# CO-OPERATIONAND WORKING TOGETHER (CAWT)

# EU INTERREG V

# ‘INNOVATION RECOVERY’ PROJECT

# (I-RECOVER PROJECT)

# EVALUATION REPORT

March 2023

## CONTENTS

## EXECUTIVE SUMMARY

This evaluation reports explores the quantitative and qualitative outcomes of the Innovation Recover Project, based on secondary data provided, and primary data gained from key stakeholder interviews.

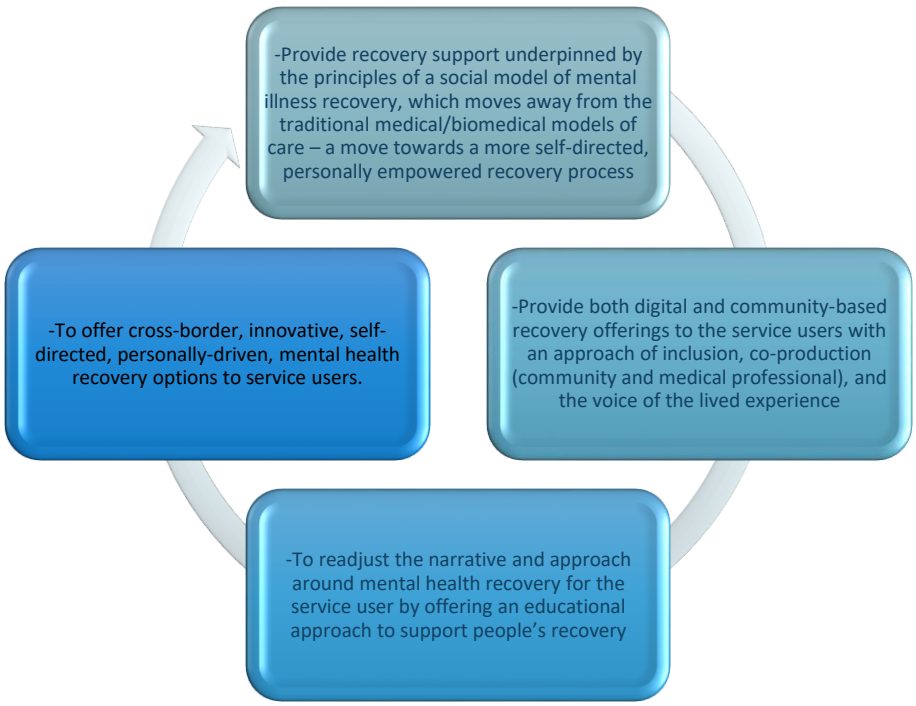
Findings celebrate both the measurable targets achieved throughout the lifetime of the project, and highlights from the perspective of the service user, facilitator, and health and social care professionals, what outcomes have been felt as a result of this cross-border venture.

Challenges faced throughout the duration of the project, given the worldwide, unforeseen global pandemic of Covid-19 are reflected upon and how they were often successfully overcome.

Recommendations are presented to suggest key areas of consideration for any future projects or service developments in the area of recovery and mental health.

## PROJECT BACKGROUND

### The Project Purpose




### Rationale

The I-Recover project was driven by, and aligned to the plethora of both European Union wide and national policies. The I-Recover project recognised the cost of mental illness on the people of the island, the economy, and the dynamic positive impact a proactive, innovative educational recovery solution could have to support the mental health and wellbeing of the population today and into the future.

Research repeatedly indicates the ever-increasing levels of mental illness throughout the Island of Ireland (Northern Ireland/Republic of Ireland) (NESDO, 2022), with nuanced links made relating to the legacy of the post-conflict era (Bunting et al., 2012).

Northern Ireland (NI) reports the highest prevalence of mental illness in the United Kingdom (UK), with a recognition that the legacy of the Troubles being a key impacting factor.

Furthermore, clear correlation is made between the impacting socio-economic factors and mental illness with higher prevalence in lower economic groupings, compounded with the fact that people with ill health are more likely to suffer financial difficulties (DOH, 2021; NESDO, 2022).

Ireland (ROI) has reportedly one of the highest mental ill health rates in Europe [www.mentalhealthireland.ie/research/]

Precise statistical comparisons are challenging working with two distinct jurisdictions. What is apparent however, is the indications that mental health service provision, directional aspirations, and ambitions are similar within the two jurisdictions of this Island.

