



Original research article

An evaluation of the first Recovery College in Slovakia: a revolutionary approach to mental health care

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Abstract

This paper evaluates the first Recovery College in Slovakia, a revolutionary approach to mental health care based on the recovery concept. These colleges offer comprehensive educational programs led by individuals with personal and/or professional experience in mental health care. The main goal is to help individuals become experts in their own care; instead of prevalent paternalistic care of patients and clients who need to be told how to manage their mental health problems; it brings about a paradigm shift in the way people who experience mental illness are viewed. We used mixed research. We utilized the standardized Recovery Assessment Scale questionnaire (measuring the effect of courses on subjective recovery rates) and semi-structured interviews with staff and students of the first Recovery College in Slovakia. Interviews were focused on fulfilling the goals and principles of Recovery Colleges (Education, Co-production, Strengths-based approach, Progress and empowerment, Inclusion, Community focus and Person-centered approach). Both tools demonstrate positive changes in the lives of staff and students of the first Recovery College in Slovakia, especially when it comes to self-stigma reduction, the increase of self-responsibility, and recognizing personal strengths. The article provides a unique insight into the newly established Recovery College. It could serve as a source of inspiration.

Keywords: Evaluation; Experts by experience; Mental health; Peer trainer; Recovery College

Introduction

In recent years, there has been a growing recognition of the need to transform our attitudes, actions, and approaches toward mental health support. The World Health Organization (WHO) emphasizes the importance of community-based systems for mental health care (WHO, 2022). However, stigma associated with psychiatric diagnoses contributes to self-stigmatization, employment disadvantages, increased suicide rates, and reluctance to seek help during deteriorating health conditions (Alvarez-Galvez and Salvador-Carulla, 2013; Evans-Lacko et al., 2012; Hatzenbuehler et al., 2013; Mojtabai, 2010; Schomerus et al., 2015).

One of the innovative responses to these challenges is the concept of Recovery Colleges. The Recovery College model, originating in the United Kingdom, has gained global recognition for its innovative approach to mental health support. These colleges expand the system of care by fostering shared experiences and providing opportunities for individuals to learn and grow in their recovery journey. Within these colleges, mental health professionals collaborate with peer trainers – individuals who have personal experience with mental health recovery. These peer trainers (Experts by experience) inspire

students to take responsibility for their well-being and actively engage in recovery.

Anthony (1993: 15) defines recovery as “a deeply personal and unique process that involves changing attitudes, feelings, values, goals, skills, and roles. It is a way of living a satisfying, hopeful, and contributing life, even with limitations caused by illness”. Ragsin (2002) identifies four phases of recovery: hope, empowerment, personal responsibility, and meaningful life roles. Recovery colleges aim to support students across these phases.

Unlike traditional therapeutic methods, these colleges focus on providing education to support recovery. The example of difference can also be demonstrated by the following distinctions (see Table 1) between traditional day centers and Recovery Colleges:

The primary aim of Recovery Colleges is to assist individuals in becoming experts in their care and recovery process. These colleges play an important role in reshaping mental health services (Perkins et al., 2012). By providing a supportive environment, recovery colleges can create an opportunity that Mancini (2007) called a “turning point” in students’ active engagement with their recovery journey. These turning points include opportunities to assist others, connect with peer trainers, and strengthen resilience through active participation. Peer trainers serve as living proof that recovery is possible, particularly

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Table 1. A Recovery College is not a day center

From Day centre	To Recovery College
Patient or client: <i>"I am just a mental patient."</i>	Student: <i>"I am just the same as everyone else."</i>
Therapist	Tutor
Referral	Registration
Professional assessment, care planning, clinical notes, and review process	Co-production of a personal learning plan, including learning support agreed by the student
Professionally facilitated groups	Education seminars, workshops, and courses
Prescription: <i>"This is the treatment you need."</i>	Choice: <i>"Which of these courses interest you?"</i>
Referral to social groups	Making friends with fellow students
Discharge	Graduation
Segregation	Integration

Source: Perkins et al. (2012: 4).

during the crucial initial phase of hope. Their training equips them to effectively share their recovery narratives and make them valuable resources for students.

