**Recovery College Cornwall:**

**A mixed methods research study focussed on the mental health recovery journey of those who attend.**

**Research Protocol**

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**Acronyms**

Cornwall Partnership NHS Foundation Trust (CPFT)

European Social Fund (ESF)

Learning Support Worker (LSW)

Measure of general wellbeing and psychological distress (WEMWBS)

Mental Health (MH)

Process of Recovery Questionnaire (QPR)

Recovery College Cornwall (RCC)

Recovery College (RC)

**Rationale**

**Protocol Summary**

Recovery College Cornwall (RCC) has received three years of funding from the European Social Fund (ESF) and is due to open in the September of 2019.

This research study is focussed on generating data for key stakeholders around the mental health recovery journey and views of the students who attend RCC. The research will follow a mixed methods approach drawing on qualitative and quantitative data provided by the students who are attending the college. We will research students’ self-reported measures of mental well-being and recovery and their opinions regarding lived experience led recovery through learning at RCC. Data related to other indicators of recovery, such social and employment status and secondary care NHS service use will also be analysed.

RCC has been developed through a partnership of organisations in Cornwall. The research is being completed by one of these organisations – Cornwall Partnership NHS Foundation Trust (CPFT). Whilst RCC is therefore being run in the community and independently of the NHS this research study will be based within and sponsored by CPFT. These data will be stored within CPFT. Data will be collected directly from students who consent to involvement in this research study. Those who sign up for the research will also be asked if they consent to data routinely collected by RCC and Cornwall Partnership NHS Foundation Trust to be used as part of the research study. There are therefore three data sources for this study.

**‘Plain English’ Research Summary for IRAS (NREC)**

There has been a growing consensus in the mental health academic and clinical community that mental health recovery depends on more than simply managing symptoms and prescribing treatment and therapy. This new consensus supports the shift towards the rebuilding of individuals lives through a more recovery-focussed approach that assists people in their own journey of recovery. The development of Recovery Colleges both in the UK and internationally has been central to this new approach.

There are now almost 80 Recovery Colleges (RC) in the UK. They provide an alternative to primary care (GP) or secondary care (Specialist mental health services) support. RCs are open to anyone recovering from mental ill health who wishes to attend. Those attending become students, and have opportunity to explore and develop possibilities for enhancing and driving their own recovery. They attend for approximately 12 weeks.

Recovery College Cornwall (RCC) is the first RC in Cornwall. Our research is focussed on understanding if RCC is helping individuals on their mental health recovery journey and what components of RCC are facilitating or restricting this process. All individuals who attend RCC are eligible to participate in the study.

Participants will be asked to complete two questionnaires about their recovery and well-being. They will be completed on enrolment to the college, when they leave and three months later. We also ask participants if we can access their routine RCC data and medical records. This will help us understand if individuals appear to be recovering, such as whether they are working or using health services less. We will also complete focus groups with students to better understand what they believe are the strengths and weaknesses of the college and whether they have remained engaged as a college student. Our study will last for two and a half years. (298 words)

**Background**

**Recovery College Cornwall (RCC)**

Mental health is the single largest cause of disability in the United Kingdom, contributing to up to 22.8% of the total UK economic burden **(Fineberg 2013).** The economic cost of poor mental health in England alone has been estimated at over £100 Billion per year **(Department of Health 2011).** This includes direct cost related to healthcare support and reduced quality of life along with the loss of productivity at work and other economic factors.

The emphasis on mental health recovery has increased alongside the recognition of the prevalence, and costs of mental ill health. More recently this has led to increased understanding around stigma and individual needs and goals related to personal recovery **(Mental Health Taskforce 2016).** Recovery Colleges (RCs) have developed alongside this focus and the growing consensus in the mental health community that recovery requires not just symptom remission **(Whitely 2019),** but a shift from symptom management and therapeutic models delivered in the NHS, towards an educational focus **(Mcgregor 2014)** and more recovery-orientated mental health systems **(Slade 2014).**

RCs are developed collaboratively with those who attend them and look towards education around the rebuilding of lives **(Perkins 2018**). They draw therefore from adult education theory and collaborative working models, with individuals seen as students rather than patients. Collaboration is deeply embedded, with students not only having access to a broad range of courses but the co-production and co-delivery of these courses and RCs themselves **(Whitely 2019).** RCs are therefore founded on educational approaches and co-production **(Toney 2019).**

RCs have now become established across 20 international countries **(Whitely 2019).** The first UK RC opened in 2010 and there are now over 77 **(Nottingham University 2019).** The Recovery College for Cornwall (RCC) is the first in Cornwall. It is an innovative three year ESF funded pilot project. As with all RCs, RCC will be unique and specific to its attendees and local community **(Perkins 2018)** but will look to draw and build on the successful work of UK and international RCs. It has been developed and will be co-produced through partnerships involving; Pentreath Ltd, Cornwall Partnership NHS Foundation Trust, Cornwall College, Cornwall Council, Café Chaos, The Rotary Club, Invictus Trust and other 3rd Sector Partners in Cornwall. It will support recovery from mental ill health through learning and encouraging people to be the agents of their own recovery, moving those suffering from mental ill health from ‘patient’ to ‘student’. 350 people will attend over the three year funding period. Courses will initially be open to anyone with mental ill health who is unemployed, with a nucleus focusing on understanding mental health and the development of further vocational and wellbeing courses over the pilot period.

It is hoped that those attending RCC will follow a journey towards a more connected, recovered and positive life and where possible and appropriate, employment based activity.  As detailed in **Appendix 1** there are other wider, ambitious societal and community based aims for RCC in Cornwall. This research study is however primarily focused on the reported impact of RCC on the recovery journey of individuals who attend and contribute to it as students and to develop an understanding around their perspective regarding its ethos, strengths and weaknesses and their engagement as a students.

**Recovery College Research Literature and Research Context**

The decade long increase of RCs in terms of numbers and reputation has been accompanied by a growth of research and evaluation evidence supporting their use. Many initial studies were descriptive and single site case studies, but there has also been a drive towards more joined-up research and evaluation, and specific methodologies focussed around different scientific and economic measures of impact. Such findings and necessity for progressive research have been succinctly summarised by Whitely (**Whitely 2019)** and discussed in more in-depth by Perkins and colleaguesin a 2018 report **(Perkins 2018)** for ImROC – an organisation linked to RCs through its focus of informing the NHS and its partners around mental health recovery implementation via organisational change **(Imroc 2019).**

With the vast majority (92%) of RCs in the UK collecting some form of outcome measurement **(Anfossi 2017),** a decade of evidence around their use has been produced **(Perkins 2018)**. Whilst these data vary in their depth, quality and validity, a number of core themes have emerged. Firstly RCs have been shown to be popular with the students attending them **(Rennison 2014, Meddings 2014a),** and the staff who work in them **(Perkins 2017)**. Attendees also report improvements themselves, such as increased knowledge and skills **(Burhouse 2015,** **Rinaldi 2011)** andprogress towards their own recovery goals **(Meddings 2015, Sommer 2017)** and the process of recovery itself **(Nurser 2016, Meddings 2015).** There is alsoself-reported improvement around other key areas related to recovery such as hope **(Rinaldi 2011, Solent 2014, Sommer 2017, Stone 2014),** asense of control and agency **(Solent 2014, Sommer 2017),** empowerment **(Burhouse 2015),** self-esteem and confidence **(Central and NW London 2015).** Self-reportedquality of life and wellbeing has also been shown to improve following attendance at RCs **(Meddings 2015, North Essex Research Network 2014)** and those working within RCs have also been shown to value the collaborative process and its impact on their own wellbeing and working practices **(Solent 2014, Rinaldi 2012**).

