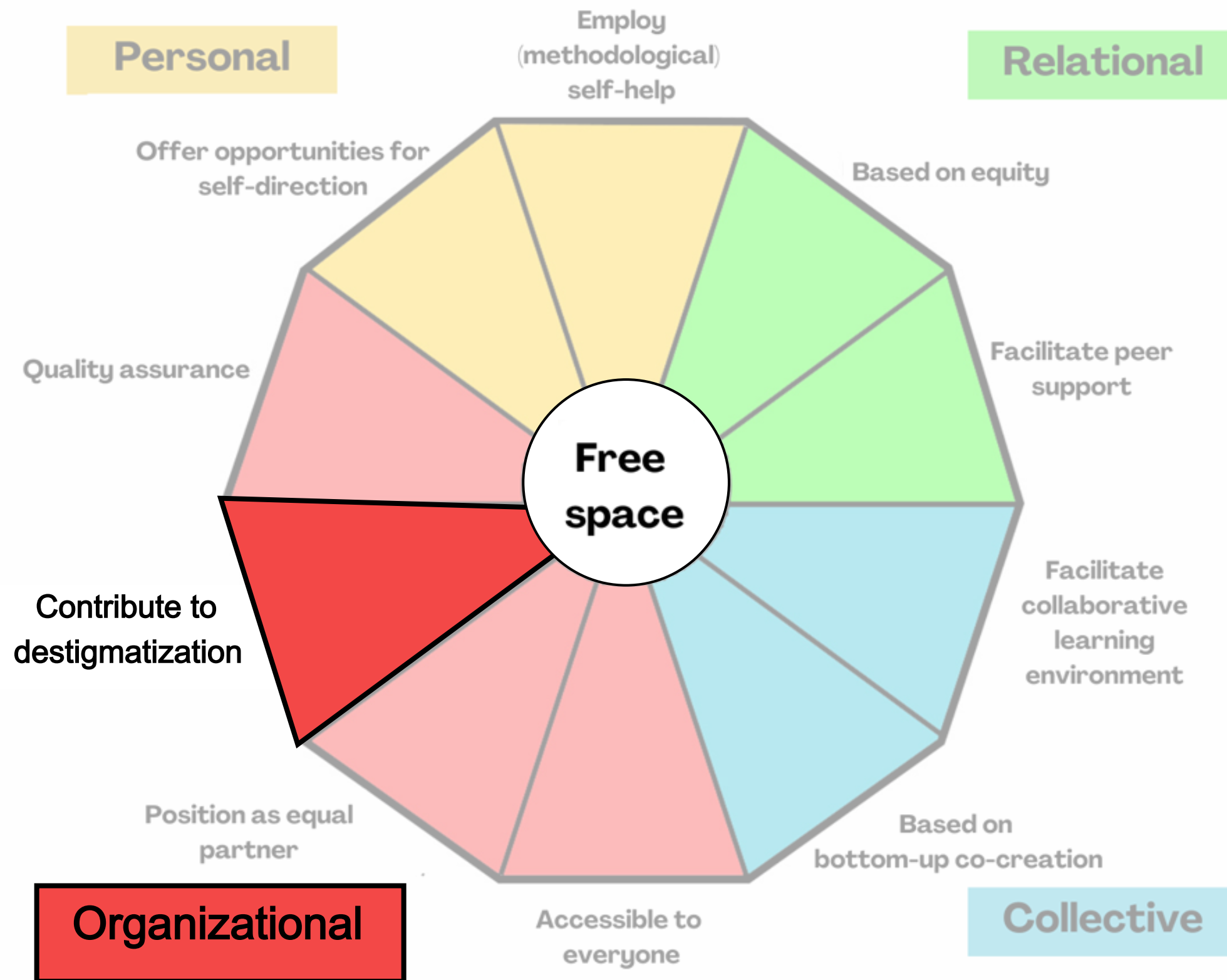
Reflections:

- Does your organization **pay significant attention** to the themes of (self-)stigma and destigmatization?
- Is there **regular discussion** about the **presence** and **impact** of stigma within your organization?
- Is your organization **actively working to combat** sitgma in...
  - ...healthcare? (If so, how?)
  - ...society? (If so, how?)

Quality assurance

Reflections:

- Are **quality meetings** organized within the organization in the form of peer consultation, supervision, or ethical deliberations?
  - **Structurally** or **incidentally** (when there is a direct occasion?)
  - **Internally** only or also **in exchange** with other similar organizations?
- Are there clear **job descriptions** ?
- Is there enough time, space and resources for care providers to continue their **professional development** ?
- Does the organization collaborate with **educational institutions** to keep knowledge and skills up-to-date?
- Is there a plan for the **further development** of the organization?
  - Is this created in **co-creation** with clients? And is this regularly **reviewed** ?

What is your take home message?

Appendix C

Reflection Tool for Recovery Colleges and Other Peer-Supported Recovery Initiatives

Please note: This version of the tool may still be further developed. We would appreciate being informed if you plan to use it in practice, and we are always open to feedback for improvement.

Contents

1. Introduction

This is a reflection tool for Recovery Colleges and other peer-supported recovery initiatives, developed in the Netherlands (Dutch version available upon request). The tool describes important core values and core tasks. In the field of peer-supported recovery initiatives, various names are currently used (e.g., recovery college, recovery initiative, self-management center, etc.). This tool ignores those different names and focuses on the practice of initiatives that engage in **collaborative learning**, **methodical self-help**, **recovery**, and **peer support**.