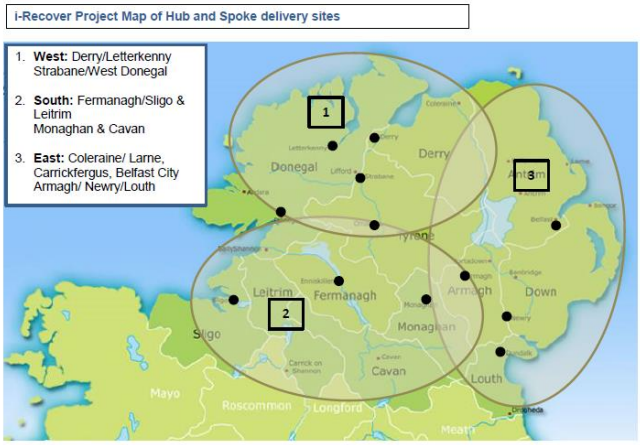
**Strategic Direction**

Both sides of the border within the Island, state their intention towards a more pro-active, community-based mental health approach. Common themes emerge around the drive towards co-production, person centred recovery, preventative approaches, and with the use of technology and online solutions bringing forward innovation allowing wide-ranging access for the wider population (Gov. of Ireland, 2022; DoH, 2021).

## Approach

The I-Recover project model was based on a number of approaches. Core was the establishment of the 3 cross-border community-based recovery college hubs (*figure 1).* Each of these hub areas would co-produce, and co-deliver mental health related topics that were identified as relevant by the community, steered and input by the service user, and signed off by the mental health professional/project lead.

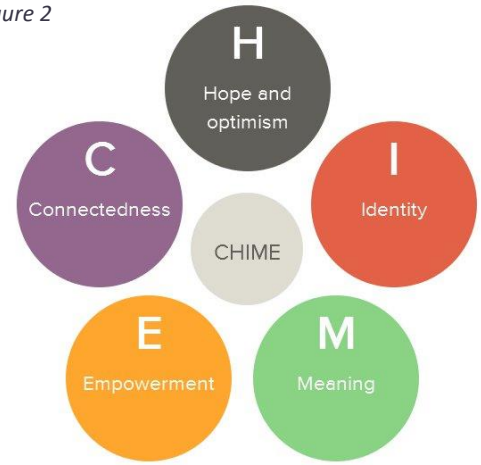
*Figure 1*




Material was designed and delivered then shared in a hub and spoke approach. This ensured that all areas had access to the same, quality assured material regardless of location.


Key to the validity of the training material, was the power of the co-production and co-delivery of the lived experience within the I-Recover project. The presence and the power of the lived experience was crucial at all stages of the recovery solution matched with the professional underpinning and support.

*Figure 2*




**Ethos**

The CHIME Framework (see figure 2.) was the core philosophy and evidence-based recovery model that underpinned the I-Recover project (Leamy, Bird, et al., 2011).

This enshrines the importance of the core elements of Empowerment, Meaning, Connectedness, Identity, Hope and Optimism (see figure 2).

The CHIME model supports mental health recovery, as well as prevention. People should not have to become severely ill to receive support, and this approach supports early intervention and prevention.

**KEY FACTS & DELIVERABLES**

| Project Outputs – | Aim | *Achieved/exceeded |
|---|---|---|
| Develop a cross-border area community & voluntary sector infrastructure developed to support clients who have recovered from mental illness | 1 | **1** |
| Deliver a selections of mental illness recovery offerings to cross-border service users | 8,000 | **8,628** |
| Specialist training and development progs for cross-border area health and social care providers (staff trained) | 872 | **964** |
| Recruit 12 people with lived experience of mental illness as peer educators | 12 | **20** |
| Develop a Virtual Recovery College to provide a digital information and learning solution via an online portal/app. | 1 | **1** |
| ***Project duration - 65 months (November 2017 – March 2023)*** | | |
| ***Project was quality assured by the Scottish Recovery Network*** | | |
| ****Figures correct as of ….*** | | |

**Project partners**

- Health Service Executive (ROI)
- Southern Health & Social Care Trust (NI)
- Western Health and Social Care Trust (NI)
- Belfast Health and Social Care Trust (NI)
- Strategic Planning and Performance Group (SPPG), formally the Health and Social Care Board (NI)
- Public Health Agency (NI)

## TESTIMONIALS

The impact on, and voice of those involved in this project is imperative from a holistic evaluative perspective. Some of the statements from students or participants, co-facilitators and health and social care professionals involved with this project journey, provide an insight into their views (see appendix a).

## KEY SUCCESSES

### Targets

Given this project was hit by a worldwide pandemic when operational, reaching the identified targets is undoubtedly noteworthy. The wide variety of education options, and then the broad range of people engaged within this project, has been significant.

**Education during the Covid pandemic about washing hands was normalized and widely shared– let's do it with mental health**

The population *age range* was wide reaching: from school age to pension age, people were recognised and acknowledged as deserving support and education inclusive of age or life stage (see appendix b). Within care homes or educational establishments discussion began to be explored, demystifying mental illness, and empowering people towards their own mental health care.