Founders of Recovery Colleges worldwide adhere to several universally applicable principles that enhance the colleges' innovative approach and functioning (McGregor et al., 2016):

- **Education:** Recovery colleges offer educational programs and courses that help individuals understand and develop strategies for managing mental health challenges. These programs also promote the acquisition of skills necessary for independent living and work (Perkins et al., 2023).
- **Co-production:** Recovery colleges operate through collaborative processes, involving participants in all aspects – from initial planning and decision-making to curriculum development, training, and quality assurance. They connect professional and experiential knowledge, expertise, and experiences (Perkins et al., 2023).
- **Strengths-based approach:** These colleges help participants identify and reinforce their strengths and skills. By emphasizing achievements and progress, they significantly contribute to destigmatizing mental health conditions and enhance the effectiveness of course outcomes (Perkins et al., 2023).
- **Progress and empowerment:** Students receive active support to advance in their lives, achieve self-defined goals, and explore opportunities beyond formal services (Perkins et al., 2023).
- **Inclusion:** Recovery colleges welcome everyone without requiring referrals or health status confirmation. Individuals with mental health issues, persons close to them, professionals, and anyone interested in specific themes of the offering courses are welcome to become students. The learning environment encourages mutual exchange and understanding (Perkins et al., 2023).
- **Community focus:** These colleges connect services and activities within the community, fostering collaborative partnerships (Perkins et al., 2023).
- **Person-centered approach:** Recovery colleges respect each participant's current needs, providing individually relevant support. They recognize that recovery is a unique journey for each person, reject stigma and judgment, and create space for diverse perspectives (Perkins et al., 2023).

The effectiveness and benefits of Recovery Colleges are supported by international research networks such as the Recovery Research Network or Research into Recovery, with over 220 Recovery Colleges operating in 26 countries. This approach has gained worldwide recognition and was developed by Implementing Recovery through Organizational Change (ImROC, 2022).

Shepherd et al. (2014) contend that Recovery Colleges go beyond education – they transform power dynamics and reduce stigma by replacing ignorance with hope, and participants regain a sense of control and empowerment. Co-production, engagement, and mutual support challenge prejudices, leading to self-reassessment and overcoming self-stigmatization. Creating safe environments where individuals learn from one another fosters resilience and facilitates ongoing progress.

The first Recovery College in Slovakia was established within a project supported by the European Social Fund and the European Regional Development Fund under the Human Resources Operational Programme (OPLZ-DOP-2021/8.1.1/RO-02). The main focus of the evaluation was whether the first Recovery College in Slovakia fulfils aforementioned aims and principles of Recovery Colleges (education, co-production, strengths-based approach, progress and empowerment, inclusion, community focus and person-centred approach).

Materials and methods

For the evaluation of the first Recovery College in Slovakia, a mixed-methods research approach was employed. The study utilized both quantitative and qualitative data collection methods. The standardized Recovery Assessment Scale questionnaire measured the effect of courses on subjective recovery rates. Semi-structured interviews were analyzed thematically according to the fulfillment of the principles of Recovery Colleges (Education, Co-production, Strengths-based approach, Progress and empowerment, Inclusion, Community focus, and Person-centered approach).

Quantitative component:

A standardized Recovery Assessment Scale (RAS) questionnaire was administered to students before and after each course. The RAS measures individual recovery (Burgess et al., 2010) in five dimensions – Personal confidence and hope; Willingness to ask for help; Goal and success orientation; Reliance on others; and no domination by symptoms.

A total of 44 fully completed questionnaires were processed ($N = 44$), which made it possible to compare outcomes before and after the intervention and to monitor changes in all dimensions.

Statistical analysis: the paired t-test was used to compare the results before and after the course, as the data met the normality requirement, verified using the Shapiro–Wilk test. This test is considered appropriate for small sample sizes due to its sensitivity in detecting deviations from normality in smaller datasets. The analysis was performed in the Jamovi program.

Qualitative component:

Semi-structured interviews were conducted with staff ($N = \text{ST13}$) and students ($N = \text{S6}$) of the Recovery College.

These interviews provided deeper insights into the experiences and perspectives of participants based on thematic analysis (Bryman, 2012). We used a combination of inductive and deductive approaches to data analysis (Braun and Clarke,

2006); the theoretical framework consisted of the stages of recovery and the goals and principles of Recovery Colleges, but we were also open to new topics to achieve a more comprehensive understanding. Participants were asked about their daily routines in Recovery College, what they appreciate, what they would like to change, what Recovery College means to them, and what difference it brings. Interviews lasted around one hour and were conducted in a cozy classroom at Recovery College. They were recorded on a dictaphone, transcribed, and analyzed in ATLAS.ti.

In the evaluated period, the Recovery College had a total of 115 students and 25 trainers with personal and/or professional experience in mental health care (the majority female). All students and staff of the first Slovak Recovery College were asked to participate in the evaluation (interviews and questionnaires). Participation was voluntary and depended on time availability (many commute, have other jobs, etc.) and considered individual needs (e.g., second thoughts related to mental health difficulties). All research participants signed an informed consent form.

Data were collected in the spring and summer of 2023 when the Recovery College was established, severe courses where developed, and lot of teamwork was done.

It is important to note that the collected data may not fully represent the entire participant structure. A lower questionnaire returns rate and incomplete interview coverage mean that not all staff and students were included. Also, we did not relate the data to the demographic characteristics of the respondents, as we did not require this information to complete the questionnaire. There are another limiting factors of the evaluation, like a possible bias where respondents may have emphasized the positives of the recovery school over its negatives. Also it is possible that there was more willingness to participate in the research from satisfied staff and students. Moreover, the project of the first recovery college in Slovakia was unique and new, the interviewees couldn't compare or assess the functioning in the longer term (enthusiasm prevailed at the beginning and it can be assumed that various obstacles will emerge as the recovery college continues). Related to this is the fact that the students themselves may have belonged to a group of highly motivated individuals with the courage to test the functioning of a concept previously unfamiliar in Slovakia.

Results and discussion

Both the RAS questionnaire and the interviews demonstrated positive changes in the lives of staff and students of the Recovery College. The data shows achieving the goals and principles of Recovery Colleges.

Slovak Recovery College's fulfilment of goals and supporting recovery process

First, interviewees were asked how they would explain a Recovery College to laypeople. ST12 would describe the Recovery College as follows: *"People meet there who have never met before and they can talk about their experiences and sensitive issues. And sometimes it's the first time they've talked about them because they haven't had any opportunity to talk about it... it helps a person to open up and not be judged, evaluated in some way. That's beneficial. And they learn interesting things, well... It's more empowering for those people. It makes them feel that they count, that they are equal, that they are as important as everyone else, and they identify less in the role of the patient"* (ST12). Student (S3) sees the

following benefits of the college: *"I can find a resource that helps me, I'm glad I met the other people here, they were such an inspiration... you are waiting to heal but recovery is happening now."*

Participants agreed that the Recovery College offers them a space where they feel safe, accepted, and not judged, thus significantly contributing to reducing the stigma of mental illness and giving them hope. The destigmatizing effect for the workers themselves is also described by ST13: *"I imagined people who have these mental problems, and when I meet them here, they're actually my friends... they look at it differently to a person who hasn't had that experience, who's been taught by some lecturers, if they haven't experienced it they can't relate to it in any way and imagine what it's like for them and what they're experiencing ... here's a space where you get a sense of that co-production, that every opinion matters"* (ST13).

Empowerment can contribute to improving the wellbeing of Recovery College lecturers and students. Crucially, people are not told what to do, but are offered and shared ways in which someone has helped themselves in a given situation, leading to intrinsic motivation to change: *"... you could have learned that you can actually influence better sleep, you can have some control over it, you can do something to go towards it"* (ST8). *"There's still that paternalism in the health care system in that way – we know what the patient needs and here the people know what they need"* (ST10). In this respect, the recovery college offers several so-called turning points in taking an active role in recovery: the opportunity to help others, to meet a supportive ally (e.g., a peer trainer), to connect with people with similar experiences, and to be empowered through engagement (Mancini, 2007).

The experience of the course, where the student was not seen as a 'patient' but as an equal, inspired her to seek new possibilities and empowered her: *"I was expecting someone to be here to nurse me, or like watch me, or at best feel sorry for the poor damaged people, but there was no such thing. I think it's really good because it gives you a chance to sort of breathe it out, get your head together and you can sort of look around you, that you're actually okay, so now that I'm not the one in the corner, the disabled person... like a personality disorder, so who I am, what my options are, I'm excited about it"* (S5).