The outcome of completing this tool is twofold:

1. The tool can be used for reflection, for example, for the further development of the initiative. It provides insight into how well important core values/core tasks are already woven into practice, and where there are still opportunities for development.
2. The tool describes what important characteristics are of Recovery Colleges in the Netherlands, making adequate research into these initiatives possible.

1.1. Background

This reflection tool has been developed as part of a doctoral research project on Recovery Colleges. The concept of 'Recovery Colleges' originally comes from Anglo-Saxon countries (United Kingdom, United States). The starting point for the development of this tool was an English Recovery College Fidelity Measure (Toney et al., 2019). However, the English measure required a significant translation before it aligned well with Dutch practice. The Dutch practice is more broadly oriented, and the English model centers on co-production with healthcare providers, which is not the case in the Netherlands. Although the starting point of this tool originally stemmed from the concept of the 'Recovery College', it has ultimately become more broadly applicable for peer-supported recovery initiatives in practice. Nonetheless, in the continuation of this tool, we refer to 'Recovery Colleges'.

To develop this reflection tool, focus groups were held with 30 peer facilitators and coordinators from 16 Recovery Colleges in the Netherlands. Existing descriptions and characteristic lists of peer-supported recovery initiatives were also used. Additionally, the experiential researchers from the POP Group contributed. 'POP' in 'POP Group' stands for Peer Researchers Perspective (*Peer Onderzoekers Perspectief* in Dutch). The POP group is a collective of participants, volunteers, and employees from Enik Recovery College who are involved in the doctoral research project. Lastly, experts from MIND, the Dutch Association for Self-Direction and Recovery, and Cavallo Advice (part of the 'Blauwe Paard Netwerk') also provided input.

Besides this tool, there are other lists describing the characteristics of peer-supported recovery initiatives, such as the list from the Workgroup accessible support centers (2023). That list shows many similarities with this tool. What distinguishes this present tool from other existing lists is that it identifies core values and core tasks of a Recovery College. These core values and core tasks are not only extensively described but also made measurable where possible.

1.2. How to use this tool

The tool is structured into three chapters. In the first chapter, a number of core values that are the basis of Recovery Colleges are described.

In the second chapter, ten core tasks of Recovery Colleges are described. Scores have been assigned based on the degree to which a core task is reflected in the activities, policies, and decisions within a Recovery College. These scores are as follows:

1. Does not apply at all
2. Somewhat applies
3. Moderately applies
4. Largely applies
5. Applies completely

The tool is based on self-scoring by a coordinator or experienced peer trainer of a Recovery College. The results are made visible in two ways:

1. A visual overview in the form of a radar tool, which clearly shows at a glance the areas with significant emphasis and those with room for development (see attachment).
2. An online dashboard where bar charts are available for each level (personal, relational, collective, and organizational) that represent the status of the Recovery College. The higher the score on a core task, the better it (and the underlying core values) is integrated into practice.

To further address the identified areas for development in practice, the descriptions of the core tasks in this document can be helpful.

The third chapter highlights a number of practical choices. Sometimes there are various choices to make when shaping a Recovery College. One choice is not necessarily better or worse than another. Making choices visible and placing them alongside other possibilities can lead to new insights or ideas about shaping one's own Recovery College.

Although this tool is based on self-scoring, it is advisable to engage in the reflection process with others. Various forms can be considered for this. For the current research purposes, we envision the following two forms, with the first being our strong preference.

1. The reflection tool is filled out jointly by the coordinator(s), staff, volunteers, and participants in a meeting. Reflection occurs in dialogue, and the score is collaboratively determined.
2. The reflection tool is filled out by the coordinator(s), and the results are discussed with staff/volunteers/participants.

In this way, people can learn from each other, and more depth can be added to the reflection process.

1.3. Role definition

In this tool, reference is sometimes made to the partakers of the Recovery College as a whole, and sometimes to specific roles:

- Those involved (or partakers): Everyone who is actively involved in the Recovery College, regardless of their role.
- Participants: People who take part in activities of the Recovery College.
- Facilitators: People who facilitate activities within the Recovery College.
- Staff: People employed by the Recovery College.
- Volunteers: People who do volunteer work within the Recovery College.
- Visitors: People who visit the meeting space of the Recovery College.

Because someone within a Recovery College often holds multiple roles, the terms "those involved" or "partakers" will generally be used.

2. Core values

This chapter describes several important core values that underpin the practice of Recovery Colleges. These core values appear throughout all other described core tasks or are related to them. Therefore, the core values are described first to lay the foundation for the model that follows. These core values are not scored because they are closely interconnected and difficult to assess in isolation. The description is based on the Professional Competency Profile of Lived Experience Expertise (van Erp and colleagues, 2023), the brochure 'Recovery Colleges' (Boertien and Harmsen, 2017), the WRAP Fidelity Scale (Lempens and colleagues, 2020), and the book 'Space for Peer Support!' (Muusse and Boumans, 2016).