The *variety of backgrounds* targeted stretched from workplaces, men's sheds, probationers, to women's aid. Areas with little previous experience exploring mental wellbeing education were engaged with. Places where typically they may have been viewed as unreachable, yet most in need, through discussions and non-traditional methods, education around mental wellness were explored.

**The freedom education can bring….**

*Methods of education delivery* were also varied. From visual, verbal arts-based exploration, walking groups, to conversational education through bereavement cafés, conversations around mental wellbeing were being explored in non-traditional, non-medical settings. With an aim to educate and empower people to take control and define their own wellness techniques, these educational tools and insights may have rebalanced some of the heavy weight, mental ill health can bring.

**'…People began to manage their own mental health before the hill became a mountain' (anon)**

The *gender* profile covered during this project is important to note. With 68.6 percent identifying as female, and over 31 percent identifying as male. This outreach to men is a notable success given that men are significantly less likely to seek help on mental health issues (Samaritans, 2020).

**Community voice - Local Groups with local delivery**

*Co-production* was one of the most fundamental successes of this project. The strength of establishing the regional forums gave an extra insight, in-roads to the community, and sounding boards to the course content and delivery.

*Delivery and design* of programmes were often both established by and delivered to the local community groups within each area. This co-production design and delivery approach ensured that the topics covered were relevant to the local people, and delivered to the local people after having been professionally quality assured by the relevant healthcare professionals.

*Local groups being involved* in this project was invaluable. These groups had an audience often with particular needs, which the recovery college could tap into. Whilst the bespoke need may have required a specific slant, the baseline content delivered would include the quality assured, evidence-based materials. This is where the hub and spoke approach to the

training material came into its own. The same core, professionally signed off material could easily be bespoke and applied to a wide range of situations.

*Them to us, versus us to them* – the ethos of education delivery in the community with both a peer educator, and health professional was invaluable, particularly when education around preventative mental wellbeing is to equip those to better help themselves, and delivering in the community is key. If the principle is to reduce or even stop peoples needing to access traditional healthcare options, education before medical help is pivotal, and early, in-community delivery is the timelier option.

*Normalising mental wellbeing conversations* - in a society when physical health is not only medically advised, but common place in advertisements and everyday conversation, why is the same not true about looking after our mental health? Normalising mental wellness strategies, hints and tips on a variety of common, everyday wellbeing topics, makes mental health conversations just what we do. This normalised approach further embeds the anti-stigma approach championing the importance of self-driven, pro-active mental wellness.

*Local contacts during Covid-19* was essential. Some areas had strong links between local groups and the project. This meant that trust in some areas was already well established and although lockdown was in force for a lot of the project lifespan, this localised trust from the community was a significant contributory factor in the success of the project delivery.

**Access to mental health professionals**

*Co-production* provided the ideal blend of healthcare professional input, mixed with the lived experience which provided a balanced educational offering that often community groups thrived upon. This mixed delivery not only de-medicalised the environment of the training delivery, but also allowed the community to get to know a peer educator who has walked the path they may be in, and allowed a more relaxed relationship with the medical professional in a non-medical setting. Long-term the intention would be that if the person needed to

access a medical service at a later stage, this may potentially be less traumatic if there were previous positive experiences.

**Variety of programmes delivered**

The variety and blend of programme offerings ranged from online live and self-directed courses.

All the courses were driven by the needs highlighted by citizens. The courses were co-produced and scrutinised through this co-production process, and signed off by healthcare professionals to ensure any medical need is attained, and accuracy of the education is appropriate and legitimate (for a listing of courses offered, see appendix c).

**Unforeseen 'wins' from the project**

*Peer Educators* - Many of the peer educators travelled a path of learning, development and focus whilst being part of the team. These staff were not only trained in a number of professionally recognised areas, but during their time in post they have found their voice which helped to establish their identity.

*The Hub and Spoke model* of shared educational resources was a key success. The broad range of quality assured material, written for the target audience by those with lived experience, was exceptional. This reduced the need to duplicate, or present unqualified or inconsistent messaging around personal mental health management.

*Level of training* for the peer educators was excellent. This helped professionalise their delivery, and their self-perception and confidence to delivery with ease and expertise. Some of the key training opportunities the peer educators accessed helped them to thrive when in their role; WRAP facilitation, Crisis and Healing from Trauma, Wellness Engagement, Introduction to Trauma Training, Train the Trainer, Peer Support Training – all excellent foundations for educators in the workplace. As one peer educator stated, this career opportunity helped them,

"I went from the quivering wreck to feeling like a Rockstar!"

Furthermore*, during Covid-19* when a lot of people were forced to stay at home and not attend work in person, the tight deadlines and the move to establish online offerings kept some of the peer educators going. It assisted with keeping their minds on the bigger picture, provided a sense of purpose and productive distraction.