Staff agree that working in the Recovery College is a great and valued opportunity, they describe it as a 'dream job' that is meaningful. For peer trainers is this job highly compatible with the limitations that mental health difficulties bring. Specifically, this means, for example, that peer trainers are mutually substitutable. One worker adds: *"Flexible working hours, maybe working from home sometimes, quite a decent salary as well, ... we can even help, do something useful, because I have some part-time jobs where I do more of a boring job for me, here the point is helping people, so yeah. For me, it was so unreal, that wow, there is such a job"* (ST11).

Based on their accounts, the opportunities that the Recovery College creates for students can include: seeing their experience of mental health issues as valuable, opportunity to work on their self-development, forming new friendships, experiencing respect, and using language sensitively. The influence of using recovery-oriented language (MHCC, 2022) describes S5: *"He [one of the project managers] was saying people with experience, and then it was amazing that he was respectfully talking about us at all, not that we were somehow damaged, less valuable, and that somehow this world was suffering here at all"* (S5).

One of the barriers that people with lived experience of mental health issues often face – and which the recovery colleges support to remove – is loneliness and a lack of appreciation and understanding. This situation is summed up in the

following quote from an interview with a recovery college staff member who describes the success of one student: *"when someone has compulsive thoughts that they're just being judged or whatever, it's hard to go out among people and she wants to change that"* (ST7). Another significant barrier is the self-stigmatization of people with experience of mental illness: *"In my previous job... I couldn't tell anyone that I had mental health experiences ... I just kept going to that job, I kept wearing that mask and it cost me considerably more of that energy to pretend that everything was okay"* (ST5). In Recovery College, there is no need to pretend, which reduces self-stigma (Nurser et al., 2017).

Ragins (2002) identifies four stages of recovery: hope, empowerment, self-responsibility, and meaningful life roles. Hope plays a crucial role in the initial stage of recovery from mental illness, and the peer trainer serves as living proof to students that recovery is achievable.

The peer trainers themselves are trained in how to work with their story to make it useful to the students. One worker describes it as follows: *"I have revised my story more than once, but exactly because it is important to show my way of recovery and what helps me or has helped me in the past, to describe that way of recovery. Not what was happening to me or, that's important too, but isn't that the grit of the story; to soak myself in all that again and tell what a hard life I've had"* (ST5). A student confirms how the recovery college gave them hope: *"Anyway it gave me such a boost, yeah, and then the course, the second one I was on about eating, it gave me strength, such hope again... I'm getting my strength back, and even the fact that yesterday I was on the course, today I am, and tomorrow I'm going on the course, that wouldn't have been possible two weeks ago. [Before attending Recovery College courses:] For me to leave the house for one day, I had to know that I don't take any activities for three days, I have to be calm, rest and then I will manage, my strength is coming back"* (S5).

The empowerment and self-responsibility phase are supported by, for example, trainers being encouraged to be autonomous, and given responsibility in terms of co-preparing, co-designing, and co-teaching courses, which gives them confidence and increases self-esteem (Gill, 2014; Toney et al., 2018): *"I already feel that I've kind of grown up and that it's helped me a lot"* (ST11). The empowerment and activation of students are illustrated by the following comment from a student who talks about the need to *"actively participate in those courses and actively be involved in that individual course. Not just sitting through it and listening to it, but actively working with what the course has to offer"* (S4).

Recovery colleges are contributing to the growth of recovery-oriented practice, which is gaining in popularity. This approach has been documented to save financial and human resources, as empowered people do not need hospitalizations and services as often, and their resources are enhanced (Gillard et al., 2023; Toney et al., 2018).

The experience of the first Recovery College project in Slovakia can contribute to the meaningful life roles phase, so that people with their own experience are in the role of trainers, colleagues, and students, rather than patients and clients. They have the opportunity to use their experience of mental health difficulties to support others and, as a result, present it as a valuable experience. Students are not viewed as "diagnoses". The trainers are just as human as the students. One student described how she had never considered that even professionals could experience mental health difficulties: *"I was a bit surprised that this one psychologist also had a mental problem, but I don't know if I can say that she had a panic disorder. And I thought it was actually kind of good in the sense that we're all just human"* (S3).

