BMC Psychiatry

RESEARCH

Open Access

Recovery colleges as enablers of personal recovery: qualitative evaluation of the development of a recovery college in the Netherlands

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Abstract

Background In the Netherlands, maintaining high standards of mental healthcare faces challenges due to an increasing demand for mental healthcare and a focus on symptomatic recovery rather than personal growth and improvement in the quality of life. Recovery colleges, which emphasize personal recovery through hope, autonomy, and empowerment, offer a transformative approach by fostering an environment where individuals with mental distress can learn and thrive. The aim of this study was to explore the experiences of students and relevant stakeholders (like family members or regional social workers) with the recovery college.

Methods This study evaluated the experiences of students working on their personal recovery at the Recovery College Venlo, by utilizing qualitative methods including focus group interviews, personal interviews and thematic analyses.

Results The participants reported benefits such as enhanced personal growth and a reduction in self-stigma and reliance on traditional mental health services. Peer workers with lived experience were reported to play a pivotal role in facilitating recovery. Although recovery colleges show promise in supporting personal recovery and providing cost-effective alternatives to conventional mental health services, challenges remain in increasing awareness, accessibility, and family involvement. Further research is needed to optimize the implementation of recovery colleges and fully understand their effectiveness.

Conclusions The study underscores the importance of co-creation in the development of recovery-oriented services, and highlights areas for improvement, including enhanced family support and more streamlined access for potential students.

Keywords Recovery college, Peer worker, Personal recovery

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Background

Although mental healthcare in the Netherlands is internationally recognized as well-organized and of high quality, there are significant challenges in maintaining this standard due to the declining mental health of the population [1–3]. Therefore, the demand for mental healthcare continuously exceeds capacity, in terms of both funding and personnel, thereby placing the quality of mental healthcare at stake [4]. Furthermore, the mental healthcare generally focusses on symptomatic recovery with a lack of emphasis on personal recovery and improvements in quality of life [5]. A different approach to working on mental healthcare is needed to keep mental healthcare accessible for people suffering from mental illness and to improve their outcomes. Recovery colleges represent a different and transformative approach to mental healthcare, emphasizing personal recovery as a unique and deeply personal process [6, 7]. This model—grounded in the principles of hope, autonomy, and empowerment—diverges from traditional mental health services by fostering environments in which individuals with lived experience of mental distress can learn and thrive [8, 9]. First introduced in the United States during the 1990s, recovery colleges have since proliferated globally and now exist in more than 20 countries and are receiving endorsement from the World Health Organization for their innovative contribution to recovery-oriented care [10–12]. Central to the recovery college approach are its core principles, including equality, tailored learning experiences, coproduction, and a strong community focus. Among these core principles, equality is perhaps most important, meaning that within the recovery college the power imbalance between all involved should be as minimal as possible, which is in part achieved by using peer workers instead of other professionals to run the recovery college. Recovery colleges offer a distinct educational paradigm, in which learning is collaborative, and courses are designed to support recovery and personal growth, thereby making them accessible and relevant to all participants. Despite their widespread adoption and positive reception, there remains a scarcity of high-quality research evaluating their general effectiveness and cost- effectiveness of recovery colleges and their mechanisms of action. These gaps highlight the critical need for comprehensive studies to understand the impact of recovery colleges and to optimize their implementation [13, 14]. A major weakness of past research on recovery colleges is the lack of co-creation in their evaluations with people with lived experience of mental illness [15].

A review of the literature reveals several beneficial outcomes of attending recovery colleges, including strong student satisfaction, students' achievement of personal recovery goals, and a decrease in their self-stigma [16]. Self-stigma is the internalization of public stigma by individuals, leading to diminished self-esteem and self-efficacy [17]. Students have also frequently reported improvements in their social networks, knowledge, skills, well-being, and quality of life. They have attributed these gains to the supportive and educational environment fostered by recovery colleges [13]. Moreover, engagement with recovery colleges has been linked to significant reductions in the use of mental health services, suggesting potential cost savings for health systems [18]. Importantly, the model also has a positive impact on mental health professionals who participate, fostering changes in their attitudes and practices towards a more collaborative and person-centered approach [19]. However, the journey to accessing and benefiting from recovery colleges is not without challenges. Barriers, such as physical illness, anxiety, and logistical issues have been reported [17]. However, despite these obstacles, the emphasis on coproduction and educational empowerment in recovery colleges serves as a powerful facilitator, underscoring the shift toward a more inclusive and empowering model of mental healthcare.

The findings to date underscore the importance of further research to elucidate the specific mechanisms through which recovery colleges facilitate recovery and to identify strategies for overcoming barriers to access and engagement [15, 16]. Additionally, limited research had been published on the value of recovery colleges specifically in the Netherlands. Therefore, the aim of this study was to explore the experiences of students and relevant stakeholders (like family members or regional social workers) at the recovery college situated in Venlo, the Netherlands. The main goal of the study was to identify the ways in which the recovery college in Venlo contributes to its students' personal recovery.

Methods

This study was a qualitative evaluation of the development of a recovery college. The study utilized focus group interviews, inductive coding and thematic analysis using a content analysis perspective. The recovery college is a co-creation of the peer workers and the students with support of mental health services, while the study was co-created by the researchers and the peer workers involved in the Recovery College Venlo.