Free space

A core value that underpins a Recovery College is free space. Free space primarily refers to inner space that a person can experience, even in complex or constraining circumstances, to (re)discover themselves, give meaning to one's life, make their own choices, and seek and find new possibilities. Experiencing this free space directly counters the disruption of what one is struggling with. Free space also represents the ability to exchange experiences freely without judgment or fixed frameworks (such as a medical-diagnostic framework or societal expectations). Finally, free space is also creating space for empowerment and influence of people who live in a disruptive situation, where this space is currently absent. The organizational free space that results from this must be actively and continuously safeguarded. This means that the Recovery College is not dictated top-down by entities such as a host organization, commissioner, or funder (e.g., a care organization or municipality), determining what occurs within the Recovery College and who is allowed to participate. The authority and ownership over the activities, policies, and decisions within the Recovery College always lies with those involved.

Recovery

In the 1990s, the concept of recovery was introduced by the user emancipatory within mental health care, leading to a shift in focus towards greater emphasis on meaningfulness and citizenship. Recovery is a unique developmental process in which individuals explore, based on their own experiences, what a meaningful life looks like to them. An important part of recovery is personal development, examining the 'sense of self': who am I, what can I do, and what do I want? Recovery also involves daring to look hopefully towards the future. It is not about curing, but about the (re-) development of skills, reconnecting with meaningful relationships, roles, and goals in life, with and beyond vulnerability. Recovery Colleges support these processes.

Empowerment

While recovery often focuses more on personal development, empowerment primarily addresses the relationship between the individual and society. Traditionally, empowerment has had an emancipatory meaning, related to fighting for space for people in vulnerable positions to influence their own lives. It is about strengthening the position of individuals so that they can take their rightful place in society. In addition to the individual aspect of empowerment – taking control of your life again – it is also a concept that involves a collective movement that can break through existing power structures and frameworks in society and care systems. Recognizing and utilizing experiential knowledge and expertise by experience play a crucial role in this. Within a Recovery College, all aspects of empowerment are present. A Recovery College provides space for partakers to choose what is suitable for their recovery at that moment (individual aspect). Additionally, a Recovery

College pays necessary attention to destigmatization and the normalization of mental vulnerability (collective aspect).

Experiential knowledge and expertise by experience

Everything that someone knows and understands from lived experience (e.g., mental vulnerability, addiction, societal problems) is called experiential knowledge. By exchanging experiences in mutuality, collective experiential knowledge can also develop. Learning from the experiences of others contributes to better understanding one's own experiences and further developing one's own experiential knowledge. Experiential knowledge is a worthy source of knowledge alongside scientific and professional knowledge.

Expertise by experience is described as the ability of someone, based on both personal and collective experiential knowledge, to create space for others to discover and develop their own experiential knowledge. An expert by experience can share their own experiential knowledge but is not an expert on the experiences of others. Within a Recovery College, the exchange of experiences and experiential knowledge is an fundamental element: it shapes the collective learning environment.

Peer support

Peer support is about mutual, reciprocal (social/emotional) support from people with similar experiences (e.g., mental vulnerability). The relationships that peers build with each other are central in this; they offer an opportunity to share experiences, give and receive support, and build collective experiential knowledge that both parties can benefit from. Peer support focuses on hope and perspective for the future. However, this does not mean that difficulties and struggles cannot be discussed. Providing space to address struggles is precisely the strength of the peer support environment. It is about offering space for the struggles themselves and for experiences that encourage overcoming those struggles. A Recovery College facilitates such a peer support environment.

Anti-stigma

Recovery is not an isolated, individual process, but always takes place within a specific context or environment. Stigma is a negative label that influences how we see each other and ourselves. When such a label is assigned by ourselves, the care system, and/or society, it is called stigmatization. Stigmatization undermines recovery because it can limit the space for personal development. Sometimes this happens unconsciously, and sometimes it is explicitly woven into certain procedures, legislation, or rules. When people adopt certain stigmas as part of their own identity and believe in the negative stereotypes associated with them, it is called self-stigma. A key condition for recovery is breaking through (self-)stigma. A Recovery College is a place to address (self-)stigmatization and find societal activities to try to break and through (self-)stigma. This is necessary to increase societal opportunities, diversity, and inclusion, and to combat stigma and discrimination.

User emancipatory movement

Recovery Colleges originated from the user emancipatory movement in mental health care, which gained momentum in the 1970s. Clients saw mental health care as stigmatizing, paternalistic, and disempowering. The clients demanded control and decision-making over their lives and recovery processes. From this movement, beliefs emerged that working on recovery must be entirely voluntary, that individuals should be treated as equals, that recovery is possible, and that focusing on personal responsibility and strengths is essential. This considered, it is essential to maintain the independence and self-directed nature of Recovery Colleges, ensuring they remain "for and by" those involved.