*Going online* with the move from face to face delivery to online delivery was a huge learning for a lot of the peer educators, and many others. Gaining proficiency and confidence in this skill was yet another career boost and win for the peer educators. For some, this workplace support and professional focus was exceptional and irreplaceable. For some, this is a true personal development, which will potentially positively impact their life going forward whilst managing their personal mental health challenges.

*A number of the peer educators* became a community support for each other. The common practice of sharing materials, and sitting in (virtually) on session delivery, exposed them to courses they may otherwise not have had the opportunity to experience and enhanced their learning.

**The Impact of Covid-19**

The move to online delivery changed the approach, output and arguably the target audience for this project. From day long face to face delivery, to shorter on-line learning sessions, both the content and audience had to be further considered. Upon expert advice, online delivery was targeted to shorter, more condensed sessions. This was to assist in retaining people's attention and to maximise learning.

This move changed the type of subject that could be delivered. Where more in-depth, deep dive session into subjects could be achieved with face to face/in-person delivery, this was not achievable in shorter one-hour sessions. From a mental wellbeing perspective, it would have been remiss to delve into a topic, which could emotionally expose areas within people,

without the ability to put safe closure on this, or have follow-up with individuals. Therefore, subject matter had to be kept more explanatory, with practical hints and tips rather than exploratory, with personal investigation and clarification.

*Online sessions* were good for many a population who would otherwise not necessarily have taken up the face to face offering. This tapped into a further population group. Some online delegates were those who were not ready to venture face to face yet. They may not yet have the confidence to attend a session, however the online option allowed them to take first steps in their mental health education. Furthermore, their attendance could be either at a time and place that best met their needs (if self-directed), or attend a tutor led session with the anonymity of not sharing their screen or being forced to speak.

Conversely, during Covid-19, with lock down and limited social interactions, some people found the online tutor led sessions the only social interaction they had for days. Whilst the impact of this cannot necessarily be quantified or measured, it was said to have been felt.

*Online course titles* were varied, and arguably indirectly addressed or helped deviate from declining poor mental health. For example, topics around managing poor sleep tapped into a population who may not have travelled to a face to face session on this. However, the online offering guided and educated enough for the individual to help personally address this and possibly prevent any further decline in their mental wellbeing.

*24/7, free open access* to the online material is unquestionably a benefit that further supports the positives of this alternative/additional education offering. Without the need to be medically referred, qualify or pay for this service, opens up this service to many additional potential audiences.

Increasing acknowledgement is given to the disparities faced by populations who live in rural areas in relation to access to mental health services. The Centre for Mental Health (2020) highlighted, that as mental health services are often targeted in areas of greatest need & health severity (often highest populations mass), rural communities often 'feel' their local support is non-existent. The rural perception of access limitations, alongside a culture of stoicism, a tendency to not seek support until 'crisis' stage, and rural occupations such as farming recording particularly high suicide rates, this does not paint a fair and equal mental health offering to the populations of rural communities (Costas & Smith, 2020).

Some people within rural communities are restricted in terms of accessing services due to where they live. Some are house bound, some don't have access to cars or frequent public transport, some have caring responsibilities, or don't have the confidence to travel to the larger hub areas to access support of any kind, not necessarily mental health support.

This is where the strength of the online options delivered through the I-Recover project opened new potential to rural communities who often live in an area that would feel otherwise under-served. Both the 24/7 access of the online recovery college option, and the Zoom facilitated session online tutor led sessions, opened up new potentials for more equal access to mental health support.

**Process of co-production**

This approach helped people with lived experiences feel their voices were being heard and through this process saw how this was translated into practical help for other people. This approach brought huge value, importance and worth to the delegate involved.

**Cross-border/Regional Forum**

This forum was felt to have been valuable for staff, peer educators and service users. This provided an array of contacts and opened networking opportunities across sectors, education groups, and across borders alike.

## CROSS BORDER BENEFITS

Just as mental illness knows no borders, neither should access to quality educational support and guidance to empowering personal mental wellbeing management.

The underpinning approach of co-production and quality assurance of all the training resources resulted in the offering of the same quality of material regardless of geographical location.

This unified approach and equality of topics being offered throughout helped break down the traditional barriers. This was a more evident offering with the Innovation Recovery online option, as this truly was accessible to all those who had access to the internet, good Wi-Fi and had the ability to navigate the online system.

The opportunity of the cross-border forum allowed the public and healthcare professionals to work hand in hand towards this shared project. The benefits of this for staff and service users can only enhance the future possibilities and outcomes for people in this area.

Through time the familiarity of course offerings helped the project become a safe and fluid project across both jurisdictions.

The use of zoom with the online sessions further broke down the geographical borders. This allowed a wider attendance on many sessions, where they were present with a population they would otherwise not be connected with.

## PROJECT CHALLENGES

### a. Covid-19

Inevitably the impact Covid-19 had on this project was significant.