The theoretical framework guiding this study is grounded in recovery-oriented mental health practices and participatory action research. Recovery-oriented practices emphasize personal recovery as a deeply individual journey, focusing on hope, autonomy, and empowerment. Participatory action research involves collaboration and co-creation with various stakeholders, ensuring that the perspectives of individuals with lived experience of mental illness remain central to the research process [20, 21].

In this study, peer workers who work in the recovery college were actively involved in shaping the research from its inception. They participated in discussions during which the research aims and design were developed, ensuring that the study reflected their insights and priorities. Peer workers played a key role in organizing and facilitating focus groups, leveraging their lived experience to foster a safe and open environment for participants. They were also engaged in reviewing the raw data and contributed significantly to interpreting the findings, ensuring that the results were meaningful and relevant to the context of the recovery college.

Additionally, a broader group of stakeholders, including representatives from local government, community organizations, and mental health services, participated in a smaller number of meetings. These meetings were pivotal in gaining consensus on the overall research aims, approving the study framework, and interpreting the findings. This multi-stakeholder involvement further enriched the research process by incorporating diverse perspectives, enhancing the relevance and applicability of the outcomes [22].

The participatory approach not only addressed potential biases by involving participants and stakeholders throughout the process but also ensured authenticity in the findings. The concept of saturation was achieved through continued engagement until no new themes emerged, facilitating a comprehensive understanding of participants' experiences [23]. By prioritizing themes that directly emerged from the narratives of peer workers, students, and stakeholders, the analysis reflects an authentic and grounded understanding of how the recovery college contributes to personal recovery. The employed methods, such as inductive content analysis and thematic analysis, align with this framework by enabling the emergence of themes from the data, effectively addressing the study's aim [24].

The recovery college

The Recovery College in Venlo, the Netherlands, was developed as an accessible service for all residents aged 18 and older in the local municipality. It focuses on supporting the personal recovery of its students and is run exclusively by peer workers and volunteer peer workers. The peer workers provide evidence-based training activities, derived from the principles of personal recovery [6]. The recovery college is a collaboration between three local health services, each of which provides mental healthcare, shelter and support for the homeless, and general welfare services. The recovery college is administered by the municipality and is kept as separate as possible from the three collaborating organizations. According to international consensus, the key operating principles of a recovery college are (a) equality and (b) commitment to personal recovery [25]. The recovery college in Venlo is funded by the local municipality and is housed in a building shared with other social support organizations. In the year prior to the data collection, 240 people participated in one or more of the activities provided by the recovery college.

Consistent with the general characteristics of recovery colleges, the recovery college in Venlo is staffed by peer workers with lived experience of mental illness [25]. They are responsible for developing the program, managing its logistics and handling all communications. The three collaborating organizations provided assistance and guidance with funding, reporting, housing, staffing, communications, and collaborations within the municipality. The basic principle underpinning the recovery college's funding is that the students can create their own pathway to recovery. During group sessions, students can exchange their experiences and share the challenges they are facing. The students regard recognition of their struggles as very important. Peer workers are present mainly to challenge the students to envision their future and to set realistic goals that they wish to achieve. In addition, the peer workers support the students in their recovery processes, during which they sometimes feel vulnerable.

One of the activities offered by the recovery college is to facilitate peer-run courses, such as the Wellness Recovery Action Plan [26], Recovery Is Up To You [27], and the Recovery Empowerment group [28]. Additionally, students can attend individual sessions, with peer workers. There are also meetings in which the students have an opportunity to interact with experts on topics such as grief, personal recovery, mental illness, mental abuse, and personal recovery.

The peer workers

Peer workers who are formally educated have been employed in the Netherlands for more than a decade [29]. They have completed a three- or four-year educational program at either a vocational college or a university of applied sciences, which provides them with a background in utilizing their own experiences with mental health problems to help other people with similar problems [30]. All the peer workers who are involved in the Recovery College Venlo have either (a) completed this training, (b) are currently completing an internship in mental-health care at the recovery college, or (c) are working as a volunteer.

Sample and procedure

Because the aim of this study was to represent all parties involved in the project, the sample was drawn from everybody who interacted with the recovery college. The broad sampling ensured that various perspectives on the recovery college would be represented. Purposive

sampling was used to select participants with specific roles within the recovery college to identify those best suited to inform on the recovery college. This included students and their family members, peer workers, mental health providers, and representatives of the municipality [31]. Although the sampling procedure ensured that all involved parties would be included, the emphasis was on the students in the recovery colleges since they are the intended beneficiaries of its services. The peer workers and researchers selected participants based on their involvement in the recovery college, as well as their availability and willingness to participate. Participants were approached either face-to-face or by telephone by a peer worker or a researcher.