3. Core tasks – scoring instruction

This chapter describes ten core tasks of Recovery Colleges. These core tasks are scored in the online scoring form associated with this reflection tool[1]. The core tasks are visually represented below in a radar tool. The model is divided into four domains: personal domain, relational domain, collective domain, and organizational domain. Although the core tasks are not always exclusively prevalent in one domain but often span multiple domains, this classification can help making the layers of a Recovery College more tangible.
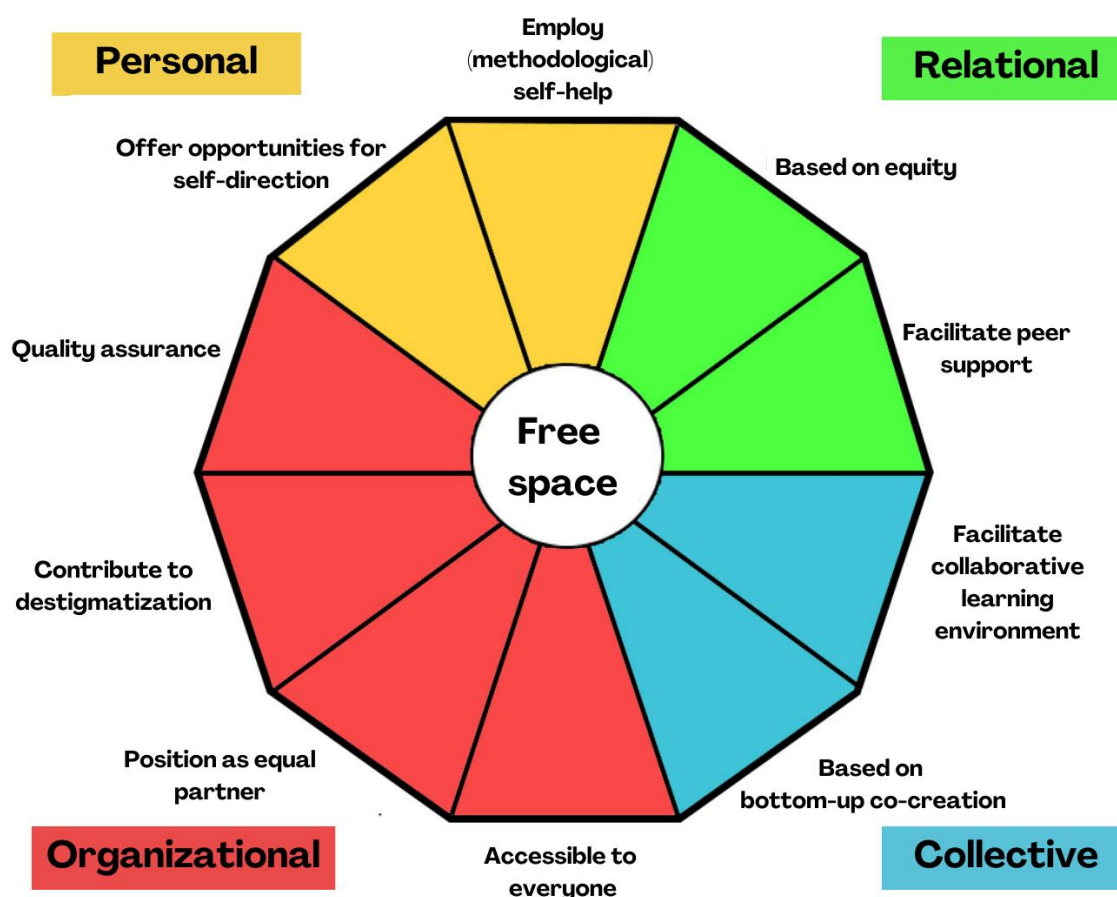
3.1. Personal domain

The personal domain is the layer of the experiences of participants, where the personal recovery process takes place.

Offer opportunities for self-direction

The Recovery College offers various opportunities for partakers to take more control over their lives and experience empowerment. Partakers are positioned to make their own choices about their lives again. They select activities from the program that best match their interests and needs at that moment. The focus on self-direction and empowerment also involves mutual trust so that one can

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[1] This online scoring form was available for the testing phase of this tool in the Netherlands but is not publicly available at the moment.

express their own needs and wishes and act on them. Ownership and personal responsibility are central.

To determine the extent to which your Recovery College offers sufficient opportunities for self-direction, you can consider the following:

- How many choices can someone make when they want to become active in the Recovery College?
    - Are the program offerings diverse enough in terms of **content**? For example, recovery working groups and activities on various topics such as finding meaning, coping with [...], peer work, personal meetings, lifestyle, well-being.
    - Are the program offerings diverse enough in terms of **intensity**? For example, one-time activities lasting a few hours, series of activities over several weeks, or events that take place over a day or half-day.
    - Are the program offers diverse enough in terms of **scheduling**? For example, activities in the morning, afternoon, evening, and spread throughout the year.
    - Are the program offers diverse enough in terms of **formats**? For example, creative methods, physical methods, cognitive methods, games, and theater.
    - Apart from the curricular program offerings, are there **other opportunities** within the Recovery College to develop oneself? For example, through different forms of volunteering.
    - Is there enough **freedom of choice** within the activities? For example, being able to give your own twist to an assignment, the freedom to skip certain parts, or not necessarily taking turns but having the option to speak or not during group discussions.
    - Is there enough **practical** freedom of choice? For example, the freedom to choose where to sit, or which color folder, paper, or pen to use.
- Does the Recovery College provide space for partakers to express their needs and act on them? For example, through a support document, as seen in Wellness Recovery Action Planning (WRAP).
- Does the Recovery College allow for an individual learning path? Does the Recovery College <u>not</u> use predefined curricula or processes that must be followed?

Employ (methodological) self-help

Methodological self-help is a form of support in which specific methods are used to explore the recovery process and personal experiences. The term "methodological" in this core task is in parentheses because methodological tools (such as Recovery is Up to You, Working with Own Experiences, WRAP, Honest Open Proud) can aid in facilitating self-help, but the emphasis is not on the use of those methods. The focus is on facilitating self-help as a process. The core of an environment where self-help is central is that facilitators provide space for participants to explore their own possibilities, desires, and needs. In this way, partakers learn how to influence the world around them and how to relate to it.