The method of delivery open to the facilitators immediately moved from being face to face to online only. Lock downs at the same and also different times was required within both jurisdictions, community groups more or less came to a standstill and closed their doors, health and social care professionals were redirected to front line areas, and employees/staff were, where possible, directed to work from home.

In order for the project to continue and succeed, the courses had to move online at great speed.

*Access to health and social care professional staff* – one of the key principles underpinning the project was the co-production and co-delivery/co-facilitation approach of delivery. When Covid-19 resulted in health and social care staff being redirected, and front line services being the prime focus for healthcare, this restricted the level of input health and social care / mental health staff could offer to the project.

### b. Online offerings

*Topics covered* - Online virtual training offerings changed the topic and /or depth of what could be covered during a training session. Advice was given that online virtual sessions are better received, if they are shorter to maximise people's attention. This meant that the level of detail covered within a session had to be capped.

*Personal connections* – This virtual face to face interaction meant that facilitators felt less personal connection with people in many cases. A lot of connection messaging was lost through the online delivery.

*Technology* – The instant demand for facilitators and then delegates to both have the access to technology and confidence to use online technology was a challenge to the

project. This was quickly addressed for the facilitators in training, and by support mechanisms for the delegates being swiftly imbedded.

*Safety* – Some concern was raised that if participants were impacted by the course and this triggered issues, how can they ensure emotional safety. This was compounded by the fact that often some participants were not 'on-video' during virtual attendance, therefore even fewer physical indications could be seen in relation to their welfare.

*Target audience* – The impact of Covid-19 changed the educational approach, which arguably impacted on who the target audience could be. The online approach, alongside the restriction in healthcare professional access, may potentially have closed off some audiences that otherwise may have been engaged with.

**c. Measurements**

The aim of this project was to empower people to take more control of their personal mental wellbeing, which would inevitably reduce reliance on the traditional healthcare supports via a preventative, early intervention approach. Measuring this success, given the climate of Covid-19, along with a plethora of potential impacting factors, the true measurement of success is arguably immeasurable.

*Unique beneficiaries* - Whilst the EU funder's (SEUPB) requirement for the unique beneficiary target was understood by those working on the project, this target was often viewed as being contradictory to assisting independent self-recovery. Respondents voiced that to truly assist in building towards true independent self-management, this may take longer than a one off 'unique' interaction.

Repeat attendance was not officially a key target measure of the project. Facilitators reported that there were significant 'returners' who accessed two or more educational courses, yet this was not uniformly recorded. Yet the act of returning, was viewed by the

facilitators as a positive affirmation of the value of the education/support the participant previously received.

**d. Capacity building**

As the starting point for areas within the Republic of Ireland (ROI) was a very different place than within Northern Ireland, both the project momentum and level of community engagement within the areas within ROI was vastly different. That alongside the negative impact that Covid-19 brought to the speed of the project success, meant that both the momentum of community involvement and engagement was only truly beginning to pick up speed when the project was coming to conclusion.

Furthermore, the potential target audience that could have been reached if further health and social care professionals were more fully engaged in the project, could have enhanced a target audience that was not fully explored due to the impact of Covid-19.

e. **Recruitment**

As this was a time bound project, staff vacancies were on a temporary basis and staff retention was a challenge, which impacted in some areas in keeping the project moving. The wider skills shortages experienced within mental health and social care also had an impact which cannot be understated.

f. **Staff management**

Managing staff during Covid-19 was a challenge for many line managers. Managing staff with further healthcare support requirements, necessitates additional attention. Line managers need to be equipped to appropriately support and manage a fully engaged workforce.

g. **Mainstreaming mental health education**

Some voiced concern that an independent recovery college sits out of the mainstream education establishments, and how this moves towards normalising the conversations

and approaches towards mental health. Should these be part of other already established education establishments?

h. **Continue with a mirrored NI/ROI project management structure and active presence to ensure equal buy-in from both sides of the border.**

Having a balanced, replicated, senior management structure *actively* engaging on the project board representing both health services (North & South) could result in a more equal advocate voice throughout both services, and potentially more of an internal voice promoting for the project.

i. **Peer educators**

The vulnerabilities of involving people with lived experiences on this relatively short-term, time-bound project could be considered a risk for them when the project finally concludes, as per the plan at the outset. How the closure of the groups, the end of the training, potential freezing of the online services is ended should be considered with paramount importance.

## RECOMMENDATIONS & FUTURE POTENTIAL

1. **Strategic direction-** There is strategic buy-in for a more holistic approach to mental wellbeing within both jurisdictions and the related documents. This holistic, empowered, self-directed mental health care approach should be incorporated and mainstreamed with the relevant healthcare systems related budget allocation.

2. **Dual cross-border strategic inclusion** – As per the approach of the I-Recover project, dual strategic ownership of future proposals at board level is essential and can result in wider proprietorship and greater strategic influence over the implementation and success of future work in this area. This should be maintained/continued.