Significant increases in social contacts and inclusion have also been reported following RC attendance **(Rennison 2014, Hall 2016)**, but impact on education and employment following RC attendance is varied, with Meddingsfinding no improvement (**Meddings 2015)**, whereas Rinaldi reported that almost 70% of students surveyed 18 months after attending their RC were in employment, education or had started volunteering **(Rinaldi 2011)**. The limited quantitative research evidence examining specific impact on employment outcomes is subsequently an area which has been highlighted (**Whitely 2019).**

Attendance at RCs has also been associated with a reduction in NHS community and in-patient service use **(Rinaldi 2011, Barton 2015)** and potential for cost savings of approximately £1200 per registered student in two specific RC studies (**Mid Essex Recovery College 2014, Bourne 2018)** and £800 for students who attend more than 70% of their chosen courses in a separate study (**Rinaldi 2011)**. Elsewhere research has shown a significant reduction in the direct NHS staff costs required to support individuals for the six months following RC attendance compared to the six months prior to attendance **(Barton 2015)**

In addition to the more structured and prominent research publications and reports, the narrative around RCs is accompanied by powerful supportive anecdotal evidence captured through numerous written and spoken emblematic cases, palpably described from those who have attended and/or worked within them **(Camden and Islington 2015)**. It is important to note however that there are also insightful criticisms from attendees and those with mental health lived experience, most eloquently detailed through the website ‘Recovery in the Bin’ which criticises the economic and social motivations for RCs and satirises RCs through prescriptive, inequitable, non-collaborative, non-evidence based, patronising, and generically focussed descriptions of them **(Recovery in the Bin 2019).** RCs may not therefore be for all. Indeed attendance is similar to other educational systems, with around a third of students not attending **(Perkins 2018).** Evidence detailing why certain individuals or populations may become disengaged is however limited, with the vast amount of outcome data drawn from those who have attended and completed RC courses. The impact of RCs in relation to organisational and societal transformation has also been theorised **(Crowther 2018),** but again focussed evidence, such as the impact RCs have onrecovery-orientated practice across mental health services, is also limited **(Perkins 2018).**

In summary, research and evaluation of RCs is varied and extensive. Studies have followed a qualitative focus (primarily interviews and focus groups with those attending) and quantitative assessments (primarily through standardised and validated research measures, locally designed questionnaires and assessment of quantitative activity data). The key focus has been the evolving ethos and what is valued by those attending RCs, self-reported benefits of those attending (including standardised subjective measures) and objective attempts to measure the financial cost to the NHS and wider society in terms of service use and socially valued goals such as employment and education.

Whitely has recently commented on the fact that most existing research data follows uncontrolled, single-case or retrospective research designs **(Whitely 2019)** rather than the more rigorous evidence that comes from controlled quantitative data and potential for prescriptive, prospective randomised controlled trials (RCTs). RCTs build scientific evidence bases for rolling out specific prescribed interventions, but with the uncontrolled and evolving design of RCs, they are by their very nature difficult to replicate. RCs are also open to all, but perhaps draw in those at a time in their life when they are ready to recover. There are also numerous confounding factors impacting on recovery and health status once individuals are attending a RC. Both factors have continued to restrict quantitative research to outcomes from uncontrolled before and after studies. Community based mental health interventions have however been designed to follow RCT models **(Keeley 2015),** and this may become a future focus for RC, but that this work is in-depth, complex and costly.

In addition to the research challenges described above the small amount of criticism they have faced also raise other research challenges. Perkins 2017 has suggested that some of the criticism (such as those noted in ‘Recovery in the bin’) may be the result of the evolving nature of RCs, some of which may move away from the key principles **(Perkins 2012)** and critical dimensions of success **(McGregor 2014)** that they have been founded on.The encouragement of unique and evolving co-produced RCs – with continued iterative processes of review and re-creation **(Perkins 2012),** may therefore not only be a principle and key strength of RCs but could also result in different forms of colleges emerging. IMROC have reported findings from surveys across 39 UK RCs – which detailed the different contexts and processes within which they operate **(Anfossi 2019)**. This is important work but describes RCs from the perspective of those running them rather than the students who are attending and co-producing them locally.

For smaller independent studies it may be argued therefore that local RCs are not only researched appropriately but described and contextualised appropriately. There are limitations related to inferences of causality collected from quantitative data drawn from uncontrolled before and after studies but findings remains valuable if they can be contextualised for comparison to previous and similar RC research. Qualitative methods are also therefore important to build appropriate understanding around recovery in specific contexts and to understand how students engage with and describe a particular RC.

**What our study will add?**

Our study is looking to research the recovery journey of students attending a rural, UK RC. We will look to contribute to the quantitative data in the research literature by focussing on collecting self-reported student data for uncontrolled before and after attendance scores whilst also drawing from routinely collected RCC data and also NHS service use data. This will allow for some comparisons with other RCs and contexts but will also allow us to add to the limited published literature around areas such as employment and impact of RCs on NHS service use. We will also collect qualitative data around students’ opinion on the ethos, strengths and weaknesses of RCC. We will look to see if RCC is consistent with the critical dimensions of RC success from the perspective of the students attending but also build research evidence around the engagement of students and why some become fully engaged and others do not, another key area where research evidence is limited. This work will be transferable to similar RC contexts. Our methodology draws from the RC research literature- both detailed above and referenced below in support of our protocol design.

**Study aims and objectives**

This study is focussed on developing understanding around the mental health recovery journey of students who attend RCC, with specific focus on evaluating:

1. Students’ self-reported measures of wellbeing before and after attendance.
2. Students’ self-reported measures of recovery before and after attendance.
3. Students’ RCC enrolment and exit interview data, with focus on indicators of recovery.
4. Students’ secondary care service use before, during and after attendance.
5. The key components of RCC which are facilitating or restricting student engagement.
6. The key components of RCC which are reported to be impacting on students mental health recovery journeys.
7. Whether RCC has the ethos and key components which are consistent with what are described as the critical dimensions of RC success (McGregor 2014).

Our objectives are focussed on answering the following questions:

1. Do self-reported scores for wellbeing improve for individuals who attend RCC as students?
2. Do self-reported scores improve for the ‘process of recovery’ for individuals who attend RCC as students?
3. Does NHS service use reduce following attendance at RCC?
4. Do other indicators of recovery – such as employment status change following attendance at RCC?
5. What components of RCC are facilitating or restricting students’ engagement?
6. What components of RCC are facilitating or restricting students’ mental health recovery journeys and how is this happening?
7. Are the key components and ethos of RCC similar to those described as the critical dimensions of UK RC success?

**Research Hypotheses**

1. Students self-reported measures of wellbeing will improve following attendance at RCC.
2. Students self-reported measures of the ‘process of recovery’ will improve following attendance at RCC.
3. Students RCC enrolment and exit interview data will demonstrate improved indicators of recovery following attendance at RCC.
4. Students who receive specialist mental health care support from CPFT will show reduced service use during and following attendance at RCC.
5. Key components of RCC and how these have impacted on student engagement with RCC will emerge through focus group discussion.
6. The ethos and key components of RCC and how these have impacted on individuals mental health recovery journey will emerge from focus group discussions.
7. Evidence of the critical dimensions of RC success (McGregor 20140 will emerge from focus group discussions describing RCC.

**Study Design and Methodology**

**Overview of data sources**

This study is being sponsored by Cornwall Partnership NHS Foundation Trust (CPFT). CPFT will also host the research. This offers opportunity to combine data sources for a more comprehensive study aimed at generating data for key stakeholders regarding different research aims and objectives detailed above. The data sources detailed below will therefore involve data being collected from three sources:

1. Self-Reported data collected directly from student questionnaires and focus groups (data source 1 & 4 below).
2. Recovery College Cornwall (RCC) data completed by students with their RCC Learning Support Workers (data source 2).
3. CPFT NHS data held in CPFT patient records (data source 3.)

**Quantitative data sources**

**Data Source 1. Standardised Measures of Wellbeing and Recovery (study aims and hypothesis 1&2)**

Research participants will be asked to complete two standardised measures:

1. *Measure of general wellbeing and psychological distress (short WEMWBS Appendix 2.)*

Warwick-Edinburg Mental Wellbeing Scale (WEMWBS) will be used to evaluate before and after WEMWBS scores for individuals who attend RCC.