To determine the extent to which your Recovery College employs (methodological) self-help, you can consider the following:

- Are partakers encouraged to reflect on their strengths, capabilities, and qualities to gain insight into their possibilities?
- In what ways does the Recovery College facilitate this? For example, through recovery groups like WRAP or Recovery is Up to You, reflection exercises, writing your recovery story, as well as offerings outside the curriculum.

3.2. Relational domain

The relational domain is the layer of underlying relationships and connections among the participants of the Recovery College.

Based on equity

All of those involved can contribute equally to the Recovery College. There is space for everyone's strengths and talents. Everyone is given equal opportunities to try things out and take on roles. People may have different roles and responsibilities (e.g., a location coordinator or a participant), but everyone remains equal as a person.

To determine the extent to which your Recovery College is based on equity, you can consider the following:

- Is it explicitly emphasized within the Recovery College that all experiences are of equal value? That no experience is better or worse than another?
  - Are facilitators taught how to ensure this in their activities?
  - Do facilitators explicitly state this at the start of an activity?
  - Does this come across in the (non)verbal communication among partakers, i.e., is there a non-judgmental attitude?
- Is the influence of roles and responsibilities on power dynamics regularly discussed? For example, the role of a location coordinator, a volunteer, or a participant.

Facilitate peer support

Within a Recovery College, peers are people with lived experience of mental vulnerability and recovery. By connecting with each other, partakers can give words to their experiences, find recognition and understanding, practice social contact, learn from each other, support one another, and build a social safety net. The Recovery College therefore facilitates an environment where peer support is central. This means that the Recovery College provides a safe space where people can be vulnerable and share their experiences (emphasizing the equality of all partakers). Within the Recovery College, reciprocity is essential: partakers not only learn to be supported by others but also to support others. This awareness can contribute to recovery.

To determine the extent to which your Recovery College facilitates peer support, you can consider the following:

- Does the Recovery College create a supportive environment where people provide each other with support through mutual connections?
  - Is this explicitly stated as an important pillar within the Recovery College?
- Within activities and recovery working groups, is there enough space and time for social contact besides the offered content? For example, icebreaker exercises and sufficient breaks.
- Is there space for lightness and humor within the Recovery College?
- Is there a space within the Recovery College where peers can meet other than during activities? For example, in a social meeting ground?
- Is the physical space designed to encourage social contact? Both in the rooms where activities are organized and in any potential meeting areas. For example, consider the arrangement of the space: an open room with round tables or square table arrangements that facilitate easy contact.

3.3. Collective domain

The collective domain takes place at the level of the community, the collective, the whole that those involved in the Recovery College form together.

Facilitate a collaborative learning environment

The Recovery College facilitates a collaborative learning environment. Partakers work together, inspire each other, and learn from each other by sharing experiences, knowledge, and skills. Learning occurs not through the one-sided transfer of expertise or professional knowledge but through reciprocal and equal exchange. The Recovery College can also be seen as a space for practice.

To determine the extent to which your Recovery College facilitates a collaborative learning environment, you can consider the following:

- Is there enough time and space within activities and recovery working groups for partakers to exchange experiences and learn from each other? For example, in WRAP, the guideline is that 70% of the time in a recovery group should be reserved for exchange.
- Does the main program always take place in a group setting?
- In addition to "formal" learning opportunities (such as recovery groups and activities), does the Recovery College also provide space for informal learning opportunities (from social contact or taking on roles and responsibilities)?
- Are the physical spaces where recovery groups and activities take place designed as learning environments? For example, are whiteboards, flip charts, projectors, and/or workbooks used?
  - o What does the rest of the Recovery College look like? Are there places available that are designed as learning environments? For example, a space with computers or a library with books on peer support and recovery.

Based on bottom-up co-creation

People with experiential knowledge (both facilitators and participants) shape the Recovery College. These can be professional experts by experience, but they do not have to be. Everything the Recovery College offers is developed bottom-up from the wishes, ideas, and needs of partakers. The Recovery College supports this process. This means that the Recovery College provides space for partakers to create activities based on their needs. Co-creation does not mean that every idea is immediately adopted, but rather that space is created to explore together how an idea can fit into the Recovery College.

To determine the extent to which your Recovery College is based on bottom-up co-creation, you can consider the following:

- Is the program developed based on the (wants and needs of) partakers themselves?
- Is there enough space for partakers to work out new ideas?
  - o Is the process for developing an idea into a program component clear to everyone?
  - o Are partakers regularly made aware of opportunities to develop their own ideas? A structured way to create space for co-creation could be by creating a pool where partakers with ideas are matched with facilitators focusing on specific themes.
- Are all activities within the Recovery College facilitated by at least one person with lived experience?
- Are people with lived experience in the lead?
- Is the physical space of the Recovery College co-created (and maintained) with the partakers?

- During activities or recovery groups, is joint decision-making used where possible? For example, adjusting or skipping parts, deciding the timing of breaks, etc.
- To what extent do partakers have a say in how the Recovery College is given shape? For example, regarding policies, hiring staff, communication.
- If there is participation:
  o How is that participation facilitated? Does it take place in steering committee, recovery groups, etc.?
  o Is this participation structurally embedded or does it happen on an occasional basis?
  o Who makes the final decisions? Do the coordinators make these decisions, or do they make these decisions together with partakers?