3. **Target audience** – The target audience for the recovery college could be vast. Mainstream services need to consider if this wider broad-brush audience approach is in line with the strategic direction and purpose of the wider recovery college ethos.

4. **Measurements** – A more thorough analysis and evaluation of the outputs of the project could further add credibility to this work. Consideration and consensus around appropriate meaningful measurements of such projects must reflect the needs of all stakeholders involved (e.g. health professionals & service users).

5. **Healthcare professionals –** Enhanced use and further enrichment of the networks and the co-production approach with healthcare professionals is worthwhile. This could include more specialists from a wide range of backgrounds from both sides of the border who could feed into, and assist in the pro-active education for service users going forward.

6. **Staffing –** Consider alternative approaches when engaging staff onto the project for co-facilitation. Whilst current short-term contracts were used, alternatives such as associate relationships be considered (or alternative options).

7. **Blended solutions** – Look at opportunities to include the I-Recover college links on the materials (websites, flyers) to allow for more cross-referencing between online and in-person learning/support offerings. For example, if a person is attending a tutor led course the participants are referenced to the further reading/support materials online and vice-versa.

8. **Terminology** - Terminology is key for people to understand and 'buy-in' to a project. The title of the 'recovery college' is questioned if mainstreaming and normalising mental health is the aim. People didn't always recognise that they were 'broken' to need the support of a recovery college.

9. **Private/Public sector approach** - Future potential of linking in further with private sector organisations to further support mental health training and delivery.

10. **Marketing strategy** - Within the healthcare systems (and possibly wider into the relevant communities/community groups) the recovery college courses and wider educational offerings could be further referenced and shared.

## CONCLUSIONS

Overall the passion felt about the I-Recover Project, and underlying principles, when speaking with those involved is heart-felt and impactful. People spoke about the project with warmth and passion. Stories of the turmoil and challenges Covid-19 had on the delivery of the project, the pride of the success through online offerings and personal impact this had on those involved, was immense. More recently, the joy of the ability to offer more in-person training delivery was voiced, but with almost a tinge of sadness from the perspective that project momentum was beginning to build when the closure date was in sight.

The personal stories are prominent, pivotal and reinforce the original intention of this project. Furthermore, the greater than expected achievement of the quantitative targets set, reinforce the multifaceted success of the I-Recover Project. Key focus of the feedback into this evaluation was on the benefits of co-production, localised delivery, and co-facilitation. This approach, alongside further consideration of the recommendations set out, could enhance the effectiveness of further programmes offered.

## SPECIAL THANKS

With special thanks to all those involved in assisting with stakeholder interviews, and the collation of all the material that was used within this secondary research review.

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## Appendix a. Testimonials

**Voice of the delegate**

Anon (Derry) – being part of this was "like winning the lottery"

"Journeying life together with life experiences supports each other"

"I am now not afraid to talk about my illness".

"The first impression was how I was made to feel welcome by the Innovation Recovery College Hub team. When the Facilitators spoke to me at the first course I attended, I could not believe that they were facilitating they were so down to earth and welcoming. It was an eye opener for me. As I participated in more courses my confidence grew and grew. Then I was offered the chance to volunteer and help out, then to facilitate and it was mind blowing that I could do something like this.

I was involved with mental Health services …..The year before COVID hit I was discharged after 9 ½ years in the service. This was all down to the courses and getting involved with the Innovation Recovery Project. This changed my life! I firmly believe that if it was not for the Innovation Recovery Project I would not be here today to tell the tale."

"I met a .. Nurse recently at an event I was co-facilitating and she could not believe it was me, so much so, that she started to cry as she could not believe the turnaround.

Everyone has seen such a difference in me.

My participation and involvement in this Innovation Recovery College/project has changed my life!"

**Feedback about the W.R.A.P. course**

W.R.A.P.

"This programme gave me insight to my real self and gave me more awareness of who I am and who I want to be."

Anna (Belfast) – "new skills to manage my condition better….so good to learn so much about how to help myself so much….ways to move forward in a more positive way…..I was able to identify the things that I wanted to try…."

W.R.A.P.

"The course is very supportive, non-judgemental and sets out clear pathways to making a plan for wellbeing recovery. Tutors were supportive, informative, non-judgemental, approachable and patient in working with the group".

W.R.A.P.

"Thank goodness I enrolled. Yes, I've done courses before but seeing it from another angle has really helped. Giving me the opportunity of planning for the worst (Crisis). I had never thought of this before and it will be good for me to work through and PLAN"

W.R.A.P.

"Realising that you are not on your own"

W.R.A.P.

"I do have suicidal ideation on a fairly regular basis (at lease weekly) and had resigned myself to just living with it and medicating it through my GP. Since this course I have become more proactive in my own care and can clearly feel a difference in my attitude to life".

**Voice of the (co-)facilitators & medical professionals**

"My experiences co-producing and co-delivering workshops, promotional events and telling my recovery story has re-enforced my passion for recovery through education. This is because my own recovery was aided with learning about my own mental health through education. I have been privileged to help facilitate groups and learn from other beneficiaries of the Recovery College."

"I was diagnosed with Bipolar in 2007 and hadn't come across such a positive approach to well-being prior to this. I was eager to help out and get involved from the get go! The College was happy to offer me the opportunity to become involved through the "Train-the-Trainer" course, which I thoroughly enjoyed. I have volunteered with the 'Learning to Like Yourself' and 'Managing Setbacks' workshops. I got a great sense of involvement and enjoyed helping out. I have personally found this to be a great boost for my own mental well-being. I am glad the Innovation Recovery College was recommended to me and will continue to promote it to family and friends as I think it is a great wellness resource which is available to everyone".

"I am a Clinical Nurse Specialist with the Recovery Team in Letterkenny. I have been working in co-production for a number of years and engaged with the Innovation Recovery College delivering educational programmes.

I strongly believe this ethos of working in this way has created positive change for our communities. The testimonials from attendees have reflected ongoing change resulting in maximising their potential, therefore, enhancing their recovery journey".

Online Recovery College

"The online courses are seamless in their execution, balance observation and interaction to keep people engaged without overloading them, and bring the blend of lived experiences and professional expertise Recovery Colleges are known for. Whether you are looking to support someone, work with someone live with someone or are someone who has poor mental health, I would recommend these as an excellent, concise resource to gain a rounded and useful understanding of mental issues and recovery".
CWU Regional Mental Health Lead

"We are moving people along to wellness …"

**….and more comments …**

Recovery college student –

"Has the Recovery College supported you over the last year? Yes! Absolutely! I find the courses encouraging. In the space of an hour you can get some hints and tips. It also helps with loneliness. I have recommended it to others in the past and will do in the future."

Anon –

"People have tried things out before going to the GP apts. This brings them forward in a more self-sufficient manner. [That's] The power of a little insider knowledge."

"Anything that is peer led, and comes from the person themselves that can show the experiences of what they have lived through makes the most successful programmes.

I think that's what the innovation project did and that's why it worked. People get it, and that's why they feel connected and keep coming back to the courses".

Eastern hub

"This project was a lifesaver for me"

Southern hub –

"..this was about education - Until that point I didn't know what it was and what to do [the recovery college].

This was education about – self-esteem, resilience – …… It might not get rid of the mental illness, but it helps us live a bit better with it. It helps me get up a bit quicker…….get back up on my feet a lot quicker".

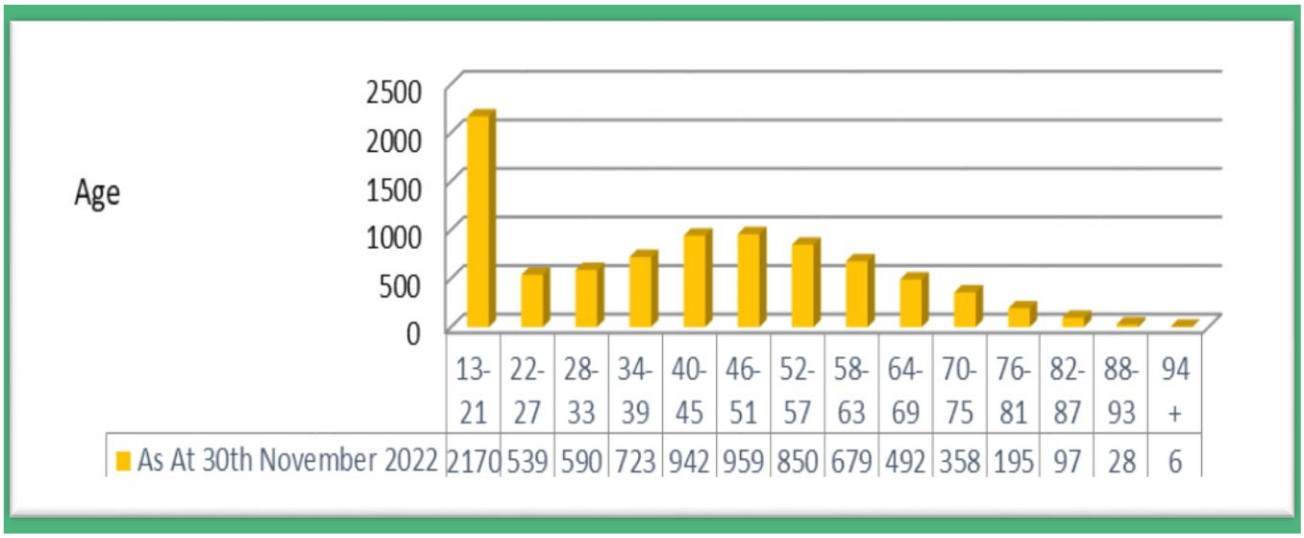
"Working full time, looking after my family and also a carer, life is a juggling act. I have found the courses have made me take that little bit of time out for myself and made me think about my own wellbeing and self-care i.e., you wouldn't let your battery on your phone run low. Don't let this happen to you either. Self-care is a priority, not a luxury. Since attending the courses I have always made time for myself which in turn has allowed me to be proactive in my own self-care and not reliant on GP services".

"The importance of having a wide range of organisations and individuals involved; those with lived experience; carers etc on the focus group really added to the quality of the courses.

The group felt that it was imperative to the success of the project to have all these key stakeholders involved at decision making level of the cross-border forum so as to feed into the overall project".

"I would love to do this again, a wonderful initiative".

## Appendix b. Course Attendence Age Range



## Appendix c. Course Titles

The below listing covers the wide-ranging titles that were offered both via the online I-Recover college at during the tutor led facilitations.

| e-Learning Courses | Tutor-led courses | |
|---|---|---|
| Building a Health Self-Esteem | Art for Mental Health | Managing Setbacks |
| Compassion Fatigue | Building a Healthy Self-Esteem | Men's Health and Wellbeing |
| Cooping with Loneliness | Chat & Connect Hour | Mindfulness |
| Coping with Change | Coming Out of Covid-19 | Mindfulness & Relaxation |
| Dual Diagnosis and Awareness | Compassion Fatigue | Models Of Wellbeing |
| Finding Hope after Bereavement from Hurt to Healing | Coping with Change | Navigating Mental Health Services |
| How to get a good nights sleep | Coping with Christmas | Physical Activity for Wellbeing |
| Improving Wellbeing for Young People | Coping with Loneliness | Practising Self-Care |
| Into to Trauma & Healing | Discover the Recovery College | Recognising and Strengthening Your Resilience |
| Intro to Managing Stress | Finding hope after Bereavement | Self-Care for Carers |
| Intro to Menopause | Finding Joy Through Gratitude | Setting SMART Goals |
| Learning to Like Yourself | Five Steps to Wellbeing | Steps to 'appiness:pps for Beginners |
| Living well with pain | Getting a Good Night's Sleep | Top Tips for Managing Anxiety |
| Living with Bipolar | Hope and Optimism | Top Tips for Self-Motivation |
| Living with Cancer and looking after your mental health | Introduction to Managing Stress | Trauma & Healing |
| Managing Depression | Introduction to the Menopause | Understanding and Managing Anger |
| Managing Setbacks | Learning to like Yourself | Understanding and Managing Anxiety |
| Mindfulness and Deep Relaxation | Living with Bipolar | Understanding and Managing Depression |
| Practising Self-Care | Living with Cancer and Looking After Your Mental Health | Understanding and Managing Medications |
| Self-Care for Carers Part 1 and 2 | Living with Chronic Illness and Looking After Your Mental Health | Wellbeing Toolbox |
| Understanding and managing anxiety | Maintaining My Wellness | Wellness Toolbox |
| Understanding Depression | Managing Life after Lockdown | WRAP (Wellness Recovery Action Plan) |
| Understanding Hoarding | Managing Pain and Looking After Your Mental Health | |

## Appendix b. Glossary

**CAWT Partner Organisations include:**

- HSE - Health Service Executive (Republic of Ireland)
- WHSCT - Western Health and Social Services Trust (Northern Ireland)
- SHSCT - Southern Health and Social Care Trust (Northern Ireland)
- SPPG – Strategic Planning and performance Group (formerly HSCB - Health and Social Care Board) (Northern Ireland)
- PHA - Public Health Agency (Northern Ireland)

**CMHSG** – CAWT Mental Health Strategy Group

**ILP** - Individual Recovery Learning Plan - set out their personal learning goals and ambitions for recovery

**W.R.A.P.** - Wellness Recovery Action Plan – This is a self-designed prevention and wellness tool that people can use to both support and empower them on their road to recovery and wellness. The plan helps people with information and guidance on management of symptoms, personal wellness strategies, crisis planning, support services.

**C&V** - Community and Voluntary Sector partners with specialist expertise in Mental Health to be identified through a fair and open tendering competition

**Experts with Experience of Mental Illness/People with lived experience** those people who have experience of a mental illness and have expertise to share with peers with regard to recovery.

**Service Users**- a term widely used within statutory health and social care services to describe people who are in contact with and are clients of services. For the purposes of this evaluation report this may also refer to people who make use and interlink with the provisions of the I-Recover project more widely

**FE Colleges** - Further and Higher Education Colleges

**SRN** – Scottish Recovery Network