Data collection

Two focus group interviews were arranged, and 10 participants were invited to attend each interview. In addition to the focus group interviews, some participants were interviewed individually afterward because they were not available to participate in the focus group interviews. Since it was not possible to plan the focus group interviews at a time when every participant was available, we had to consider whether to interview some participants individually (sometimes using video conferencing software) or to exclude them from the study. Because some of the participants who could not attend the focus group interviews were deemed important to the data collection (for example since they represented the municipality), we chose to interview them individually rather than exclude them from the study. Data collection continued until saturation occurred (when two consecutive interviews did not yield any new results). Participants with a variety of backgrounds attended the focus group interviews so that the different kinds of participants could interact with one another. The aim was to capture as many views about the recovery college as possible. The first author TB (male, advanced practice nurse, Ph.D. candidate, no lived experience of mental disorder and no prior involvement with a recovery college as a student) and researcher ES (female, healthcare policy advisor, M.S. degree, no lived experience of mental disorder and no prior involvement with a recovery college as a student) conducted the interviews.

To minimize potential bias, two researchers with differing views of the topic of the interviews were selected to conduct the focus group interviews. ES was enthusiastic about recovery colleges, whereas TB was more skeptical about the benefits of recovery colleges. Although TB was aware of the potential benefits of recovery colleges, he was unsure of the feasibility of having a recovery college as a major component of mental health services. Both interviewers were experienced in conducting interviews, including focus group discussions, and neither of them was involved in the administration of the recovery college project.

The participants in the focus groups had not met the researchers prior to the interviews, and they knew them only in the context of the present study. The focus group interviews were conducted at the location of the recovery college because this was deemed a safe environment in which the participants could openly discuss their views. Some of the interviews were conducted using video conferencing software, but only the participants and the researchers were present. Semi-structured interview guidelines were developed for use in the focus group discussion and adhered to common practices in qualitative research [32]; see Table 1. The focus group interviews were audio-recorded using professional audio equipment, and a professional transcription service was used to transcribe the recordings for analysis [33].

All participants were asked to complete a short questionnaire about their background, including questions about age, gender (male, female, other), and relationship to the recovery college (student, family member, healthcare professional, peer worker or representative of the municipality; more than one option possible). All questions had an option for 'rather not say'.

Table 1 semi-structured interview guide

	Topic
1	What is the opinion of the parties involved in the recovery college in general?
2	What was the value of the activities in the recovery college for the students?
3	How did the students in the recovery college experience the courses?
4	What is your opinion of the role of the peer workers in the recovery college?
5	Does the location of the recovery college meet the expectations of the parties involved?
6	What was most valuable for the students' personal recovery?
7	What opportunities were missed for supporting the students' personal recovery?

Analysis

The two authors jointly performed the analyses and reported the results. The analysis was performed using the Atlas.ti software package. To eliminate potential bias, two researchers with prior experience in this type of research [30, 34, 35] but with differing views on the topic were selected. MK (male, healthcare policy advisor with a bachelor's degree, involved in facilitating and guiding the Recovery College Venlo, with experience of mental disorder and no prior involvement with a recovery college as a student) was enthusiastic about recovery colleges, and believed it to be the way of the future in mental healthcare. On the other hand, TB was more critical of recovery colleges as a model of support. A thematic analysis is

appropriate for use in applied, exploratory research like this study. In it, an inductive content analysis was used [36, 37]. First, two researchers independently coded all the transcripts. Second, the researchers checked each other's coding, and when differences occurred, they were discussed until consensus was reached. Third, the codes were refined (spelling errors were corrected and duplicate codes were eliminated). Fourth, the themes and subthemes were identified according to the procedures of theme development [38]. Fifth, quotations were selected to illustrate the themes and subthemes [32]. Finally, our research findings were checked by three random participants to verify their accuracy and resonance with their experiences (member check). This process was used to enhance the credibility and validity of the research by incorporating participants' feedback and ensuring that their perspectives had been accurately represented. The reporting of the results was done according to the COREQ guidelines for reporting the results of qualitative analyses [39].

Ethical considerations

According to the guidelines of the Dutch Medical Research Involving Human Subjects Act (WMO), a formal ethical review by an independent review board was not required for the following reasons [40]: most of the participants were not receiving mental healthcare in relation to this study. The treatment of the participants who were receiving healthcare was not altered, and the data collection consisted of a single focus group interview or a single personal interview. Thus, approval by the internal scientific board of the mental health service involved in the study was sufficient, and this approval was procured in writing. Furthermore, the research was performed in accordance with relevant guidelines and regulations. All participants gave written informed consent prior to their participation. All data were stored in a secure environment to which only the researchers had access.

Table 2 Participant characteristics

Characteristic	Category	Statistics
Gender	Male	*n* = 3 (18%)
	Female	*n* = 13 (77%)
	Rather not say	*n* = 1 (6%)
Age		Mean = 28.2 (*sd* = 8.6) years, *n* = 16
Relationship to recovery college	Student	*n* = 7 (41%)
	Family member	*n* = 2 (12%)
	Healthcare professional	*n* = 3 (18%)
	Peer worker	*n* = 4 (24%)
	Representative of municipality	*n* = 1 (6%)

Results

The two initial focus groups included a total of 13 participants. Before we could conclude that saturation had been achieved, three additional interviews were conducted with a total of 17 participants. Of the potential participants who were approached, one (a student at the recovery college) decided not to participate because she deemed herself to be too vulnerable to participate in a focus group interview. We recognized that the data collected in the focus group interviews had extra value due to the interaction between the participants, who sometimes agreed but at other times offered differing perspectives. Despite the richness of the data from the focus group interviews, the individual interviews also provided additional valuable insights, similar to those of the focus groups.

One participant was unwilling to provide personal details and did not offer a motivation for this decision. For the participants who did provide personal details, we were able to conclude that all demographics we aimed to reach (considering participants' age, gender, and their relationship to the recovery college) were represented in the sample (see Table 2). Each of the focus group interviews lasted between 1 and 1.5 h. The individual interviews lasted between 15 and 40 min. Notably, the interviews with healthcare professionals and a representative of the municipality, who mainly discussed insights in a structured manner, were significantly shorter than those with the students at the recovery college, who shared their experiences along with deep feelings and insights. No remarks were forthcoming during the members' check.

During the analysis, four major themes were identified, and within each theme there were between one to five subthemes. Some of the subthemes could be incorporated under two of the major themes. The major themes identified were value of the recovery college, the offerings of the recovery college, areas for improvement, and experiences with the recovery college (see Fig. 1). Each of the themes and subthemes is discussed in succession. Quotations from the focus group interviews are included to illustrate each major theme and subtheme. For each quotation, the participant's background is reported.

Value of the recovery college

The first theme is the value of the recovery college, and it includes four subthemes: family (shared with the theme *offerings of the recovery college*), value of the peer workers, differences from traditional mental healthcare, and stigmatisation. The participants in the focus groups highly regarded the recovery college. The students were especially enthusiastic about the group courses, in which they considered openness, self-acceptance, and recognition as the foundation of personal recovery. The students also

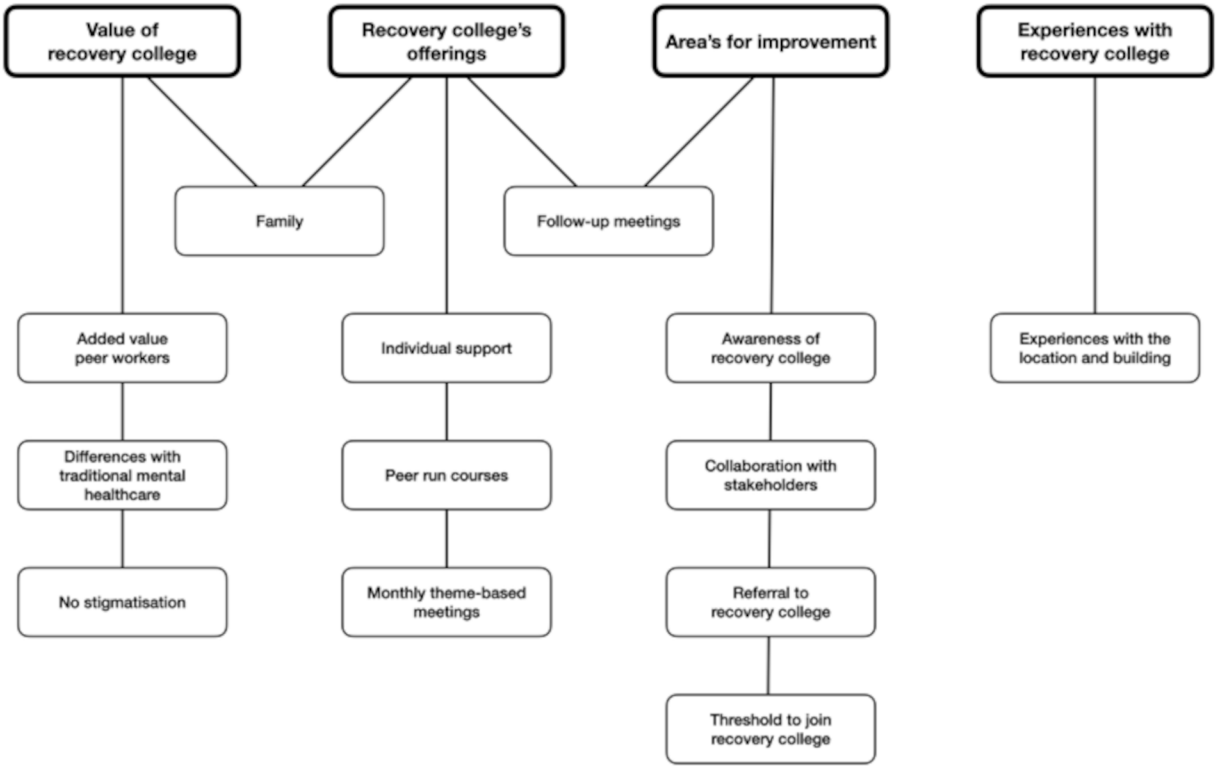

Fig. 1 Schematic representation of the themes

described how they learned about their own vulnerability and the options they had for working on their personal recovery. Their interactions with other students provided inspiration and new insights. Additionally, the students indicated that they felt accepted and safe because of the availability of support. Several students commented that participation in the recovery college and the support that was provided paved the way to paid work and enrollment in formal education. The collaborating partners praised the recovery college for the possibilities it provides.

"For me, the group dynamics in the course. That there were different people who had experienced different things, but you have one major similarity, and that is that you are working on your own recovery. Everyone does that in their own way, but as a group you progressed, and I thought that was the best part." (student).

"That people dare to be vulnerable and how strong it makes people. I found that extremely educational. Recovering means learning to deal with your vulnerability and not getting better, because you are good." (student).

"Everything has fallen into place nicely, but without the recovery academy I would not be where I am now. For example, I now have a job and am following a training course." (student).

"I see a new woman, a different woman. I see a woman who wants to do things. She had been at home for a year before she started this. That year she was very scared. She couldn't do much herself and I always had to accompany her go everywhere. Now she has a job and comes home in the evening and is looking forward to everything again." (significant other).

Family

In the focus groups, all participants agreed that the recovery college had added value for the family. Several participants mentioned the need for support for significant others and other family members. However, the offerings of the recovery college for the family were considered lacking and in need of improvement. The participants agreed that offering support for significant others and other family members would certainly aid the students in their process of recovery.

There was also a discussion about services especially for the family. It was felt that families could profit from peer contact with other families who were also dealing with loved ones who were suffering from mental illness.

Suggestions for family peer groups and courses for the family arose during the discussions.

"I feel that I have taken that course and that I have grown and that others think that I still react the same, so that I have not changed. Maybe they can be included in it too". (student)
"When she comes back, we sit down together, and she tells us what she has done and how she feels. I must say that I have been the listening ear for six years. She always comes back, and she tells everything. I know it has helped her a lot". (significant other)
"I don't know if that already exists, but a family group or a training for family members would be helpful." (significant other).
"I don't know if there is any support for them at all. I really don't know, but I do know that family members can also be supported. They need to recover just as well as the person who experienced the disruption". (mental health provider)

Added value of the peer workers

The value of peer workers in the recovery college was discussed at length. All participants agreed that the peer workers were an essential part of both the recovery college in general and the personal recovery of the students. The peer workers were viewed as having a strong impact on self-acceptance, openness, and hope. Additionally, the peer workers were valued for their role in impacting participation in the community by assisting students in resuming work. They set an example with their own recovery. The peer workers were also seen as inspiring some students to want to become peer workers themselves. The mental healthcare providers praised the peer workers for their ability to connect with the students and for the stories they shared.

"Because they experienced it themselves, I believed it too. So somewhere it opened a door for me to look at the solution and maybe something can change after all". (student)
"I already knew that I wanted to do something somewhere. They helped me with a job, and I also got this training through them". (student)
"Yes, what we often hear is that they are great trainers who know what they are talking about and can also listen. Students feel heard and they find them professional. They are usually very lyrical about the trainers, so that is very nice to hear". (mental healthcare provider)
"I see peer workers as very valuable. I think that they can connect very well with the students and their story. This also results in many more leads to work with." (representative of the municipality).

Differences from traditional mental healthcare

In general, the students agreed on the differences between traditional mental healthcare and the recovery college. They considered the support provided by the peer workers who had struggled with their own mental health and knew what the students were going through as the most important factor and emphasized the positive effect of this difference. The students commented that the safety and openness in their contacts with the peer workers enabled them to be more open about their own vulnerability, and the students felt that peer workers understood them better than anyone else.

The students also felt that it was easy to ask for help from the peer workers. The peer workers were easy to contact, even outside of normal working hours. Some students described traditional treatments as working on their past, whereas a recovery college was about working on their future. Even after years of therapy, the students felt that they were making progress in the recovery college.

"I have never had a peer worker as a care provider before. I now find that a great pity, because I think I would have benefited more. They have less focus on a diagnosis, you don't have to fit into a protocol. There is much more understanding and recognition. That's much nicer". (student)
"I have had 20 years of therapy, and it was always a bit of a journey in the dark. Then you come into a group at the recovery college. The people there talk about problems that I recognize, or about other problems, but the feeling is the same. This made me feel less lonely and that is very healing". (student)
"Everything has fallen into place nicely, but without the recovery college I would not be where I am now. For example, I now have a job and am following a training course." (student).
"What has been important to me is to express my vulnerability. I couldn't do that in psychiatry, because of the professional attitude. Together with the peer workers and fellow students, I slowly gained the confidence to dare to do that. That has been very important to me". (student)
"I also appreciate it, although I have not yet used it myself, that I can call day or night. I notice that other students have done that. Normally you can only call a psychologist during business hours and then you will not be able to reach them. So, peer workers are very accessible". (student)
"I don't know if I was ready then. I had completed the therapy. I felt my recovery process had ended. I think that was the right path: solving everything from the past in therapy and then moving forward with the recovery college". (student)

Stigmatisation

Stigmatization emerged as a significant theme among the participants, who universally agreed that there was no stigmatization within the recovery college. Their experiences revealed an understanding of a deeper level of stigma, not just as external prejudice but also as internalized feelings of shame and vulnerability. The recovery college was perceived as a safe environment that actively challenged these stigmatizing feelings by encouraging openness about mental illness and other topics. The concept of shame, frequently mentioned in the participants' narratives, highlighted the internal struggles they faced before attending the recovery college. By sharing their personal stories, students were able to confront and diminish their own shame, fostering a sense of recognition and mutual support among peers. This process not only reduced stigmatization but also inspired others in their recovery journeys. The transformation from shame to openness is particularly noteworthy, given the societal challenges of addressing mental health stigma. Notably, one student's reflection on overcoming shame through sharing their story, as discussed in the "Value of the College" section, illustrates how the recovery college's supportive environment contributed to both personal growth and the collective challenge against stigmatization.

> *"That people dare to be vulnerable and how strong it makes people. I found that extremely educational. Recovering means learning to deal with your vulnerability and not getting better, because you are good." (student).*
> *"I think it is beautiful and that it offers many possibilities when I hear your stories. Instead of a stigma, you find recognition in each other". (student)*
> *"I also thought it was really nice that everyone was willing to share their story there. Instead of being secretly ashamed of your story, you can suddenly share it in front of a full class. Of course you will also get reactions to that. It has also taken away a lot of shame". (student)*
> *"For me the group dynamics in the course. That there were different people who had experienced different things, but you have one major similarity and that is that you are working on your own recovery. Everyone does that in their own way, but as a group you progressed, and I thought that was the best part." (student).*

The recovery college's offerings

The recovery college's services include the following subthemes: individual support, peer-run courses, and theme-based meetings. A fourth subtheme is family involvement, which is also viewed as one of the values of the recovery college and was discussed earlier.

Individual support

Although the recovery college focuses on group support, the students viewed individual support as important. The value of being able to speak with or to call a peer worker was mentioned several times. The students appreciated the peer workers because they felt the peer workers understood them better than others, and the students felt safe interacting with them, and they didn't feel judged.

> *"I called a peer worker more often and that was very good for me. That gave me the feeling that I could always turn to someone if things weren't going well, if I needed to say something or just needed a listening ear. That helped me a lot in crisis situations, where otherwise I would not have known what to do." (student).*
> *"During the treatments I experienced a lot of support and for me the most important thing was that I felt safe". (student)*
> *"I have always been satisfied with the individual support we offer in addition to the peer run courses. (peer worker)*

Peer-run courses

The peer-run courses were usually considered the most valuable component of the recovery college. The students were, however, unanimous in their preference for small groups, preferably with eight or fewer participants. The students also discussed the safe environment that was fostered in the groups, and they regarded this as important. The peer workers stated that their courses always began with an agreement on safety and the values that were upheld in the groups. The students also indicated that they appreciated (a) the peer workers' flexibility regarding the programming of the courses and (b) the fact that the peer workers contributed their own themes and experiences. It was also important that the students were able to exchange their own experiences related to specific topics.

> *"I liked the small groups. Everyone attended the groups, which was nice". (student)*
> *"Furthermore, I think the number one thing for us is that we always try to provide a safe space in which we can work. We often do this together as a group". (peer worker)*
> *"They [the peer workers] followed the program of the course, but also contributed a lot themselves, based on questions and themes from the group". (student)*

Theme-based meetings

The students recounted various experiences with theme-based meetings. For instance, the openness, recognition, and pleasant atmosphere were appreciated. However, barriers to participation in theme-based meetings were also mentioned. The requirement to register and not knowing what to expect were experienced as barriers. It was also felt that both the students and the residents of Venlo should be made more aware of the theme-based meetings.

"Yes, information was given, but there were also peers who talked about their own experiences and about the way they dealt with it". (student)
"I thought it was a very nice, friendly evening, with a nice atmosphere where people dared to be vulnerable. I have a very positive experience with that". (student)
"I can't say much about it because I've only been there once. At that time it felt awkward, because they were all strange people. Then you don't talk so easily". (student)
"I didn't know exactly who would be there, what it would look like and how it would work". (student)

Areas for improvement

Four different aspects of the recovery college were mentioned as needing improvement: (a) awareness of the recovery college, (b) fostering collaboration with stakeholders, (c) the process of referring individuals to the recovery college, and (d) the challenges and barriers that individuals face when they are considering joining the recovery college. A fifth topic was the importance of follow-up meetings; however, this was mentioned in connection with the recovery college's offerings and had been discussed earlier.

Awareness of the recovery college

Awareness of a recovery college was considered crucial for its success. Without people knowing about the recovery college, potential students wouldn't find their way to it, thereby limiting new enrollments. Currently, the peer workers at the recovery college are striving to increase visibility, but this remains a challenge because of time constraints. Although some potential students are reached through social media and by word of mouth, the outreach to potential referrers and other collaborating partners is still inadequate. Moreover, students who read social media posts do not always understand the content. The enrollment process itself can also be a barrier, particularly for prospective students who have doubts or feel intimidated about attending the recovery college for the first time. Practical obstacles, such as large groups or difficulty locating the college, are also challenges that need to be overcome.

"I am lucky that many people in my surroundings are familiar with this [the recovery college], so that's how I heard about it. Otherwise, I wouldn't have known it was here."(student).
"That you become more well-known, that you show more of what you have to offer and what is possible." (mental healthcare professional).
"I didn't even know it existed at first." (mental healthcare professional).
"The communicating and networking could improve". (student)

Collaboration with stakeholders

The peer workers at the recovery college were eager to enhance their collaboration with stakeholders to improve awareness and cooperation. However, this will require considerable time and resources that currently are not available. Occasionally, there was also a mismatch between a stakeholder's expectations and what the college offers with its focus on personal recovery rather than treatment. In short, improving collaboration with stakeholders is crucial for enhancing awareness of the recovery college and increasing the number of referrals.

"We want to get out more, but we are also dependent on employees for that. Now, we've got some extra hands from collaborating parties, which provides support in that area. From that, you can now say, 'Can you then help us spread the word?' We've had some networking conversations with small organizations in the area, but to spread it more widely and to go out with our bag of promotions and visit places. That's a dream for us, but it's not realistic in the current situation." (peer worker).
"There are expectations towards collaborating parties that apparently do not match or cannot be fulfilled. This causes all sorts of hindrances on the work floor. It greatly impedes the development of the recovery college." (peer worker).

Referrals to the recovery college

Students come to attend the recovery college in different ways. Many students are not referred, but they join the recovery college on their own initiative. Other students are referred by a healthcare professional, and some are referred by a job coach. The lack of awareness about the recovery college impacts the referrals. Without adequate information about the recovery college, potential referrers could hesitate to guide individuals to the recovery college. Enhancing stakeholder collaboration is essential for addressing this issue. The discussion about referrals

also highlighted the need to address both individuals' emotional barriers and the practical limitations when they are considering joining the recovery college.

Respondent: They are quite enthusiastic about it. I think that if they have more clients who are at that point where they want to go further, they will really advise it.

"I think the biggest collaboration is mainly that we refer participants to those courses and that I am reachable and available if I ever have to tell my story. So, it's actually facilitating the course and ensuring that participants get through. I think that's really what the collaboration is about." (mental healthcare professional).

Barriers to joining the recovery college

Participation in the recovery college might be hindered by various factors. Emotional barriers, such as apprehension and fear of disappointment, are prevalent and remain even after efforts to minimize them. These result from not knowing what to expect from the courses or the other activities. The peer workers were mindful of this mechanism but did not fully succeed in averting this. Although averting the tension of the initial contact with the recovery college might be unachievable, minimizing this effect should be a priority. Practical obstacles, including accessibility, also deter potential students from applying. Addressing these barriers is crucial for encouraging more individuals to engage in personal recovery courses.

"Signing up can also be a barrier." (student).
"I live quite far from here and I wanted to come, but for me, it was also very unclear what to expect. Also, the size of the group. If it is said in advance how many people there will be, that would be nice. If a sign is put up, that would also be nice, so it's known where it is and what it is." (student).
"That is still exciting to do for the first time." (student).

Follow-up meetings

Follow-up meetings were discussed in connection with the recovery college's offerings. Students are clearly in need of social contact, and they suggested follow-up meetings as an option for maintaining contact with other students after they have completed their course. In fact, social contacts are crucial for ongoing support and continuing progress with one's personal recovery.

Experiences with the recovery college

Throughout the focus-group interviews, there was considerable praise for the recovery college, which we include under the topic "Experiences with the recovery college." With regard to experiences, an additional topic was discussed: "Location of the recovery college."

"The only thing I would want is for it to maybe last a bit longer, because I enjoy it so much. That's it. I don't have anything negative to say." (student).

Location and Building

The venue of the recovery college is a café that has been repurposed for its new role. Some of the participants described the location as welcoming, aesthetically pleasing, and comfortable. They also highlighted the authentic details of the building's architecture. However, other participants expressed a sense of hesitation as a barrier to entering the recovery college. Interestingly, the views about the location varied significantly among the different groups. Many of the students in the recovery college had a negative view of the location, whereas many of the healthcare providers had a positive view.

"The location, I find it poor. From the outside, it looks like a haunted house; there's no charisma, no warmth, and that is what you would expect from a recovery college." (student).
"And about the location itself. It looks very open and very fresh, clearly, it also really says okay, you feel welcome." (mental healthcare professional).
"I also noticed when I arrived that there is a difference between the walk-in group and the recovery college, which is upstairs. That hasn't been communicated very well with each other. Then I would also be startled if I came for recovery and there's someone shouting that they want a sleeping bag, for example." (peer worker).

Discussion

This study explored the transformative potential of a newly developed recovery college, which distinguishes itself from traditional mental health services by emphasizing openness and self-acceptance and fostering a safe, supportive environment. The environment facilitates personal growth and recovery, and it also has tangible outcomes for the students, such as employment and further education opportunities. The participants regarded the involvement of peer workers as the cornerstone of the recovery college model. The peer workers provide relatable support and understanding that is often perceived as more authentic and empathetic than traditional mental healthcare.

The offerings at the recovery college, including individual support, peer-led courses, and theme-based meetings, were lauded by the participants for their adaptability and perceived safety. The offerings meet the diverse needs of students by recognizing that recovery

is a highly personal journey that requires an individual approach. The emphasis on peer involvement in the offerings underscores the value of shared experiences in creating an environment that is conducive to recovery.

A notable gap identified in this study was the recovery college's offerings related to family support. Recovery is not an isolated process, and the involvement of families can be pivotal in supporting individuals on their journey to recovery. The suggestion to incorporate family peer groups and courses into the recovery college's curriculum was a recognition of the integral role that families play in individuals' recovery. Such an inclusion could provide much-needed support for families who are navigating the complexities of mental health challenges by fostering a more inclusive approach to recovery. This gap in the offerings for the families of the students is especially noteworthy in that an earlier comparable study of a recovery college in the United Kingdom did not identify this gap [13].

The study, however, also identified barriers to accessing the recovery college, including challenges with the registration process, potential students' lack of awareness of the college, and practical issues, such as the location of the college. The last barrier is not new for this recovery college, and it has also been identified in evaluations of other recovery colleges [16, 41]. These barriers suggest a need for enhanced outreach and engagement strategies to ensure the recovery college is both well-known and accessible to all who could benefit from its services. Improving collaboration with stakeholders, streamlining the admission process, and addressing logistical barriers are essential steps for expanding the reach and impact of the recovery college and achieving a sustainable institution.

The role of co-creation in the development and ongoing refinement of the recovery college's offerings is particularly noteworthy. Co-creation with students and peer workers, both in the recovery college itself and in its evaluation, is deemed essential for the development of a well-functioning recovery college [15, 41]. This collaboration would ensure that services are responsive to the needs of those the college aims to serve and empower participants by valuing their insights and experiences. Co-creation fosters a sense of ownership and engagement among participants, thereby contributing to a more vibrant and supportive recovery community. In this study, the positive effects of co-creation were frequently mentioned. However, this does not provide insight into how co-created programs would contribute to individuals' recovery and inform the development of best practices for recovery colleges. Such insight would ensure that recovery colleges remain responsive, effective, and well-grounded in the principles of empowerment and collaboration.

Strengths and limitations

In terms of dependability, the study ensured consistent and systematic processes in data collection and analysis to enhance the trustworthiness of the findings. The use of a semi-structured interview guide across all focus group sessions provided consistency in the questions asked, while the employment of two researchers with differing perspectives allowed for a comprehensive understanding of the data. The iterative process of coding, followed by cross-verification between researchers, improved the reliability of the thematic analysis. This approach ensured that the results are dependable and can be traced back to clear methodological decisions. For conformability, the involvement of participants through member checks helped confirm that the findings accurately represented their experiences, reducing the likelihood of researcher bias shaping the results. This reflexive approach, alongside the transparency provided by following qualitative research guidelines, contributes to the overall integrity of the study.

However, the results of this study have limited transferability due to several factors. Firstly, the study focuses on a single recovery college in Venlo, the Netherlands, which operates within a specific cultural, administrative, and healthcare context. This unique setting may not reflect the conditions and operational frameworks of recovery colleges in other regions or countries. Secondly, the qualitative nature of the study itself, while rich in detail and context, does not allow for broad generalizations. Despite these limitations, the findings can be valuable for practitioners, policymakers, and researchers who are involved in or considering the implementation of recovery colleges in similar contexts. The insights gained from this study can inform best practices, highlight potential challenges, and underscore the importance of co-creation and peer involvement in recovery-oriented mental healthcare.

Conclusions

The experiences with this recovery college among the individuals who were interviewed were overwhelmingly positive, both from the students and other stakeholders. Their positive attitude was due primarily to the recovery college's departure from traditional mental health services by offering a model of support that is rooted in the principles of hope, empowerment, and personal growth. All the participants regarded the co-creation of the recovery college with the peer workers and the students as essential for the college's success. Additionally, the employment of peer workers ensured an environment of equality where all students had room for individual growth and personal recovery. The key areas for improvement that were noted included the involvement of the family in the recovery college and the process by which students become attracted to the college, enroll in

it, and thereby profit from their experiences. Research on other recovery colleges and the outcomes they obtain is clearly needed to increase both our understanding of recovery colleges and the transferability of the results obtained.

Acknowledgements
We acknowledge the municipality Venlo's facilitation of this study. We also thank Esther Stoffers for her assistance in conducting the (focus group) interviews. Finally, we acknowledge the work of Kristen Simons and Eric Seuren for their help in recruiting participants.

Author contributions
Both authors TB and MK participated in designing the study. TB performed data collection and both TB and MK performed analysis and wrote the manuscript together.

Funding
This study was partially funded by the municipality of Venlo, The Netherlands.

Data availability
The data are not made available openly since some of the participants might be identified by the answers they provided in the (focus group) interviews. The data are however available from the corresponding author upon reasonable request.

Declarations

Ethics approval and consent to participate
According to the guidelines of the Dutch Medical Research Involving Human Subjects Act (WMO), a formal ethical review by an independent review board was not required for the following reasons: Most of the participants were not receiving mental healthcare in relation to this study. The treatment of the participants who were receiving healthcare was not altered, and the data collection consisted of a single focus group interview or a single personal interview. Thus, approval by the internal scientific board of the mental health service involved in the study was sufficient, and this approval was procured in writing. Furthermore, the research was performed in accordance with relevant guidelines and regulations. All participants gave written informed consent prior to their participation. All data were stored in a secured environment to which only the researchers had access.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

Received: 18 June 2024 / Accepted: 28 April 2025
Published online: 08 May 2025

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