3.4. Organizational domain

The organizational domain encompasses both the position of the Recovery College in society and the organizational aspects related to how the organization functions.

Accessible to everyone

The Recovery College is accessible to everyone (regardless of whether they are a client of a host organization, have a diagnosis, etc.). Although the Recovery College specifically targets people with mental vulnerabilities, anyone who feels drawn by the Recovery College is welcome. This means that the Recovery College strives for an open culture where everyone feels welcome and safe. No one is judged or treated differently because of their background or mental vulnerability. In principle, the Recovery College is a diagnosis-free space, meaning it doesn't matter whether someone has diagnoses to begin with or which diagnoses they have. To ensure the Recovery College is accessible to everyone, attention is paid to low-threshold accessibility and diversity.

To determine how accessible your Recovery College is, consider the following:

- Is the Recovery College and are all recovery groups/activities accessible without a diagnosis? Or are there recovery groups or activities that only a limited group can participate in (e.g., clients of the host organization or people with a specific diagnosis)?
- Does the Recovery College offer a diagnosis-free space? In other words, does the Recovery College not ask for diagnoses?
- Are the physical locations easily accessible? For example, wheelchair accessibility, public transport availability, easy to find.
- Do the locations have a welcoming, warm atmosphere? Has attention been paid to the interior design to create a homely atmosphere (rather than a clinical one)?
- Is there an open culture within the Recovery College where everyone feels welcome and safe?
  o Have certain actions been taken to ensure this? For example, are shared behavioral agreements or core values clearly visible to everyone?
- Are the activities financially accessible? (Compare: one can attend for free vs. a financial contribution is expected)
- Is the report on someone's process always in the hands of the individual themselves?
  o Are no internal records kept for, for example, progress monitoring of partakers?
  o Are no personal details (e.g., name, contact details, address, which programs someone has attended) shared with third parties (e.g., funders, municipalities, host organizations)?

- Are individual learning needs of partakers considered? For example, printing workbooks with larger text for people with dyslexia, or translating content into another language for participants who do not speak the primary language.

Position as equal partner

The Recovery College ensures visibility in the neighborhood and region. The Recovery College aims not only to encourage participants to take meaningful roles within the Recovery College but also outside of it. The Recovery College is aware of the balance it must maintain between facilitating a safe peer support environment and collaborating with other (care) organizations. The Recovery College can leverage its expertise in peer support and self-direction to support or advise other organizations. The Recovery College also aims to influence policy within a broader network.

To determine how well your Recovery College is positioned as an equal partner, consider the following:

- Is the Recovery College active in the neighborhood/region to raise awareness of their offerings?
  - In what ways is this done? For example, organizing external information sessions, distributing flyers and informational brochures, participating in relevant networks.
  - How often is this done?
  - Is it done structurally or occasionally?
- Does the Recovery College consider how the facilitated peer support environment can integrate with the neighborhood/region? In other words, does it encourage an open attitude toward the community to prevent the Recovery College from becoming too inward-focused?
  - How is this done? For example, through team meetings, discussions with neighborhood representatives, brainstorm sessions with partakers.
- Does the Recovery College collaborate with relevant partners in the neighborhood/region? For example, welfare organizations, community centers, sports clubs, cultural associations, schools.
  - Does the Recovery College offer flyers or informational brochures from relevant partners to help partakers find other activities in the neighborhood/region?
  - Are joint events or activities offered to help partakers find their way to other activities in the neighborhood/region?
- Are partakers in the Recovery College actively informed about opportunities in the neighborhood/region, or for example are there merely flyers presented at a reception desk?
- Does the Recovery College share knowledge and expertise about peer support and self-direction with relevant partners in the neighborhood/region?
- If the Recovery College collaborates with partners in the neighborhood/region: is the Recovery College's identity actively maintained in this collaboration? For example, through adherence to core values, a consistent brand style, etc.
  - How is this done?
  - Is this always successful, or sometimes not?

Contribute to destigmatization

A Recovery College plays an important role in reducing stigma and discrimination, and promoting inclusion. This concerns destigmatization at all levels: breaking down self-stigma, stigma in care, and stigma in society. Attention is not only given to the impact of stigmatization, but also to becoming

aware of one's own stigmatizing behavior. It is also about creating space for plurality of voices. This space should be facilitated within the Recovery College, but also outside in society. The goal is to normalize variation and diversity. Contributing to destigmatization can also be achieved by, for example, actively advocating or working as a pioneer in the neighborhood/society to strengthen the position of people with mental vulnerabilities.

To determine how much your Recovery College contributes to destigmatization, consider the following:

- Does the Recovery College pay significant attention to the themes of self-stigma, stigma, and destigmatization?
  - How is this reflected in programs they offer, for example?
- Is there regular discussion about the presence and impact of stigma within the Recovery College?
- Is the Recovery College actively working to combat stigma in healthcare?
  - How is this done? For example, through meetings with healthcare providers, organizing lectures or workshops on this topic for healthcare providers.
- Is the Recovery College actively working to combat stigma in society?
  - How is this done? For example, through advocacy, organizing lectures or workshops on this topic in the neighborhood or even beyond.