Within the interviews, we tried to follow the changes and information concerning the recovery college, yet there may have been significant changes unrelated to the recovery college courses. As can be seen from the quotes and information presented so far, there has been self/soft skills development, changes in attitudes, and increased quality of life for both staff and students in particular: *"It's actually changed my life for the better ... even in terms of my personal life... I like my colleagues ... so many empathic people and good people in one team, you just don't see that, at least that's my impression ... in short, I'm glad to be in recovery college"* (ST1). Consistent with many authors (Cook et al., 2011; Foster et al., 2007; Perkins et al., 2012; Rinaldi, 2002), students reported high levels of satisfaction, progress toward personal recovery goals, improved quality of life, and increased knowledge and skills.

The main focus of RAS analysis was to determine whether there was a significant improvement in the measured domains. For processing, we labeled the individual domains: D1 – Personal confidence and hope, D2 – Willingness to ask for help, D3 – Goal and success orientation, D4 – Reliance on others, D5 – No domination by symptoms. The null hypothesis was set for each domain so that there is no difference between both measurements (before and after the course), with the alternative being improvement among respondents. The significance level was set at 5% ($p = 0.05$). From Table 2, it is evident that significant differences occurred between the measurements for domains D1, D3, and D5. In these cases, the null hypothesis can be rejected. Significant shifts in the recovery process were noted by respondents in the areas of Personal Confidence and Hope, Goal and Achievement Orientation, and No Symptom Dominance. However, no statistically significant differences were observed between measurements for the domains of Willingness to ask for help and Reliance on others. It can be concluded that these domains could be less influenced by the courses, and it might be interesting to focus some of the courses on these themes and skills. According to Ragins (2002) the recovery process starts with hope; data could be interpreted as showing the importance of the role of the Recovery College in giving hope via experiences from the courses. This finding was verbalized by S4: *"It gives me strength to keep on going."*

Slovak Recovery College from the perspective of principles

Concerning the principle of education, the interviewees confirmed their statements that the courses offered by the recovery college in Slovakia help them to understand and find strategies to cope with the challenges associated with mental illness and support them in being independent. This is in line with the definition of the principle of education given by Perkins et al. (2023) and is illustrated by a quote from an interview with ST7 who described a recovery school as *"a place where actual professionals, people with experience, but also family members and/or people interested in mental health come together, and there they can actually learn something from each other, and learn what has helped them to feel better... that it's also about that journey, ... to learn more about what recovery actually is, how to work with it... to gradually feel better"* (ST7).

Recovery schools are based on co-production in all aspects of their functioning (Perkins et al., 2023). How the principle of co-production was fulfilled is described by ST5: *"Firstly, we had the opportunity to look at the creation of other courses, we were trained in how to create the course, we talked a lot with colleagues about what courses we would like to have, what experience we had, what courses people would accept, how long they should be, what should be included, how to engage students, what activities*

Table 2. Results of the analysis for each dimension of recovery

Dimension	Mean before course	Mean after course	Mean difference	T-statistic	P-value	Statistical significance
D1 – Personal confidence and hope	23.55	25.20	1.66	–3.12	0.0032	Statistically significant
D2 – Willingness to ask for help	11.64	12.02	0.39	–1.56	0.127	Not statistically significant
D3 – Goal and success orientation	19.09	20.34	1.25	–3.92	0.0003	Statistically significant
D4 – Reliance on others	15.30	15.52	0.23	–0.91	0.367	Not statistically significant
D5 – No domination by symptoms	9.68	10.57	0.89	–3.89	0.0003	Statistically significant

to choose in there, and then we gradually created each. It wasn't a given that, so you go there, there, there, and you do the course. Each one of us, as we felt, chose the group that we would work with on one course" (ST5). Much of the agreement in the interviewees' statements may have been due to the intense cooperation of all participants, who shared their excitement at the opportunity to participate in the project of establishing a Recovery College in Slovakia.

According to Perkins et al. (2023), recovery college helps to identify and strengthen the *strengths* of both students and staff, thereby significantly promoting, among other things, the destigmatization of mental illness and contributing to recovery. Identifying and based on the strengths confirms following interview quote: "We have people who were amazing at creating courses, well they didn't want to get up there and lecture and now they don't lecture... others found themselves in that lecturing role..., others again wanted to be more, in the background of that recovery college, someone wanted to be on social media, someone again was looking for facilities ... and others are amazing with students ... an opportunity for everyone to find that role ... they have the opportunity to choose to do that" (ST8). Students and staff also discovered the value of lived experience through the recovery college: "The course made me reflect on my strengths as well. That I may have this, but in something else, I am unique and stronger, for example, precisely because I suffer from my diagnosis" (S1).

Within the framework of the principle of *progress and empowerment*, students should be actively supported to move forward in their lives, achieve the goals they have set for themselves, and explore opportunities outside of services (Perkins et al., 2023). A specific example of the principle of fulfillment and change in approach is described by S2, she has decided to increase her physical activity after the course called "Get moving": "I resolved that ... I can walk home [from Recovery College]. I've only managed to do it three times so far, but I've managed to do it. Maybe a year ago, I would still be focusing on the fact that I've only managed three times, but now I don't have that, that I've managed THREE times... that kind of training, working on myself, it's up to me, ... then I can't say that I just feel bad because I didn't do anything to feel good about it, ... to be so responsible to myself" (S2), or "completely useless fear, thinking about your failures, but you just have to really believe in yourself and it will work. At least that's what I've come to understand, during these few experiences I've had" (ST11). A frequently recurring benefit of the recovery college was learning from each other, with staff also gaining inspiration from students and each other: "The sharing is so basic, it gives something to the lecturer as well... it's useful for the lecturers as well" (ST6), which reinforces self-development. Most of the feedback from students is positive, which gives staff a sense of purpose and confidence in their work. The peer trainer is proof that recovery is possible, so is a role model giv-

ing hope to students that they too can and will live a full life with the illness, making coping with living with mental illness a valued life experience.

The principle of *inclusion* in the Recovery College is described by the participants as "open, such a friendly and very welcoming place for everyone" (ST1). The Recovery College team highly values equality, and a partnership approach, which means that every member is important, and their opinion is taken into consideration by the team, a person with expertise (health professional, psychologist...), and a person with experience in mental health issues teach together.

As this is the first Recovery College in Slovakia, there was a need to spread awareness and information about this so far unknown concept. The principle of focusing on the *community* is described by a Recovery College worker who also works in a psychiatric hospital: "Now I'm actually trying to spread the message in some way where I can... posters in the outpatient clinic, even the chief psychiatrist was quite excited about it, ... I'm trying to talk about it in the communities as well, ... a letter to the public that it should go everywhere around the country, ... that we should have a sort of a taster course for the professional public and then actually a taster course for the hospitals, ... also the social media" (ST13). The courses are very well attended, which seems to be due to the quality of marketing and communication on social media.

The *person-centered* focus is captured by ST6's statement, "A recovery college is a place where you can come, relax, maybe figure out something new, maybe find out that you're not alone in this, and maybe just, like, get out of the house" (ST6). Trainers most often appreciated that the peer trainer position reflects the needs of people "who are having trouble acclimating to the job market" (ST1), e.g., by working from home, substitutability, flexibility, peer support, and the possibility of breaks from work. Acceptance without evaluation, where everyone in the team can be themselves, and mutual respect was repeatedly emphasized.

Conclusion

This paper offers a unique insight into the process of establishing a Recovery College in Slovakia and may inspire people who are interested in mental health topics. The results of the quantitative part of the research suggest that a Recovery College contributes significantly to increased personal confidence, goal orientation, and symptom non-dominance. This confirms that the Recovery College model can effectively promote recovery in people with mental health problems by strengthening their self-esteem and ability to manage their own lives. The addition of a focus on cooperation and support from others could further improve outcomes on less-impacted dimensions.

In addition, interviews with participants highlighted subjective improvements in quality of life and reductions in self-stigma, which correlated with the quantitative data. For example, several participants expressed how the program had helped them overcome isolation and boosted their motivation. These findings suggest that a Recovery College has the potential to make a significant contribution to improving mental health and enhancing participants' autonomy.

The first Slovak Recovery College fulfills the goals and principles of Recovery Colleges in general. In terms of the work team, equality, non-evaluative attitudes, respect and mutual learning, self-development, a sense of meaningful work, growth in self-esteem and, finally, coping with living with mental health issues were highlighted as valued life experiences. Students most often valued concern, acceptance and respect, social contact, and a positive learning experience in the recovery college. It would be interesting to see if and how the topics we evaluated change over time. The recovery model offers the opportunity (along with many of the benefits described above) for people with experience of mental health issues. We recommend its wider use in other institutions and regions in Slovakia.

Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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