WEMWBS is a validated and widely used mental health questionnaire **(Tennant 2007),** developed by a panel of experts to enable monitoring of mental wellbeing and the evaluation of projects, programmes and policies aiming to improve it **(Warwick University 2019)**. WEMWBS has been validated across a number of populations with mental health conditions **(Warwick University 2019)** including individuals who receive secondary care support in the UK **(Bass 2016)**.It has the capacity to detect change in populations with both good and poor mental health, and to detect subtle improvements **(Maheswaran 2012).**The measure has been applied across RC evaluations and shown to demonstrate significant improvements at two recovery colleges **(Meddings 2015, North Essex Research Network 2014).** There is a long and short version of WEMWBS. This study plans to use to short version to reduce the burden on RCC students.

1. *Process of Recovery Questionnaire (QPR – Appendix 3.)*

The process of Recovery Questionnaire (QPR) will be used to evaluate before and after recovery scores for individuals who attend RCC.

The QPR is a self-reported questionnaire relating to individual mental health recovery **(Neil 2009).** The QPRmaps onto CHIME (connectedness, hope & optimism, identity, meaning, empowerment) a conceptually defensible framework for personal recovery, developed through robust synthesis of people’s experience of recovery in mental illness **(Leamy 2011).** Thepsychometric properties have also been supported for its use in clinical practice **(Williams 2015)** and it has been used in at least two RCs where positive pre verses post effects have been observed **(Meddings 2015, Nurser 2016)**, with statistical significance **(Perkins 2018).**

Time points for Data Source 1.

* The two measures (QPR and WEMWBS) will be completed at RC enrolment and then at the point of exit interview.

If individuals do not receive an exit interview they will be sent the measures and a stamped addressed envelope (for return) in the post (Appendix 11.)

* Individuals will also be contacted 3 months following attendance at RCC and asked to complete the forms for a third time (Appendix 12.). A stamped addressed envelope will be provided).

**Data Source 2. Routine Recovery College Data**

Routine Recovery College data will be used to evaluate indicators of recovery collected at students’ enrolment and exit interview from RCC.

Research participants will be asked to consent to the sharing of data collected as part of their routine attendance at the RCC. This data is completed with students Learning Support Workers and will be collected as standard practice at the point of RCC enrolment and exit interview. This data is collected irrespective of whether an individual consents to the sharing of these data with the Research Team.

Data used for RCC is self-reported and focussed on:

* + *Basic non-identifiable demographics (age, gender, ethnicity).*
	+ *Education (including existing achieved levels) and employment status*
	+ *Household situation*
	+ *Existence of health condition preventing work*
	+ *Self-reported changes*

Data used for research purposes will be drawn from the full RCC dataset for participants (Appendix 4. ‘About you’ and Appendix 5. ‘About how things have worked out’). Only data highlighted in yellow will be used for research purposes..

Time points for Data Source 2.

* Routine RCC data will be collected at enrolment and exit interview.

**Data Source 3. Service Use and HoNOS data from medical records**

Service use data will be used to evaluate students use of NHS secondary care services before, during and after RCC attendance. Data on any Clinical Assessments scores (HoNOS – detailed below) completed by Clinicians during RCC attendance will also be collected. These data are collected by NHS practitioners working with CPFT patients as routine practice.

RCC students who have consented to the research study will be asked to consent to allow the research team to access their Cornwall Partnership NHS Foundation Trust (CPFT) clinical records data.

CPFT is the secondary care Trust provider for community and acute mental health services in Cornwall. Whilst everyone who consents to be involved in the research study will also be asked to consent to the collection of data from their CPFT medical records, not all students at RCC will have a CPFT medical record. Some individuals may have been supported by primary care services or self-referred to RCC without having had previous NHS support for their mental health. Previous RC studies have however focussed on secondary care medical records data to illustrate service use reduction and potential for cost savings **(Mid-Essex Recovery College 2014, Bourne 2018).**

Data will be collected from the NHS electronic RIO records system and will be limited to simple numerical data focussed on number of referrals, number and type of community contacts and number of inpatient admissions (Appendix 6).

Where possible individual Health of the Nation Outcome Scales (HoNOS) scores will also be collected. HoNOS was developed by the Royal College of Psychiatrists in the 1990’s **(Wing 1998)** and these scores are currently used to inform a commissioning tariff used across secondary care NHS Trusts in England - by clustering patients into groups which are broadly based on diagnostics and level of functioning. Although there are limitation with the validity and reliability of HoNOS a recent study conducted by CPFT clinicians and researchers supports the potential to use change in individual HoNOS scores for demonstrating service effectiveness and performance **(Laugharne 2018).** HoNOS is scored annually as CPFT patients are assessed for their functionality (Appendix 7.). HoNOS scores prior to and following RCC attendance will be recorded for individuals with CPFT records. Any changes will be reported.

Time points for Data Source 3.

Medical Records data will be collected both retrospectively and prospectively and will focus on the following time periods for those who consent:

* 6 months of service use data prior to RCC enrolment. These data are retrospective data – in that they will exist in medical records prior to the individual consenting for their use within this study
* Approximately 12 weeks (one term equivalent) of service use data from the point of RCC enrolment to exit from RCC.
* 6 months of service use data post RCC exit interview. This data will be collected prospectively.

**Qualitative data sources (data for study aims and objective 4.)**

**Data Source 4. Focus Group Data**

Qualitative data will be collected through focus groups, undertaken with students who are attending or have attended the RCC. Focus groups have been used to understand the key ingredients of RCs from the perspective of RC students’ **(Zabel 2016, Sommer 2017, Wilson 2019).**

Focus groups will be conducted to develop understanding around specific areas:

1. Whether RCC is reported to be impacting positively or negatively on students’ recovery journeys and why this may be happening.
2. Strengths and weaknesses of RCC in engaging students.
3. The ethos of RCC and whether they are consistent with the critical dimensions of RC success.
4. The practical components of RCC and whether they are consistent with critical dimensions of RC success.
5. Understanding of personal stories and emblematic cases.

An example topic guide is outlined in Appendix 8. This topic guide was co-produced with individuals with lived experience, a process which is in line with the need for collaboration and co-production within all facets of RCs **(McGregor 2014).** Part of the focus group will focus on the ethos of the RCC and how this fits with what have been defined as the six critical dimensions for RC success **(McGregor 2014).** These dimension have been drawn from a previous identification of eight key principles of RCs in practice **(Perkins 2012)** and are similar to what have been rated as the defining features of RC by staff members **(King 2015)** Data from the RCs focus groups may also be used for the test and learn component of the RCC –part of the original bid to the European Social Fund. Our topic guide is therefore an example topic guide as there may be additional discussion points which students attending RCC or those delivering RCC feel are relevant to be added for focus group discussion.

Everyone who consents to the research study will have opportunity to consent to being part of a potential focus group. We will be looking to undertake two focus groups with individuals who have recently received an exit interview. When a specific date is identified for each focus group we will first approach the 12 individuals who have consented to be part of a focus group and whom are closest to having left (or closest to leaving) RCC on this specific date. We will look to recruit 8-12 individuals. Additional students will be approached if required. Again this will be determined by proximity of exit interview to focus group date.

We will also complete a focus group with individuals who enrolled at RCC and consented to the research study but did not complete 80% of the activity they signed up for (These individuals are defined as having not graduated from RCC). Selection for this group will be made in a similar way to that detailed above – whereby individuals who are still engaged with a LSW and have an exit interviews closest to the date set for the focus group will be approached / along with those individuals who are no longer engaged with a LSW but would have been scheduled an exit interview on the closest dates to the planned focus group. 12 individuals will be approached in the first instance.

Focus groups will be held at RCC. They will occur in the RCC café area at a specific allocated time. And last for approximately 90 minutes. Focus groups will be facilitated by two researchers from the CPFT Research Team.

Time points for Data Source 4.

* The 3 focus groups will be completed at time points indicated in figure 2.

**Data Sources and the student journey at Recovery College Cornwall**

Students who self-refer to RCC will do so via the RCC website. They will be allocated a Learning Support Worker (LSW) and will then meet with their LSW during an enrolment process. An individual learning plan will be formulated and re-visited during their time with RCC. Students will be ‘exited’ from RCC when their support is completed. This will occur following completion of the courses they are enrolled in or completion of vocational support identified in their action plans. Everyone who is still engaged with their LSW at this time will receive an exit interview. Individuals who complete 80% of what they sign up for will be invited to a graduation ceremony. This process will be reviewed and if necessary adapted as RCC grows and feedback is received from students.

Quantitative and Qualitative data sources described overleaf are detailed in **figure 1. Student pathway for research.**  This illustrates the time points for data collection and the time periods from which data is collected and drawn. This is illustrated from the perspective of data collection related to a single study recruit.

A full study timeline is detailed in **figure 2.** **Study timeline**

**Figure 1. Student pathway for research (Data Sources and data collection periods)**

**DATASOURCE 1.** Standardised measure of recovery completed

**DATASOURCE 2**. CRC Routine Data Collected

**DATASOURCE 1.** Standardised measure of recovery completed

REQUEST FOR 3 MONTH DATA

**DATASOURCE 1**. Standardised measure of recovery completed

**DATASOURCE 2**. RCC Routine Data Collected

|  |  |  |
| --- | --- | --- |
| **← 6 Months →****Enrolment**C:\Users\allardjz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\17OVE7RC\User[1].pngResearch Consent ?DATASOURCE 3.6 months service use data . (Retrospective data prior to CRC)**Retrospective data** | **← RCC attendance (12 weeks+) →****Exit****ATTENDANCE AT RECOVERY COLLEGE CORNWALL****C:\Program Files\Microsoft Office\MEDIA\CAGCAT10\j0185604.wmf**DATASOURCE 3. service use data whilst at RCCCollected for period of RCC attendance  | **← 6 Months →**C:\Users\allardjz\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\17OVE7RC\User[1].pngDATASOURCE 3. 6 months service use data . (Prospective data following RCC attendance) **Prospective data** |
|  **Data Collected related to RCC attendance** |

**Figure 2. Study Timeline – duration of project and timetable**

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**Research Eligibility, Recruitment and Consent**

Inclusion criteria

* Individuals who are over 18 years of age, self-refer and enrol with RCC will be offered the opportunity to participate in the research component of the college.

Exclusion criteria:

* Individuals who do not self-refer and enrol with RCC
* Individuals who self-refer and enrol with RCC but are under 18 years of age, are unable to understand English or do not have the capacity to understand English at the time of consent.

Those referring themselves to RCC will have done so through the RCC website and will have navigated the enrolment process. It is anticipated therefore that individuals will have capacity to understand English. Where an individual has low literacy the study CI (Jon Allard) will support the students learning support worker in an extended session during which the study will be explained at appropriate depth before informed consent is sort.

Recruitment target

It is projected that 350+ individuals will self-enrol to RCC between September 2019 and the end December 2021 (28 months). Although enrolments rates will vary, this equates to approximately 12.5 individuals per month.

As detailed in figure 2. the recruitment period for the research study will run from December 2019 to the end of June 2021 – a 19 month period. There will therefore be 238+ students enrolled within the study recruitment period. A 60% recruitment rate would provide 143 potential research participants.

Previous studies indicate attendance rates at recent RCs as approximately 70%. Projections indicate that there would therefore be 100 RCC students who are recruited to the research study and remain engaged in RCC at the point of exit interview.

Process of recruitment and consent

Student will self-refer to RCC through the RCC website. They will then be allocated a Learning Support Worker (LSW). Their LSW will call them to arrange a meeting to enrol at RCC. They will also direct them to an electronic version of the participation information sheet (appendix 9.) on the RCC website during this telephone call, explaining to them that a research study is being undertaken into RCC. If individuals would like a hard copy of the information sheet this will be provided for them. Individuals will therefore have access to an information sheet before they meet to enrol for RCC. It will be made clear at the outset that enrolment at RCC does not mean that they need to consent for the research study and that not consenting will have no bearing on their enrolment, education or any other experience they have with RCC.

Consent will be sought by either LSWs (five of whom will be employed full-time by RCC) or Researchers (working for the CPFT Research Team) following enrolment to RCC and before commencement of RCC learner activity. Research participants will therefore be consented at the end of the enrolment process or as soon as possible after.

Enrolment to RCC is personalised and dependent on the needs of each individual. The consent process will follow this model. Enrolment will either be completed during one meeting with a students’ LSW or two separate meetings. Consent to the RCC research study will be sought following one of these meetings and by the individuals LSW or where appropriate a Researcher from the CPFT research team. Those taking consent will have valid and informed consent training. Different students will meet their LSW to enrol at RCC at different locations. This could occur in the community (at the individuals house, at a community building or elsewhere) or at RCC. Consent will also therefore occur in different locations.

Potential participants will be asked to consent to all components of the research study. They may however choose to not consent to all. The RCC research consent form is detailed in appendix 10.

**Data Collection and Storage**

Research data for this study will only be collected from individuals who consent to the research study. These data will be stored by the research team at CPFT.

Storage of electronic data will follow standard research procedures whereby all research data collected for analysis will remain confidential and anonymous and only accessible to members of the RCC research team (specifically the CI, Co-investigators and support staff working for the CPFT research team). Members of the research team have NHS passwords to access password protected CPFT PCs. Data collected will be held on the research teams unique shared drive, access to which needs to be formally agreed by the Research Team Manager and IT department at CPFT. All participants will be allocated individuals RCC learner numbers. Data stored electronically will be filed alongside these learner numbers - which will also be replicated as Research ID numbers for the purpose of the research.

Participant identifiable information for this study will be collected for the purpose of follow up questionnaires and/or contact for focus groups. This will be linked to individuals RCC Data collected for the RCC Research Study but will be held in separate password protected spreadsheet within the limited access folder (detailed above).

CPFT Research team members work within the NHS confidentiality processes for dealing with patient identifiable information (These include national and local policies and procedures such as the Data Protection Act 1998 and the NHS Code of Practice).

Data collected from RCC (RCC data for which individuals have consented to allow the research team access) Will be done so manually and at RCC. These data will be inputted directly into the secure research team folder on a password protected laptop. Hard copy RCC paper work will therefore remain at RCC. Any electronic data collected from RCC will be inputted directly onto the secure research team folder on the secure folder on the password protected NHS laptop.

Individuals Research ID numbers will accompany hard copy consent forms. Consent forms will also detail participant identifiers (their full name and signature). This paperwork will be collected at RCC and then transferred to a secure filing system at the locked CPFT Research office. Access to the research office is restricted to research team members at all times. Hard-copy questionnaires will also be filed at the same location and will have Research ID numbers added. They will also be locked at the CPFT Research office.

Where access to patient records is undertaken (for individuals who consent to the analysis of their CPFT service use data) any transferring or communicating of patient information within CPFT will be done within the secure “nhs.net” email system. As detailed above – participant identifiable data will not be stored electronically.

Electronic recordings from focus groups will be transferred to password protected files in the research teams restricted access folder immediately after each focus group and deleted once the data is transcribed and written up. The electronic recordings will be deleted off the handheld recorder following transfer to NHS computers. Transcribing of focus groups will be completed by a member of the CPFT research team. Transcripts will not therefore be sent off site. Transcribed documents for focus groups will be stored electronically but all identifiers will be removed during the transcription process and pseudonyms added.

All data reported from this study will be anonymous. Any quantitative data reported or published will be done so as a full cohort datasets or analysis of specific non-identifiable groups within the full dataset. Where any qualitative data is reported or published this will be done so thematically. Quotes will be anonymised through pseudonyms, with potential identifiers removed.

**Analysis**

Quantitative data:

Statistical analysis will be supported by Dr Adam Pollard who is a mathematician with experience of statistical analysis in a number of published studies.

As detailed above we envisage a large sample size (N100) of individuals who enrol at RCC and receive an ‘exit interview’. This will allow for an uncontrolled before and after comparison of scores for students who have attended RCC.

The 7-item scale WEMWBS is a shortened version of WEMWBS. Scores will be calculated as per WEMWBS scoring guidance (Warwick 2019). The 7-item scale WEMWBS approximate to a normal distribution, permitting parametric analysis (Warwick 2019). Means and standard deviations from our cohort will be scored at the point of enrolment and at graduation (exit interview) with pre and post RCC results compared using Students T-tests (paired sample T-tests) and two tailed non-parametric tests (Wilcoxon signed-rank test). The UK population norms have been published and can be used as a comparator for scores produced in this study. Comparison will also be made to scores from other Recovery Colleges. Comparison to WEMWBS changes in mental health studies will be used to inform comment on any clinical significance of results **(Maheswaran 2012).** Basic demographics are collected as part of the routine RCC data and will provide details of the population under study. This will allow some opportunity to identify likely cofounders or covariates that might be associated with reported outcomes. Scores may be adjusted for differences in age and sex distribution.

The 15 items (each scored on a 4-point scale) QPR scores will be combined for total individuals scores and compared in the same way as the WEMWBS (paired sample T-tests). Although not used as commonly as WEMWBS there is evidence of the ability of the QPR to measure change, suggesting that QPR can be used in longitudinal research and to assess change in a clinical settings **(Williams 2015).** Previous studies have utilised scores on the QPR to detect change in recovery **(Slade 2011).**

If there is enough data from 3 months follow up scores collected for RCC then a one-way repeated measures ANOVA will be completed. Repeated measures ANOVA looking at pre- and post-intervention scores will also allow possibility to add a covariate to the model if there is concerns regarding extraneous variables influencing the relationship.

Routine RCC data (such as employment status) will be compared before and after attendance at RCC. Data here will not be analysed statistically, but presented as frequencies with frequency tables and percentage frequency distributions. CPFT Service use data will be used to illustrate number and type of services use of RC attendees for different time periods. Again this will be limited to presentation of frequency tables and percentage frequency distributions. Honos scores will be compared from scores pre RCC attendance and post RCC attendance.

Qualitative Analysis

Qualitative analysis will be completed by Dr Jon Allard, who has supported and led on qualitative studies in mental health which have included in depth qualitative data, including data generated by focus groups (Allard 2016a, Allard 2016b, Jones 2019).

Focus groups will be analysed using thematic analysis **(Fereday 2006, Braun 2006).** Thematic analysis will draw from grounded theory and phenomenological approaches for considering and analysing data **(Charmaz 2006, Guest 2012).**

The analysis process will involve two CPFT researchers (those who facilitated the focus groups) reading the transcripts independently and writing notes on potential themes. These will be high level themes as well as those grounded in the data and evident in students' subjective experiences of attending the college.

The researchers will then meet to discuss the data and agree on an inductive thematic framework.

The transcripts will then be coded independently by the two researchers.

A third researcher will be asked to code the data using the agreed framework to check for consistency.

The data will be coded initially using hard copy transcripts and managed in Nvivo.

**Lived experience involvement.**

Lived experience is essential for recovery colleges to work effectively **(Pledger 2018, Meddings 2014b).** Individuals with lived experience have worked with researchers to develop the focus for this research protocol. Two individuals with lived experience who sit on the steering group for RCC are also advisors for this study.

Lived experience input has been incorporated into:

* Development of this research protocol
* Decisions on data to be collected and pre-existing measures to be used for data collection
* Input into participants information sheets
* Development of focus group topic guide.

**Limitations.**

This study is focussed on individuals who self-refer to RCC and consent to this research study. We recognise that the study may have a significant recruitment bias, whereby people engaging with RCC and consenting to the study are arguably more likely to have positive outcomes than those who do not engage with the RCC or do engage but do not consent to the research. This will be acknowledged in any reporting of data.

Unfortunately we are not able to collect data from individuals who decide not to engage in the College as we will not have access to who these individuals are. Referral to RCC is via the RCC website and we will not have access to data regarding individuals who decide from viewing the website that they do not want to enrol. We will also not have any data on individuals in Cornwall who hear about RCC or are signposted to the website but decide it is not something that they wish to find out more about.

As detailed in this protocol, quantitative data analysis (data sources 1, 2 and 3) will be focussed on those individuals who attend RCC and have an ‘exited’ RCC though an ‘exit interview’. We will be looking to see if there is a difference in quantitative data (uncontrolled before and after scores) for these individuals before and after RCC attendance. The study is therefore limited to before and after analysis of individuals who have remained engaged with RCC. This also has implications for bias as we will be looking at those who remained engaged and motivated to remain at RCC.

Whilst we cannot collect data on those who do not enrol with RCC, we will however attempt to collect some quantitative data on those who enrolled but did not have an exit interview (via postal method). We are not currently looking to compare this group due to the number of confounding factors that would impact on any attempt to analyse causality related to RCC attendance. We also do not anticipate a large return of data, but we hope it will inform discussion around findings and limitations. We will therefore present frequency data locally if possible. We will also collect focus group data from some of these individuals who have disengaged from RCC. This we believe is a strength of this study.

We also recognise that three month follow up data (data sources 1 and 2) may be limited due to the postal method for data collection and that this will limit this part of our analysis.

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**Appendix 1. Recovery College Cornwall – focus detailed in funding bid**

****Overview

The Recovery College for Cornwall is an innovative project that aims to create a new pathway for people experiencing mental ill health to learn to recover from illness and live healthy, connected and positive lives, contributing to communities in a way that benefits both them and society. It will provide a holistic core framework for new and existing training and engages people furthest from the labour market with learning, employment and social inclusion. Students will move away from traditional models that put the onus of recovery on health professionals, towards a model where people learn about their own mental health and how to self-manage their challenges; thereby moving them from ‘Patient’ through ‘Student’ to productive employee.

In addition, The Recovery College will provide an environment for organisations to engage new clients furthest from the labour market through already funded provision and training.

In order to better support project participants, The Recovery College will also support employers by delivering events that raise awareness, reduce stigma and provide advice about how to best support people with mental ill health in existing workforces, minimising sickness rates and increasing productivity. This element will also capitalise on these relationships to open up work placements and employment opportunities for students of the Recovery College.

In line with this call’s ‘test and Learn’ objective, the project aims to provide ‘proof of concept’ for a Recovery College Cornwall with the long term aim of improving the way NHS providers deliver recovery services and engage with Education, Voluntary and Community Organisations and employment services. The project will include a robust evaluative element to both review and adapt what works throughout the lifetime of the project, as well as create an evidence base for future commissioning and funding of the Recovery College approach.

This model will challenge the stigma attached to mental ill health by providing accessible learning facilitated by experienced health and education professionals alongside those with lived experience in a non-clinical educational setting.

The majority of the provision offered in the Recovery College will be through already funded services, and the purpose of this bid is to develop a focused framework for recovery and employment, with a core team employed initially by the core partners, The Learning Partnership for Cornwall and the Isles of Scilly, Pentreath Ltd., Cornwall College, Cornwall Partnership NHS Foundation Trust (CPFT) and Café Chaos.

**Appendix 2. Warwick-Edinburgh Mental Well-being Scale**

The Short Warwick-Edinburgh

Mental Well-being Scale

(SWEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of

each over the last 2 weeks

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **STATEMENTS** | **None of the time** | **Rarely** | **Some of the time** | **Often** | **All of the time** |
| I’ve been feeling optimistic about the future  | **1**  | **2**  | **3**  | **4**  | **5**  |
| I’ve been feeling useful  | **1**  | **2**  | **3**  | **4**  | **5**  |
| I’ve been feeling relaxed  | **1**  | **2**  | **3**  | **4**  | **5**  |
| I’ve been dealing with problems well  | **1**  | **2**  | **3**  | **4**  | **5**  |
| I’ve been thinking clearly  | **1**  | **2**  | **3**  | **4**  | **5**  |
| I’ve been feeling close to other people  | **1**  | **2**  | **3**  | **4**  | **5**  |
| I’ve been able to make up my own mind about things  | **1**  | **2**  | **3**  | **4**  | **5**  |

“Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)

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**Appendix 3. Questionnaire about the Process of Recovery (QPR)**

Please take a moment to consider and sum up how things stand for you at the present time, in particular over the last 7 days, with regards to your mental health and recovery. Please respond to the following statements by putting a tick in the box which best describes your experience. We hope that by filing in this questionnaire you will help us find out information that is important to you and your own recovery. Not all factors will be important to you, since everyone is different. This questionnaire is not intended to be used to impose anything against your wishes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Disagree Strongly** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Agree Strongly** |
| 1 | I feel better about myself |  |  |  |  |  |
| 2 | I feel able to take chances in life |  |  |  |  |  |
| 3 | I am able to develop positive relationships with other people |  |  |  |  |  |
| 4 | I feel part of society rather than isolated |  |  |  |  |  |
| 5 | I am able to assert myself |  |  |  |  |  |
| 6 | I feel that my life has a purpose |  |  |  |  |  |
| 7 | My experiences have changed me for the better |  |  |  |  |  |
| 8 | I have been able to come to terms with things that have happened to me in the past and move on with my life |  |  |  |  |  |
| 9 | I am basically strongly motivated to get better |  |  |  |  |  |
| 10 | I can recognise the positive things I have done |  |  |  |  |  |
| 11 | I am able to understand myself better |  |  |  |  |  |
| 12 | I can take charge of my life |  |  |  |  |  |
| 13 | I can actively engage with life |  |  |  |  |  |
| 14 | I can take control of aspects of my life |  |  |  |  |  |
| 15 | I can find the time to do the things I enjoy |  |  |  |  |  |

**Appendix 4. Recovery College Cornwall – (About You )**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Recovery College Cornwall: **About you**

|  |  |
| --- | --- |
|  **Learner name:** |  |
|  |  |  |
|  **Start date:** |   |

|  |  |
| --- | --- |
|  **Activity postcode:** |   |

   |

Your Details

Title: [ ]  Mr [ ]  Mrs [ ] Miss [ ]  Ms

|  |
| --- |
|  |
|  |
|  |

Forename(s):

Surname:

|  |
| --- |
|  |

Gender: [ ]  Male [ ]  Female [ ]  Other Date of Birth:

|  |
| --- |
|  |

National Insurance number:

Address:

|  |
| --- |
|  |
|  |
|  |
| County: |  | Postcode: |  |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Phone number:

Mobile number:

Email address:

Ethnicity Please tick **ONE** of the following boxes which best describes your ethnicity

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British**[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Any other Asian Background.  Please state: | **Dual Heritage**[ ]  White and Black Caribbean[ ]  White and Black African[ ]  White and Asian[ ]  Any other Dual Heritage  Background. Please state: | **White**[ ]  British/English/English/ Scottish/Welsh/Northern Irish[ ]  Cornish[ ]  Irish[ ]  Gypsy, Irish Traveller or  Roma[ ]  Any other white  Background. Please  state:[ ]  Prefer not to say |
| **Other Ethnic Group**[ ]  Arab[ ]  Any other Ethnic Background. Please state:  |  **Black/African/Caribbean/Black British**[ ] Caribbean[ ]  African [ ]  Any other Black/African/ Caribbean Background.  Please state: |

Confirming Your Eligibility

We need to check that you have the right to live and work in the UK. To do this we need you to provide one item from the list below. We must see the original and will make a photocopy for our own records.

Please tick ONE box to confirm the item of evidence you’re providing:

|  |  |
| --- | --- |
| [ ]  | Full Birth Certificate (British or European Economic Area). |
| [ ]  | Adoption Certificate (British or European Economic Area\*). |
| [ ]  | Full Passport (British or European Economic Area\*). |
| [ ]  | Full Passport (Non-European Economic Area\*) endorsed with indefinite leave to remain (settled status). |
| [ ]  | Full Passport (Non-European Economic Area\*) which includes a work/residency permit/visa stamp (unexpired) with all related conditions met. |
| [ ]  | Identity card issued by the Home Office confirming your right to stay, work or study in the UK. |
| [ ]  | A letter from the UK immigration and National Directorate or the Home Office granting indefinite leave to remain or with no time limit on your stay. |
| [ ]  | A marriage or civil partnership certificate, if your partner has the legal right to live in the UK and this can be evidenced. |
|[ ]  Evidence of NEET e.g. a letter from a school/college. |

\*By ‘European Economic Area’ we mean all EU states plus Iceland, Liechtenstein, Norway and Switzerland

Employment Status

Please tick ONE, Are you...

[ ]  **Unemployed** (I am without work, available for work and actively seeking work)

 In months how long have you been out of work? …….

Or

[ ]  **Economically Inactive** (in my current position I am not actively seeking work)

Evidence

We need you to provide one item of evidence from the list below. We must see the original and will make a photocopy for our own records.

Please tick ONE box to confirm the item of evidence you’re providing:

|  |
| --- |
|[ ]  If you’re registered unemployed, a letter or document from the Department for Work and Pensions confirming this. |
|[ ]  If you’re unemployed but not registered unemployed, a letter or document from a government agency, such as the Careers Service, confirming this. |
|[ ]  If you are unemployed but not registered unemployed, a self-declaration form. |
|[ ]  If you are economically inactive, a letter or document to support this, such as a letter from DWP, doctor’s letter, entitlement to state retirement pension letter or correspondence from an educational establishment. |
|[ ]  If you are economically inactive, a self-declaration form. |

Education

Are you currently engaged in education or training? Yes [ ]  No [ ]

If **yes**, tell us about the course, institution or provider, and if it is part time or full time:

|  |
| --- |
|  |

Have you had education up to at least NVQ level 1 or NVQ level 2 in the following?

(tick all that apply)

[ ]  Maths [ ]  English [ ]  English as a Second Language (ESOL)

Tick **ONE** option below for the highest level of education or qualification you currently hold:

[ ]  None

[ ]  Primary education or equivalent

[ ]  Lower secondary education or equivalent

[ ]  Upper secondary education, higher education, AS/A2/A levels

[ ]  Tertiary education, NVQ level 4-5, degree or post-graduate diploma

Household situation

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Prefer not to say |
| Are you currently homeless or affected by housing exclusion? |[ ] [ ]    |
| Does anyone in your household have a job? |[ ] [ ] [ ]
| Do you currently live in a single adult household?  |[ ] [ ] [ ]
| Do you have dependent children under 18yrs old?  |[ ] [ ] [ ]

Health

|  |
| --- |
| Do you have a health condition or difficulty that stopsYou from working? (This is a physical or mental condition that has a negative effect on your ability to do normal daily activities, it can be permanent or temporary)  |[ ] [ ] [ ]

Other

|  |
| --- |
| Are you an offender/Ex-offender?  |[ ] [ ] [ ]

Any additional needs?

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Appendix 5. Recovery College Cornwall – (About how things have worked out )**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Recovery College Cornwall: **About how things have worked out**

|  |  |
| --- | --- |
|  **Learner name:** |  |
|  |  |  |
|  **Last activity date:** |   |

  |

Where are you now?

Tick all relevant

[ ]  You’ve gained basic skills in English and/or Numeracy

[ ]  You’ve gained a qualification

Education

Tick ONE option below for the highest level of education or qualification you now hold:

[ ]  None

[ ]  Primary education or equivalent

[ ]  Lower secondary education or equivalent

[ ]  Upper secondary education, higher education, AS/A2/A levels

[ ]  Tertiary education, NVQ level 4-5, degree or post-graduate diploma

Do any of the following now apply to you?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Details(e.g. job title) |
| **Economically inactive** (including not in education or training) |[ ] [ ]   |
| **Unemployed**  |[ ] [ ]   |
| **Employed** (including self-employed) |[ ] [ ]   |
| **In education or training** (if you used to be economically inactive) |[ ] [ ]   |
| **Job search** (if you used to be economically inactive |[ ] [ ]   |

Evidence

Please provide the relevant documents as listed below. We must see the original and will make a photocopy for our records.

|  |
| --- |
| **If you’ve achieved a qualification:** |
|[ ]  The certificate or confirmation from the awarding body |
|  |  |
| **If you’ve moved into education or training** |
|[ ]  A letter or document from the school, college, university or learning provider demonstrating that you have formally registered and/or started learning with them |
|  |  |
| **If you’ve moved into job-search, any of the following:** |
|[ ]  A CV and a list of jobs applied for and when |
|[ ]  A letter or document from DWP that confirms you are registered as unemployed |
|[ ]  A letter of document from a government agency showing that you have newly registered with mainstream support and are actively engaging with them to apply for jobs |
|[ ]  A bank statement showing benefit payments |
|  |  |
| **If you’ve moved into employment, any of the following:** |
|[ ]  A letter or document from the employer confirming that you have started a new job |
|[ ]  A payslip |
|[ ]  A signed contract of employment |
|  |
| **If you’ve moved into self-employment, any of the following** |
|[ ]  A letter or document showing that your business activity is registered with HMRC for tax, VAT or National Insurance purposes |
|[ ]  A record showing that your business activity is active and operating, such as a bank statement or a lease/purchase agreement on equipment and premises |
|[ ]  If registered with Companies House, a record listing you as a company director |

What’s changed?

|  |
| --- |
| Since you have been involved with Recovery College Cornwall, please describe some of the biggest changes that have happened in your everyday life as a result of being involved in the project. |
|  |

**Appendix 6. Cornwall Partnership NHS Foundation Trust – Service Use Case Report From**

Add dates:

**Pre – RCC enrolment (6 months data)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CPFT practitioner**  | **CPFT team**  | **Number of meetings in the community** | **Number of outpatient meetings (at CPFT)** |
| Psychiatrist  |  |  |  |
| Psychologist |  |  |  |
| Community Psychiatric Nurse |  |  |  |
| Social Worker |  |  |  |
| Occupational Therapist |  |  |  |
| Support Worker |  |  |  |
| Other (please detail) |  |  |  |

Add dates:

**During RCC attendance**

|  |  |  |  |
| --- | --- | --- | --- |
| **CPFT practitioner**  | **CPFT team**  | **Number of meetings in the community** | **Number of outpatient meetings (at CPFT)** |
| Psychiatrist  |  |  |  |
| Psychologist |  |  |  |
| Community Psychiatric Nurse |  |  |  |
| Social Worker |  |  |  |
| Occupational Therapist |  |  |  |
| Support Worker |  |  |  |
| Other (please detail) |  |  |  |

Add dates:

**Post – RCC exit (6 months data)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CPFT practitioner**  | **CPFT team**  | **Number of meetings in the community** | **Number of outpatient meetings (at CPFT)** |
| Psychiatrist  |  |  |  |
| Psychologist |  |  |  |
| Community Psychiatric Nurse |  |  |  |
| Social Worker |  |  |  |
| Occupational Therapist |  |  |  |
| Support Worker |  |  |  |
| Other (please detail) |  |  |  |

|  |
| --- |
| **Dates of inpatient admissions during study time period** |

**Appendix 7. Health of the Nation Outcome Scales (HoNOS) - Items, Subscales and Scores**



**Appendix 8. Focus Group – Example topic Guide**

1. What do you believe are the main strengths of RCC?

*Prompt and discussion*

*How has the RCC helped you on your mental health recovery journey/s*?

1. What do you believe are the main weaknesses of RCC?

*Prompt and discussion*

*Is there anything at RCC which hasn’t helped your mental health recovery journey/s?*

1. What factors have facilitated your engagement with RCC ? /

What factors have restricted your engagement with RCC?

*(Whilst discussing the points below consider how they may have helped your recovery journey and engagement with RCC)*

1. a. Does everyone have a learning plan

b. Do you feel that your learning plans are flexible, and based on your choices?

(ask for examples during discussions related to questions below)

1. Do you feel that the RCC is co-produced?

*By co-produced we mean that the views of people with lived experience are included throughout: course development, co-facilitation of courses and co-learning alongside those delivering courses.*

1. Do you feel that the achievements, strengths, skills and qualities of staff and students are identified and rewarded?
2. Do you feel RCC supports you to move on in your life, achieve your goals and explore possibilities outside healthcare services?
3. Do you feel RCC is engaged in community organisations and local mainstream education (with an emphasis on partnership working)?
4. Do you feel the RCC is inclusive? (by inclusive we mean that it welcomes students of all types, cultures, abilities and educational achievement).

*By inclusive we also mean – no diagnostic requirements or exclusions, (even open to mental health staff, relatives, friends, carers and people in the local community) and are free to all. Everyone learns together and from each other*

1. Do you feel the RCC has enabled you to take ownership of your physical and mental health
2. How might RCC be improved?

*Prompt*

*Could things be done differently and if so how?*

**Appendix 9. Participant Information Sheet**

**Participant Information Sheet (version 3. 25.11.2019, IRAS 269687)**

**INVITATION TO PARTICIPATE IN A RESEARCH STUDY**

You are being invited to take part in a research study. To help you decide whether you would like to participate, we are providing you with some information. This aims to help you understand why this research is being undertaken and what taking part would involve. Please take time to read this information, and if you would find it helpful - discuss it with any family, friends, or individuals who provide support for your mental health. **You can also ask the research team more questions about the study (our contact details are on the bottom this page)**

**Why are we approaching you?**

You have been invited to take part because you have enrolled at Recovery College Cornwall (RCC). We approach everyone who becomes a student at RCC to ask if they would like to participate in our study.

**WHAT IS THE PURPOSE OF OUR STUDY?**

Recovery College Cornwall (RCC) opened in the autumn of 2019 and is the first recovery college in Cornwall. There are 80 similar colleges across England and researchers have been gathering evidence to try and show if they are achieving their aims. We plan to do the same for RCC. To do this we need to do some research with RCC students. We want to discover if RCC is helping with their mental health recovery and why this may or may not be happening.

**Who are we AND HOW ARE WE FUNDED?**

We are a group of experienced mental health researchers who work for Cornwall Partnership NHS Foundation Trust (CPFT). Our wider research team includes people who have used mental health services for help with their recovery. Recovery College Cornwall is a three year pilot project funded by the European Social Fund. Some of the funding for the project has been allocated to CPFT to complete this study.

**WHAT WILL HAPPEN TO IF I DECIDE I MAY WANT TO TAKE PART**

If you think that you may like to take part in our study your Learning Support Worker or one of the study team Researchers will have a discussion with you about the study and answer any additional questions you may have. If you decide to take part you will be asked to complete a consent form. This involves us collecting your permission to take part in the research (this is called consent). You will be asked to sign the form.

**WHAT WILL I BE ASKED TO DO?**

If you agree to take part we will ask you to complete two questionnaires during your enrolment to the college and the same two questionnaires when you have your exist interview. If you have RCC left before an exit interview you will be sent the questionnares. We will then send you the questionnaires to complete once more, three months after you leave. We will also offer you the opportunity to complete the questionnaires over the phone. The questionnaires ask about your mental wellbeing and your recovery.

We also ask if you are happy with us using the documents you complete with your Learning Support Worker for our research and whether we can collect some data from your NHS medical records.

If you consent we will look in your NHS records to count the number of times you have had mental health support and who provided it for the six months before you joined RCC, the time you are studying with RCC and the six months after you leave RCC. We will also count how many times you were seen at home or at an NHS building. We will however only look at specialist mental health records and not your GP or any non-mental health Hospital records.Our focus is to use and link this data to build a picture around any support you receive before and after attending RCC and how other things that may have changed following your time at RCC, such as whether you are working or studying.

Lastly you will be asked if you are happy to attend a focus group. This is a meeting with other students and involves a researcher asking the group questions and recording their responses on an electronic tape recorder. Students will be asked what has worked for them, what has not been not so good and how the RCC may be improved. This is optional and you do not have to attend a focus group to be part of the research study.

**DO I HAVE TO TAKE PART?**

No, the choice is yours. It is also up to you if you consent to take part in some but not all of the research. You can also withdraw at any time, without giving a reason. If you do withdraw from the research we will retain the data collected to that point.

**WILL I HAVE TO ATTEND EXTRA APPOINTMENTS OR SESSIONS?**

The two questionnaires should take approximately 5 minutes each to complete on each occasion. You can do this at the college during the enrolment and exit process. When you are no longer at RCC we will send them to you.

Consenting to the sharing of the data you complete with your Learning Support Worker and your service use at CPFT does not require any additional input beyond completing our consent form.

If you indicate that you are happy to be involved in a focus group and are chosen to do so, you will be asked to attend one additional group meeting with other students. This will be run by two of the study team researchers and will occur in the RCC cafe. The focus group will take approximately one hour and a half.

**WHAT ARE THE BENEFITS OF TAKING PART?**

We hope that the research will lead to improvements in RCC and make a practical difference to people attending RCC in the future. We do not know however if this will be the case.

**WHAT ARE THE POSSIBLE DISADVANTAGE OF TAKING PART?**

We are not aware of any disadvantages or risks to you if you take part in this study. Completing questionnaires or answering questions about mental health may however involve you thinking about things that are possibly uncomfortable for you. You can withdraw from the research and stop your involvement at any point.

**HOW WILL WE USE INFORMATION ABOUT YOU?**

If you provide consent we will need to use information from you, RCC and you NHS records for this research project. This information will include your name, date of birth, sex and contact details. People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead. We will keep all information about you safe and secure and we will follow all privacy rules.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study

**WHO SEES MY DATA AND WHAT WILL THEY SEE?**

Only the research team will see your indentifiable information.Anyone else , such as the person who analyses the data will only see your research numberand will not know who the data relates to.

**WHAT ARE YOUR CHOICES ABOUT HOW YOUR INFORMATION IS USED?**

**You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have. We need to manage your records in a specific way for the research to be reliable. This means we won’t be able to let you see or change the data we hold about you.**

**WHERE CAN YOU FIND OUT MORE ABOUT HOW YOUR INFORMATION IS USED?**

**You can find out more about how we use your information**

* **At** [**www.hra.nhs.uk/information-about-patients**](http://www.hra.nhs.uk/information-about-patients)
* **By asking one of the research team directly**
* **By contacting us on the email or phone number provided at the bottom of this information sheet.**

**WHAT WILL HAPPEN TO THE RESEARCH FINDINGS?**

The findings from this study will be written up as a report. We will also publish the results in a healthcare journal. We will write a summary of the results for those who took part.

**WHAT IF THERE ARE ANY PROBLEMS OR I WISH TO MAKE A COMPLAINT?**

If you have any worries about any aspects of this study you are urged to contact the research team. We will aim to do our upmost to resolve any questions or problems you have. You can also contact an independent organisation regarding any concerns. This is the Patient Advice and Liaison Service (PALS): Tel: **01726 627967.**

**WHO HAS REVIEWED THIS STUDY?**

Research studies such as ours are reviewed by an independent group of people called an NHS Research Ethics Committee. They protect your safety, rights, wellbeing and dignity and give ethical approval if they are happy with the study. The ………..Ethics Committee reviewed this application and gave full approval in

***Thank-you for taking the time to read this, and for considering taking part in the study.***

**Appendix 10. Participant Consent Form (version 3, 25.11.19)**

**Recovery College Cornwall Research Consent Form**

 Please add your **initials** to the boxes below and overleaf.

JS

 For example: For “John Smith”

|  |  |
| --- | --- |
| I confirm that I have read and understand the information sheet (Version 2. 16.10.19) for the above research study and have had a discussion today about the study with my Learning Support Worker or a Researcher. |  |
| I understand that as a student of Recovery College Cornwall I do not have to participate in this research study and that if I do participate I can withdraw at any time without this impacting on my involvement with the College |  |
| **I agree to the following components of the research study:** |  |
| To complete the two questionnaires at the start and end of my time with RCC and to be contacted and asked to complete them again three months after I graduate or leave the College |  |
| To allow the Research Team to use the documents I complete with my Learning Support Worker to inform the Recovery College Cornwall research  |  |
| To allow the Research Team access to any clinical records I have with Cornwall Partnership NHS Foundation Trust (if I have been referred here) and use my service use data to inform the Recovery College Cornwall research  |  |
| To attend a focus group to discuss my experience as a student with Cornwall Recovery CollegePlease note that this is optional and you do not have to add your initials if you do not want to be approached for this. You can still be part of the research study without attending a focus group  |  |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of student Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Date Signature

**Contact details for the Research Team**

Jon Allard. Jon.allard@nhs.net. Tel: office -01209 204020    mobile -07342086977

Cornwall Partnership NHS Foundation Trust Research Team. The Kernow Building, Wilson Way, Pool Cornwall TR153QE

**Appendix 11. Follow up letter 1.**

|  |  |
| --- | --- |
| **Example Cover Letter (Follow up 1.) – Version 2. 25.11.2019****Confidential**  Dear …… |  Dr Jon AllardChief Investigator and Senior Clinical Studies Officer Academic Led Cornwall Partnership NHS Foundation Trust Research Team. The Kernow Building, Wilson Way, Pool. Cornwall TR153QETel: 01209204020Email: jon.allard@nhs.net |

I am contacting you regarding the Recovery College Cornwall Research study. You may recall reading an information sheet and signing a consent form to agree to take part when you enrolled at Recovery College Cornwall some weeks back.

When you consented to be involved in the study you agreed to complete two questionnaires when you left Recovery College Cornwall. These are the same two questionnaires you completed when you enrolled at the college. We usually request that these two questionnaires are completed again at your exit interview and then three months later. I’m aware however that you didn’t receive or attend an exit interview, so I am contacting you now to request that you complete the two questionnaires and return them in the stamped addressed envelope. As with all components of our study your personal details remain confidential and the data from these forms and the research are reported anonymously.

It would be much appreciated if you are able to do this as they are valuable for our study. If I do not hear from you, myself (or a research colleague) will give you a call in two weeks time. If you would prefer we can then complete the questionnaires over the phone. It is however entirely up to you whether you do so. Consenting to a research study does not mean you have to complete all the processes involved and not doing so will have no impact on any future engagement you may have with Recovery College Cornwall or Cornwall Partnership NHS Foundation Trust who are running the research study.

If you have any questions regarding my request please do not hesitate to contact me.

I look forward to hearing from you and hope that you are able to return the forms. I will be in touch again in three months time with a final request to complete the forms on one more occasion. Your engagement with the research will then be complete.

Many thanks for being involved in our study

Kind Regards

**Dr Jon Allard**

**Appendix 12. Follow up letter 2.**

|  |  |
| --- | --- |
| **Example Cover Letter (follow up 2.) – Version 2. 25.11.19****Confidential**  Dear …… |  Dr Jon AllardChief Investigator and Senior Clinical Studies Officer Academic Led Cornwall Partnership NHS Foundation Trust Research Team. The Kernow Building, Wilson Way, Pool. Cornwall TR153QETel: 01209204020Email: jon.allard@nhs.net |

I am contacting you regarding the Recovery College Cornwall Research study. You may recall reading an information sheet and signing a consent form to agree to take part when you enrolled at Recovery College Cornwall some weeks back. You also completed two questionnaires and agreed to complete the forms them again when you left Recovery College Cornwall and one final time three months after leaving.

I am contacting you now to request that you complete the two questionnaires on the final occasion as it is now three months since you left the college. It would be much appreciated if you could return the forms in the stamped addressed envelope. As with all components of our study your personal details remain confidential and the data from these forms and the research are reported anonymously.

All the data we receive is valuable for our study and we would appreciate it if you could complete the forms. If I do not hear from you, myself (or one of my research colleagues) will give you a call in two weeks time. You will have opportunity to complete the questionnaires over the phone at this point. It is however entirely up to you whether you return the questionnaires and it is not a problem if you don’t. Consenting to a research study does not mean you have to complete all the processes involved and not doing so will have no impact on any future engagement you may have with Recovery College Cornwall or Cornwall Partnership NHS Foundation Trust who are running the research study.

If you have any questions regarding my request please do not hesitate to contact me.

I look forward to hearing from you.

Many thanks for being involved in our study

Kind Regards

**Dr Jon Allard**