Quality assurance

The Recovery College is intensively and structurally engaged in ensuring the quality of the program offerings. Ideally, these processes not only take place within the Recovery College but also in exchange between different Recovery Colleges. During these processes, reflecting on the core values in practice is central. Dilemmas can thus be discussed, and valuable lessons can be learned.

To determine how much your Recovery College is engaged in quality assurance, consider the following:

- Are meetings organized within the Recovery College in the form of peer consultation, supervision, subject groups, or ethical deliberations?
  - Are these meetings organized regularly, or only incidentally (i.e., when there is a direct occasion)?
  - Are these meetings organized internally only, or is there also an exchange with other Recovery Colleges (e.g., in the region)?
- Has the role of 'facilitator' been clearly described within the Recovery College, for example, in a job description?
- Is there enough time, space, and resources for facilitators to continue their professional development? For example, by offering the WRAP refresher training or staying up to date with (scientific) literature?
- Does the Recovery College collaborate with relevant educational institutions (such as those offering training for peer specialists) to keep knowledge and skills up-to-date? For example, by offering internship placements?
- Is there a plan for the further development of the Recovery College described (in co-creation)?
  - And is this regularly reviewed?

4. Practical choices

In this chapter, several practical choices are presented. One choice is not better or worse than another. It can provide insight into possible forms of a Recovery College. Sometimes, italicized explanations or reflections are provided alongside the practical choices.

Program offerings

Facilitating a peer support learning environment can be done through various offerings. Offering recovery-oriented series, activities, and recovery working groups is an essential part of a Recovery College. In addition, a Recovery College can provide other offerings. What types of offerings does your Recovery College provide?

☐ (Recovery-oriented) series, activities and recovery work groups

☐ Social meeting ground

☐ Volunteer opportunities

☐ Retreats (multi-day series including overnight stays)

☐ Other, namely _____

Program scope

Within a Recovery College, exchanging about and reflecting on recovery is central. Therefore, the program focusses on exploring one's own recovery (story) in exchange with peers. However, one can also choose to offer a program with a broader scope. For example, a Recovery College might offer working groups or activities that are also offered by other initiatives (e.g., community centers, gyms). Think of activities like yoga, walking, cooking together, photography. These types of activities can be used to stimulate reflection on recovery (e.g., exchanging thoughts on a recovery theme during a walk), but they can also be offered without that focus (e.g., walking together for fun). What is the scope of your Recovery College?

A = (**Almost) none** of our offerings is specifically focused on exploring and exchanging about one's own recovery (story). Our program almost always has a broader scope.

B = A **small part** of our offerings is specifically focused on exploring and exchanging about one's own recovery (story). The largest part of our program has a broader scope.

C = **About half** of our offerings is specifically focused on exploring and exchanging about one's own recovery (story). The other half of our program has a broader scope.

D = The **largest part** of our offerings is specifically focused on exploring and exchanging about one's own recovery (story). A small part of our program has a broader scope.

E= **(Almost) all** of our offerings is specifically focused on exploring and exchanging about one's own recovery (story).

Co-creation partnerships

Co-creation within a Recovery College always involves people with lived experience (peers). Activities can be designed and facilitated solely by peers, or peers can collaborate with a healthcare provider, expert, or external professional.

Note: Healthcare providers, experts, or other external professionals can sometimes also be peers. When they contribute from their lived experience in exchange, they are considered peers.

Note: An activity must never be designed and facilitated only by healthcare providers/experts/external professionals. Co-creation must always be initiated by peers/experts with lived experience, and they must be involved throughout the entire process. When co-creation with experts takes place, special attention must be given to maintaining equity and reciprocity (exchanging experiences, not training based on expertise).

What partnerships exist within your Recovery College?

A = **(Almost) all** of our offerings is designed and facilitated by peers **together** with a healthcare provider, expert or external professional.

B = The **largest part** of our offerings is designed and facilitated by peers **together** with a healthcare provider, expert or external professional. A small part of our program is designed and facilitated **solely by peers**.

C = **About half** of our offerings is designed and facilitated by peers **together** with a healthcare provider, expert or external professional, the other half is designed and facilitated **solely by peers**.

D = The **largest part** of our offerings is designed and facilitated **solely by peers**. A small part of our program is designed and facilitated **together** with a healthcare provider, expert or external professional.

E = **(Almost) all** of our offerings is designed and facilitated **solely by peers**.

Type of location

A Recovery College can be housed in different types of locations. What type(s) of location(s) apply to your Recovery College?

Note: If your Recovery College only has one location, provide the answer for that specific location. If your Recovery College has multiple locations, include all locations in your answer.

Note: An "own location" means that the location is not shared with any other organization, and the building is managed by the Recovery College or the host organization.

Note: A "shared location" refers to buildings shared with other social or public services (such as a community organization, community center, library) or buildings from a mental health organization (i.e., a building where treatment/support also takes place).

A = **(Almost) all** of our locations are shared with other organizations.

B = The **largest part** of our locations is shared with other organizations. A small part of our locations is housed in owned buildings.

C = **About half** of our locations is shared with other organizations, the other half is housed in owned buildings.

D = The **largest part** of our locations are own locations. A small part of our locations is housed in locations shard with other organizations.

E = **(Almost) all** of our locations are own locations.

<u>*Reflections*</u>

Having an own building can be empowering, and as an organization, you have full control over shaping your space. This way, the identity of the Recovery College can be strongly established. Additionally, owning a building supports the creation of a peer support community.

Using a shared location can be more accessible and make it easier for people to find the Recovery College. However, it is crucial to protect the identity of the Recovery College and to ensure sufficient influence in shaping its space. A location should always aim to clearly communicate its own identity, for example, by having its own entrance, a dedicated reception area, or branding on the windows.

One or more main locations owned by the Recovery College, combined with offering activities in the community, can complement each other. Low-threshold activities in the community can spark partakers' curiosity to visit the main location(s) as well.

A location that shares a building where mental health services are also offered may conflict with the core values of a Recovery College. Independence from mental health services is important to emphasize the position of the Recovery College and to continue creating space for the described core values and core tasks.

5. Bibliography

To formulate the core values and core tasks, information was drawn from:

- Focus groups with 16 Recovery Colleges in the Netherlands (30 participants → facilitators and coordinators)
- Exchanges with the POP Group (experiential co-researchers from Enik Recovery College, Utrecht, the Netherlands)
- Exchanges with experts from MIND, the Dutch Association for Self-Direction and Recovery, and Cavallo Advice (part of the 'Blauwe Paard Netwerk')

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6. Acknowledgments

7. Attachment – template radar tool

The filled-out online reflection tool leads to a dashboard where the scores on the core tasks are visually represented with bar graphs. The practical choices are also visually displayed there.

In the model description of this document, we used a radar tool visualization. A blank version of such a radar tool is shown on the next page. The scores can be marked here if desired, to create your own radar tool.

For example, imagine these are the scores for your Recovery College on the core tasks:

- Offer opportunities for self-direction: 4
- Employ (methodological) self-help: 3
- Based on equity: 4
- Facilitate peer support: 3
- Facilitate collaborative learning environment: 2
- Based on bottom-up co-creation: 2
- Accessible to everyone: 3
- Position as equal partner: 4
- Contribute to destigmatization: 3
- Quality assurance: 2

Then the radar tool would look like this:

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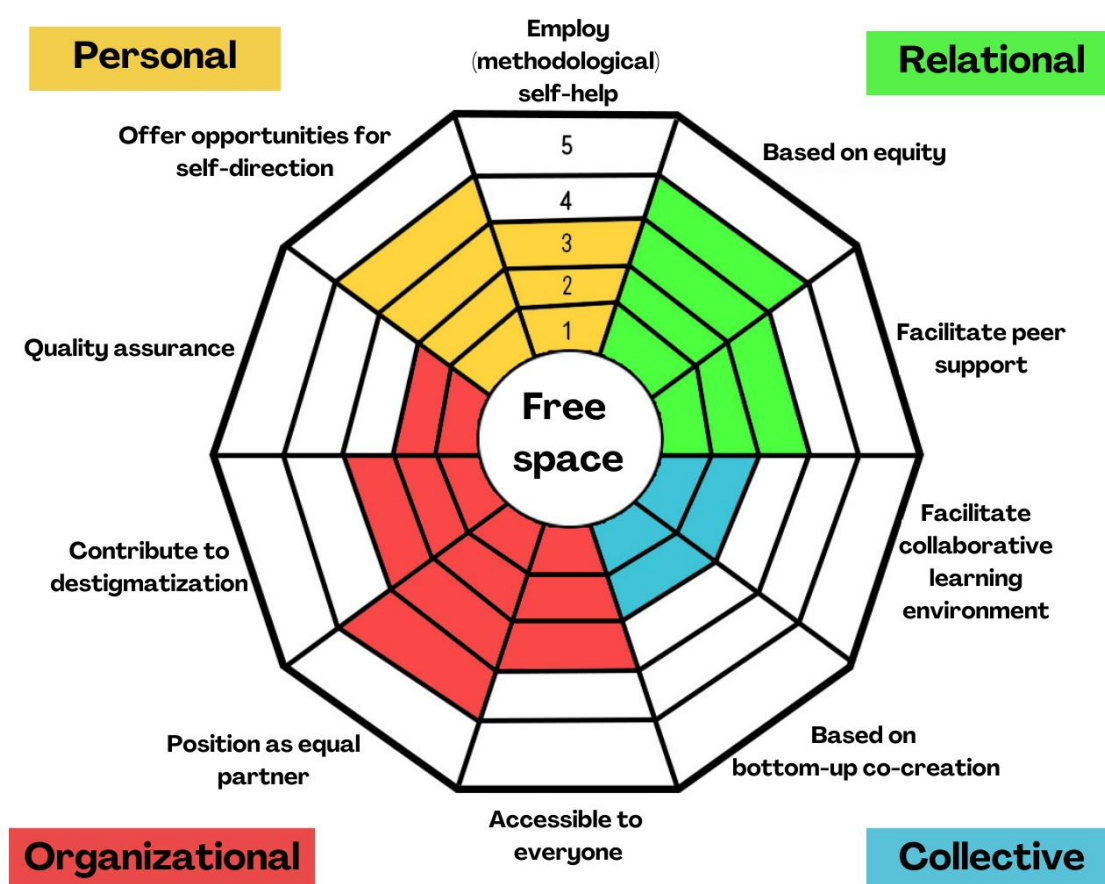
If desired, enter the scores for the core tasks for your Recovery College here: