Recovery as transformation

Culturally-informed approaches to meeting local challenges

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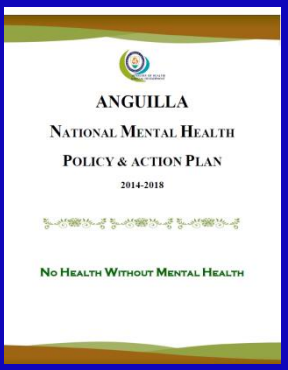
University of Nottingham

21 May 2026

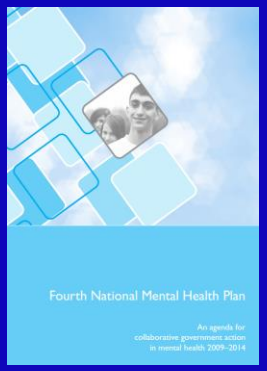
Personal recovery

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.

Anthony W (1993) *Recovery from mental illness: the guiding vision of the mental health service system in the 1990s*, Psychosocial Rehabilitation Journal, **16**, 11-23.

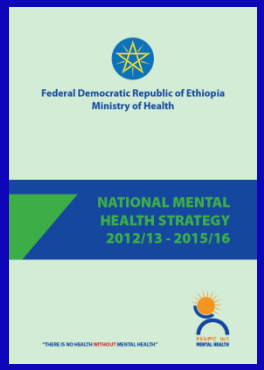


Anguilla

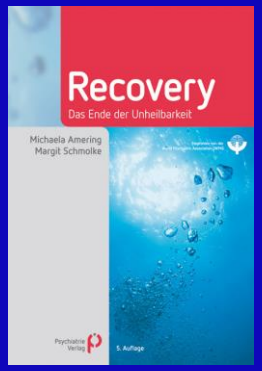


Australia

Canada

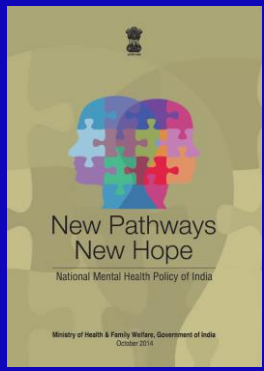


Ethiopia



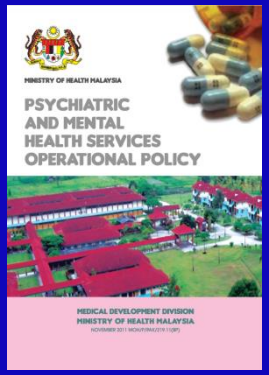
Germany

Hong Kong



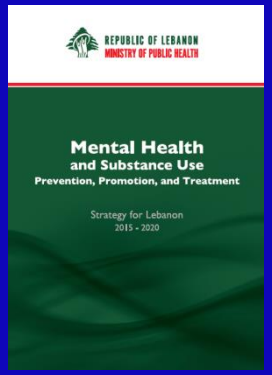
India

Italy

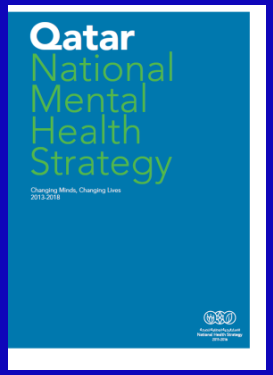


Malaysia

Netherlands



Lebanon

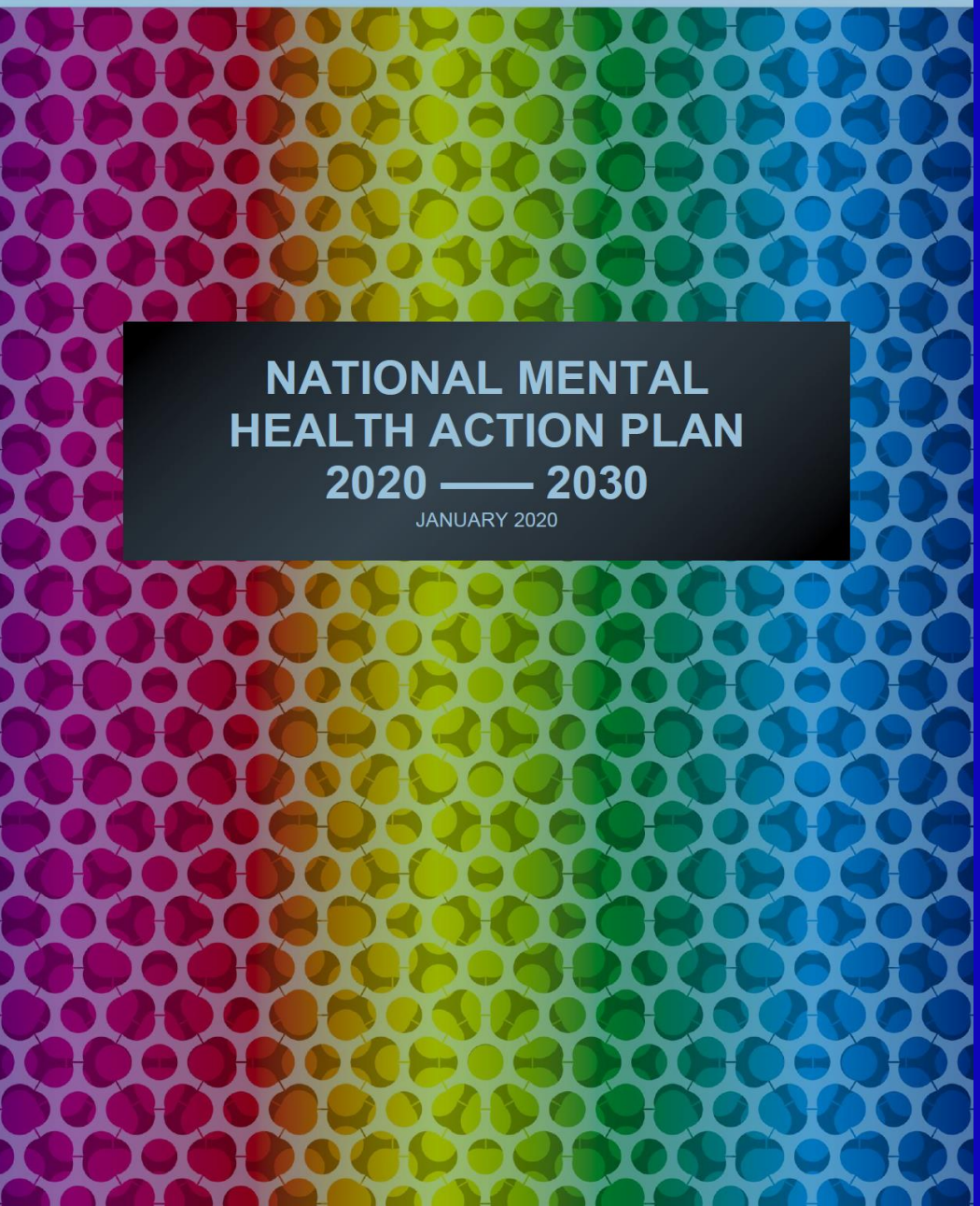


Qatar

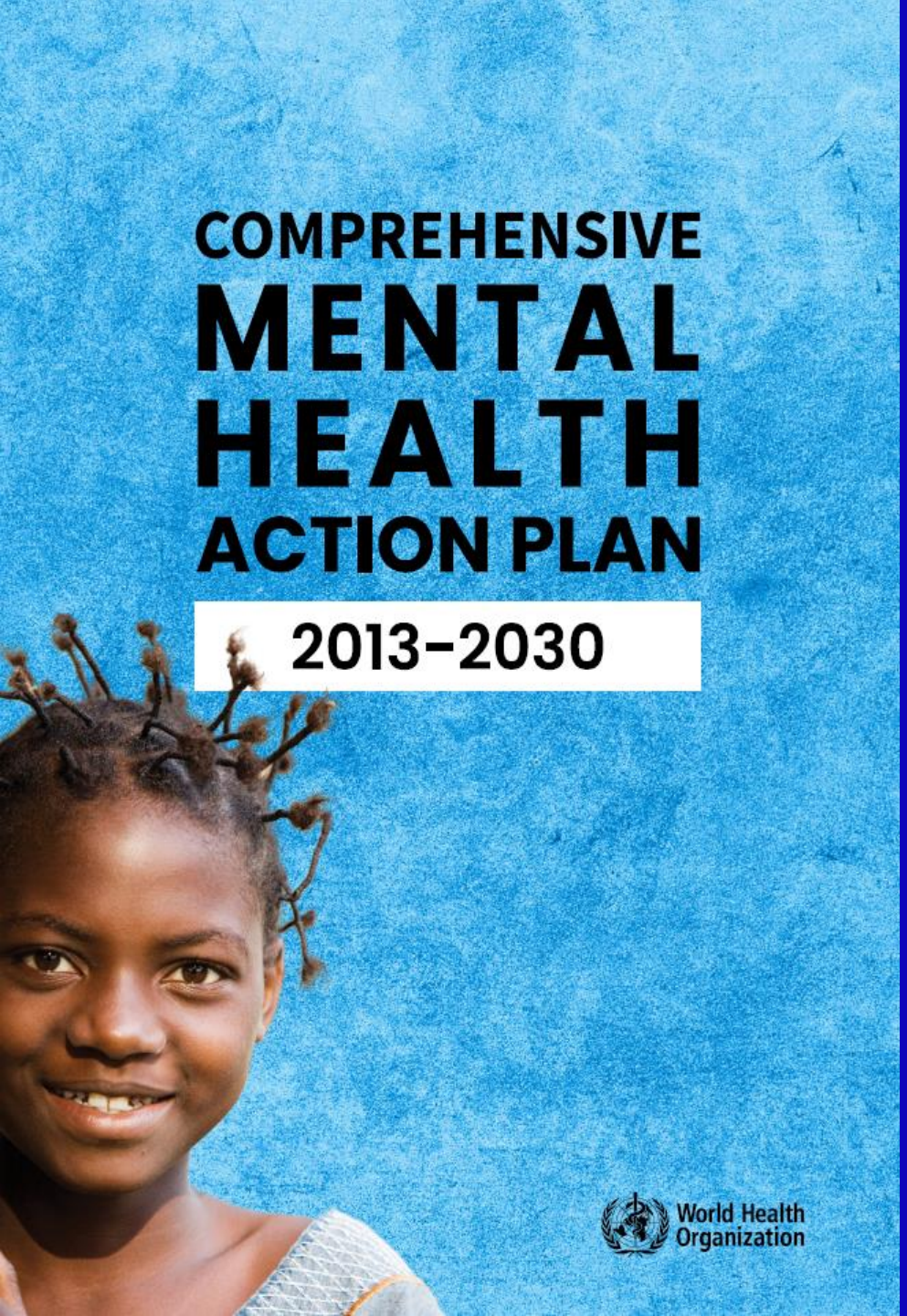
Scotland

South Africa

REFORMA PÉČE
O DUŠEVNÍ ZDRAVÍ



…the main reform goal, i.e. to provide care that leads to recovery



…are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery

Recovery processes: CHIME framework

Leamy M, Bird V, Le Boutillier C, Williams J, Slade M (2011) *A conceptual framework for personal recovery…systematic review and narrative synthesis*, British Journal of Psychiatry, **199**, 445-452.

2021

TECHNICAL PACKAGES

1. Community MH centers
2. Community outreach
3. Comprehensive MH service networks
4. Crisis MH services
5. Hospital-based MH services
6. Peer support
7. Supported living services

Peer support workers

A “credible role model”

Davidson L, Rakfeldt J, Strauss J (2010)
The roots of the recovery movement in psychiatry,
Chichester: Wiley-Blackwell

Cooper *et al. BMC Medicine* (2024) 22:72
https://doi.org/10.1186/s12916-024-03260-y

BMC Medicine

RESEARCH ARTICLE Open Access

The effectiveness, implementation, and experiences of peer support approaches for mental health: a systematic umbrella review

Ruth E. Cooper[1*†], Katherine R. K. Saunders[1*†], Anna Greenburgh[2], Prisha Shah[6], Rebecca Appleton[2], Karen Machin[6], Tamar Jeynes[6], Phoebe Barnett[2,3,4], Sophie M. Allan[2,5], Jessica Griffiths[1], Ruth Stuart[1], Lizzie Mitchell[6], Beverley Chipp[6], Stephen Jeffreys[6], Brynmor Lloyd-Evans[2], Alan Simpson[1,7] and Sonia Johnson[2,8]

Abstract

Background Peer support for mental health is recommended across international policy guidance and provision. Our systematic umbrella review summarises evidence on the effectiveness, implementation, and experiences of paid peer support approaches for mental health.

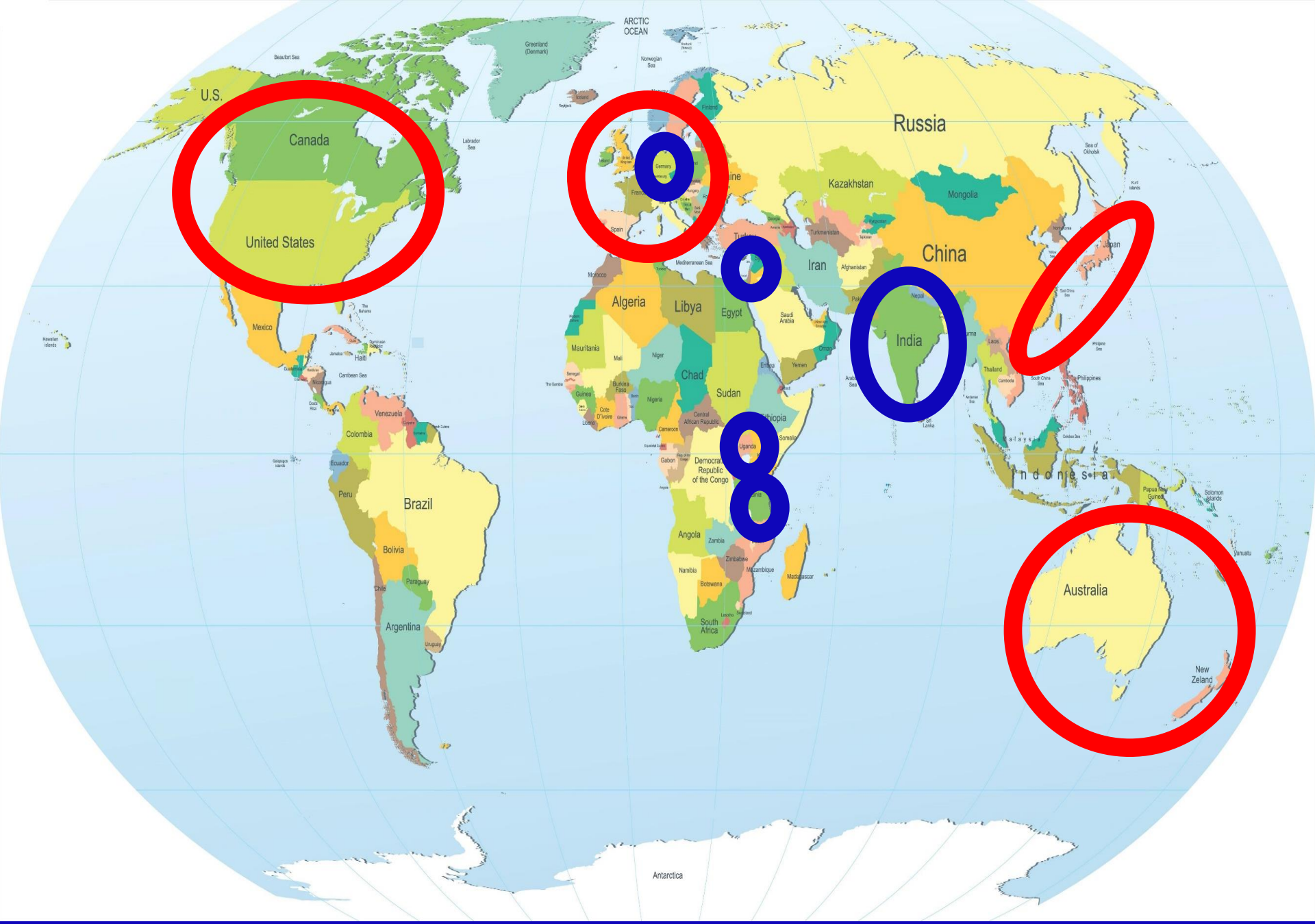
Methods We searched MEDLINE, EMBASE, PsycINFO, The Campbell Collaboration, and The Cochrane Database of Systematic Reviews (2012–2022) for reviews of paid peer support interventions for mental health. The AMSTAR2 assessed quality. Results were synthesised narratively, with implementation reported using the CFIR (Consolidated Framework for Implementation Research). The protocol was registered with PROSPERO (registration number: CRD42022362099).

Results We included 35 reviews (426 primary studies, $n = 95$–$40{,}927$ participants): systematic reviews with ($n = 13$)

35 reviews

2024

More consistent evidence was found indicating peer support improves recovery outcomes



UPSIDES Study

Using Peer Support In Developing Empowering Mental Health Services

Peer Support Worker Training Manual and Workbook

Field Version

www.upsides.org

2020

https://www.upsides.org

Effectiveness of peer support for people with severe mental health conditions in high-, middle- and low-income countries: multicentre randomised controlled trial

Bernd Puschner*, Juliet Nakku*, Ramona Hiltensperger, Philip Wolf, Inbar Adler Ben-Dor, Faith Bugeiga, Ashleigh Charles, Lion Gai Meir, Paula Garber-Epstein, Yael Goldfarb, Alina Grayzman, Shimri Hadas-Grundman, Maria Haun, Imke Heuer, Bahati Iboma, Jasmine Kalha, Lydia Kamwaga, Palak Korde, Yasuhiro Kotera, Silvia Krumm, Arti Kulkarni, Eric Kwebiiha, Jennifer Kyara, Max Lachman, Candelaria Mahlke, Benjamin Mayer, Galia Moran, Richard Mpango, Rachel Mtei, Annabel Müller-Stierlin, Roseline Nanyonga, Fileuka Ngakongwa, Jackline Niwemuhwezi, Rebecca Nixdorf, Lena Nugent, Soumitra Pathare, Mary Ramesh, Grace Ryan, Gwen Schulz, Maria Wagner, Tamara Waldmann, Lisa Wenzel, Donat Shamba** and Mike Slade**

Background

Some trials have evaluated peer support for people with mental ill health in high-income, mainly English-speaking countries, but the quality of the evidence is weak.

Aims

To investigate the effectiveness of UPSIDES peer support in high-, middle- and low-income countries.

Method

This pragmatic multicentre parallel-group wait-list randomised

Social Inclusion Scale, Empowerment Scale and HOPE Scale. Per-protocol analysis with participants who had received three or more intervention sessions also showed an effect on the Social Inclusion Scale total score ($\beta = 0.18$, $P = 0.031$, 95% CI: 0.02–0.34).

Conclusions

Peer support has beneficial impacts on social inclusion, empowerment and hope among people with severe mental health conditions across diverse settings. As social isolation is a key driver of mental ill health, and empowerment and

British Journal of Psychiatry

In press

Largest sample size (n=615)
First PSW RCT in lower-resources settings
First multinational evaluation

BMJ Open

Societal and organisational influences on implementation of mental health peer support work in low-income and high-income settings: a qualitative focus group study

Mary Ramesh [1], Ashleigh Charles [2], Alina Grayzman [3], Ramona Hiltensperger [4], Jasmine Kalha [5], Arti Kulkarni [5], Candelaria Mahlke [6], Galia S Moran [7], Richard Mpango [8,9], Annabel S. Mueller-Stierlin [4], Rebecca Nixdorf [10], Grace Kathryn Ryan [11], Donat Shamba [1], Mike Slade [2,12]

To cite: Ramesh M, Charles A, Grayzman A, *et al*. Societal and organisational influences on implementation of mental health peer support work in low-income and high-income settings: a qualitative focus group study. *BMJ Open* 2023;**13**:e058724. doi:10.1136/bmjopen-2021-058724

ABSTRACT

Objectives Despite the established evidence base for mental health peer support work, widespread implementation remains a challenge. This study aimed to explore societal and organisational influences on the implementation of peer support work in low-income and high-income settings.

Design Study sites conducted two focus groups in local languages at each site, using a topic guide based on

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ The sample size (86 participants, across 12 focus groups) and sampling across two low-income and three high-income sites increases the credibility of the findings and their relevance to similar settings.

⇒ Independent coding by multiple analysts from different cultures enhances trustworthiness.

⇒ Sociodemographic characteristics were not suffi-

2023

Community and staff attitudes

Organisational culture

Peer support network

Role definition

Resource availability

Training and support

Recovery Colleges

Social Psychiatry and Psychiatric Epidemiology (2024) 59:759–768
https://doi.org/10.1007/s00127-023-02452-w

RESEARCH

Evidence-based Recovery Colleges: developing a typology based on organisational characteristics, fidelity and funding

Daniel Hayes[1,2] · Elizabeth M. Camacho[3] · Amy Ronaldson[1] · Katy Stepanian[1] · Merly McPhilbin[4] · Rachel A. Elliott[3] · Julie Repper[5] · Simon Bishop[6] · Vicky Stergiopoulos[7] · Lisa Brophy[8] · Kirsty Giles[9] · Sarah Trickett[10] · Stella Lawrence[10] · Gary Winship[11] · Sara Meddings[5] · Ioannis Bakolis[1] · Claire Henderson[1] · Mike Slade[4,12]

Received: 25 August 2022 / Accepted: 27 February 2023 / Published online: 11 March 2023

Abstract

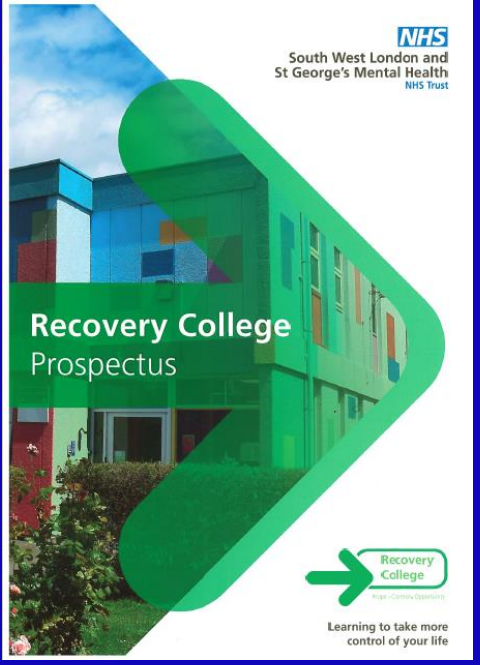
Purpose Recovery Colleges (RCs) have been implemented across England with wide variation in organisational characteristics. The purpose of this study is to describe RCs across England in terms of organisational and student characteristics, fidelity and annual spending, to generate a RC typology based on characteristics and to explore the relationship between characteristics and fidelity.

Methods All RC in England meeting criteria on recovery orientation, coproduction and adult learning were included. Managers completed a survey capturing characteristics, fidelity and budget. Hierarchical cluster analysis was conducted to identify common groupings and generate an RC typology.

Results Participants comprised 63 (72%) of 88 RC in England. Fidelity scores were high (median 11, IQR 9–13). Both NHS and strengths-focussed RCs were associated with higher fidelity. The median annual budget was £200,000 (IQR £127,000–£300,000) per RC. The median cost per student was £518 (IQR £275–£840), cost per course designed was £5,556 (IQR £3,000–£9,416) and per course run was £1,510 (IQR £682–£3,030). The total annual budget across England for RCs is an estimated £17.6 m including £13.4 m from NHS budgets, with 11,000 courses delivered to 45,500 students.

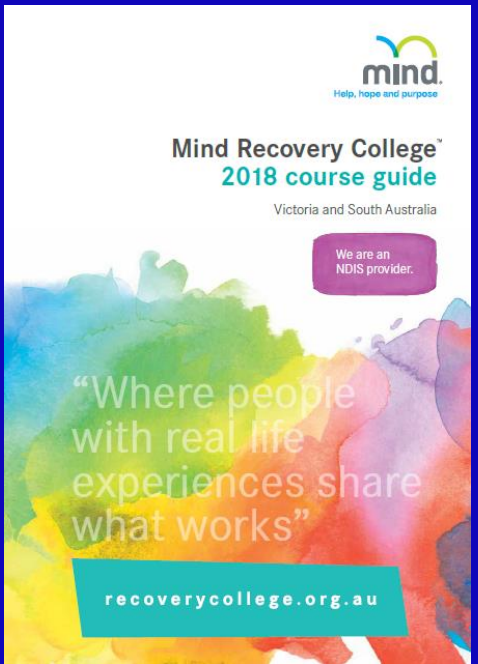
2024

88 RCs in England



England

Hong Kong



Australia

Japan

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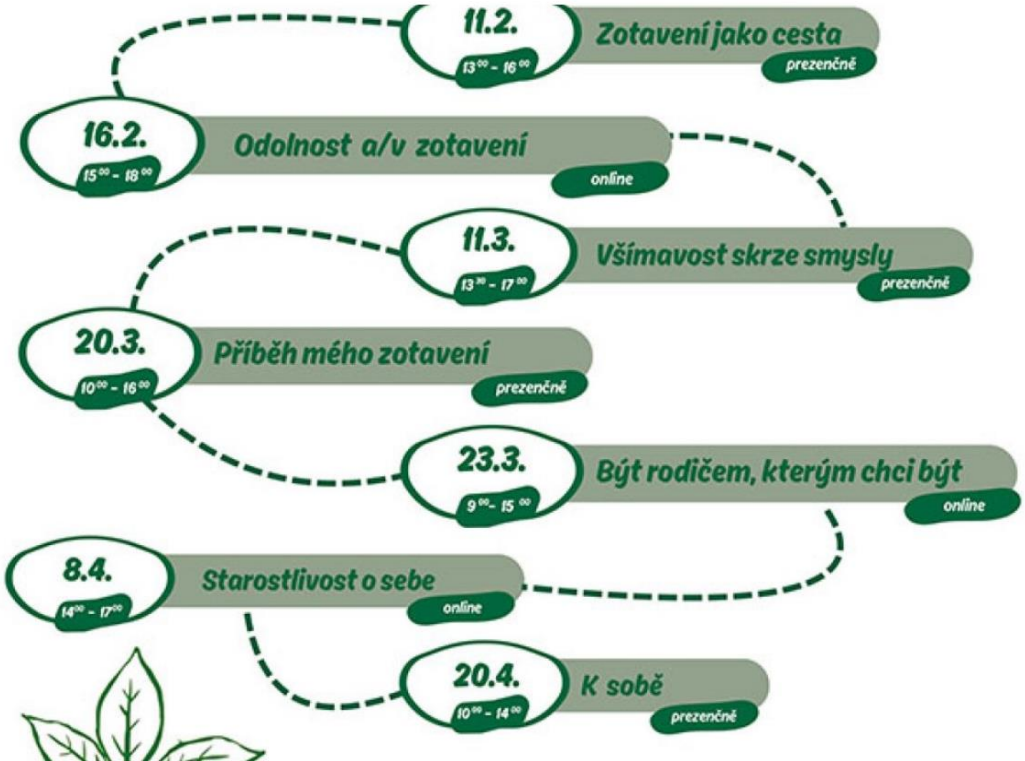
Lublaňská 1730/21, 120 00 Praha 2
+420 608 803 748

Další informace



Podobné příspěvky

BUTABIKA RECOVERY COLLEGE

BRC

Vision: "Enhancing the user voice through co-production"

P. O. Box 7017, KAMPALA - UGANDA. Tel: +256(0)392 000 288

Website: butabikarecoverycollege.ning.com

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

THE REPUBLIC OF UGANDA

THET

UK
from the British people

The first of its kind in Africa

RECOLLECT Fidelity Measure

Non-modifiable components

1. Valuing Equality
2. Learning
3. Tailored to the Student
4. Coproduction
5. Social Connectedness
6. Community Focus
7. Commitment to Recovery

Modifiable components

8. Available to All
9. Location
10. Distinctiveness of Course Content
11. Strengths Based
12. Progressive

Toney R et al (2019) *Development and evaluation of a Recovery College fidelity measure*, Canadian Journal of Psychiatry, **64**, 405-414.

Organisational and student characteristics, fidelity, funding models, and unit costs of recovery colleges in 28 countries: a cross-sectional survey

Daniel Hayes*, Holly Hunter-Brown*, Elizabeth Camacho, Merly McPhilbin, Rachel A Elliott, Amy Ronaldson, Ioannis Bakolis, Julie Repper, Sara Meddings, Vicky Stergiopoulos, Lisa Brophy, Yuki Miyamoto, Stynke Castelein, Trude Gøril Klevan, Dan Elton, Jason Grant-Rowles, Yasuhiro Kotera, Claire Henderson†, Mike Slade†, for the RECOLLECT International Research Consortium‡

Lancet Psychiatry 2023; 10: 768–79

Published Online September 19, 2023 https://doi.org/10.1016/S2215-0366(23)00229-8

See **Comments** page 736

*Joint first authors

†Joint last authors

‡Members listed at the end of the Article

Department of Behavioural Science and Health, Institute of

Summary

Background Recovery colleges were developed in England to support the recovery of individuals who have mental health symptoms or mental illness. They have been founded in many countries but there has been little international research on recovery colleges and no studies investigating their staffing, fidelity, or costs. We aimed to characterise recovery colleges internationally, to understand organisational and student characteristics, fidelity, and budget.

Methods In this cross-sectional study, we identified all countries in which recovery colleges exist. We repeated a cross-sectional survey done in England for recovery colleges in 28 countries. In both surveys, recovery colleges were defined as services that supported personal recovery, that were coproduced with students and staff, and where students learned collaboratively with trainers. Recovery college managers completed the survey. The survey included questions about organisational and student characteristics, fidelity to the RECOLLECT Fidelity Measure, funding models, and unit costs. Recovery colleges were grouped by country and continent and presented descriptively. We used regression models to explore continental differences in fidelity, using England as the reference group.

2023

Global survey

221 Recovery Colleges in 28 countries

Africa	2	Asia	15
Oceania	11	North America	23
Europe	168 (1 in Czechia)		

RCs in Western countries: higher fidelity scores

Asia (n=9) lower fidelity than England (n=63) on:

- *Tailored to the student*
- *Coproduction*

Hofstede cultural dimensions

Power distance (high vs low) Degree to which inequality and unequal distributions of power between parties are accepted

Individualism (vs Collectivism) Degree to which a society expects individuals to be loosely tied to one another, and to take care of only themselves and their immediate family

Success-Drivenness (vs Quality-Orientation) A societal value for achievement, and material rewards for success

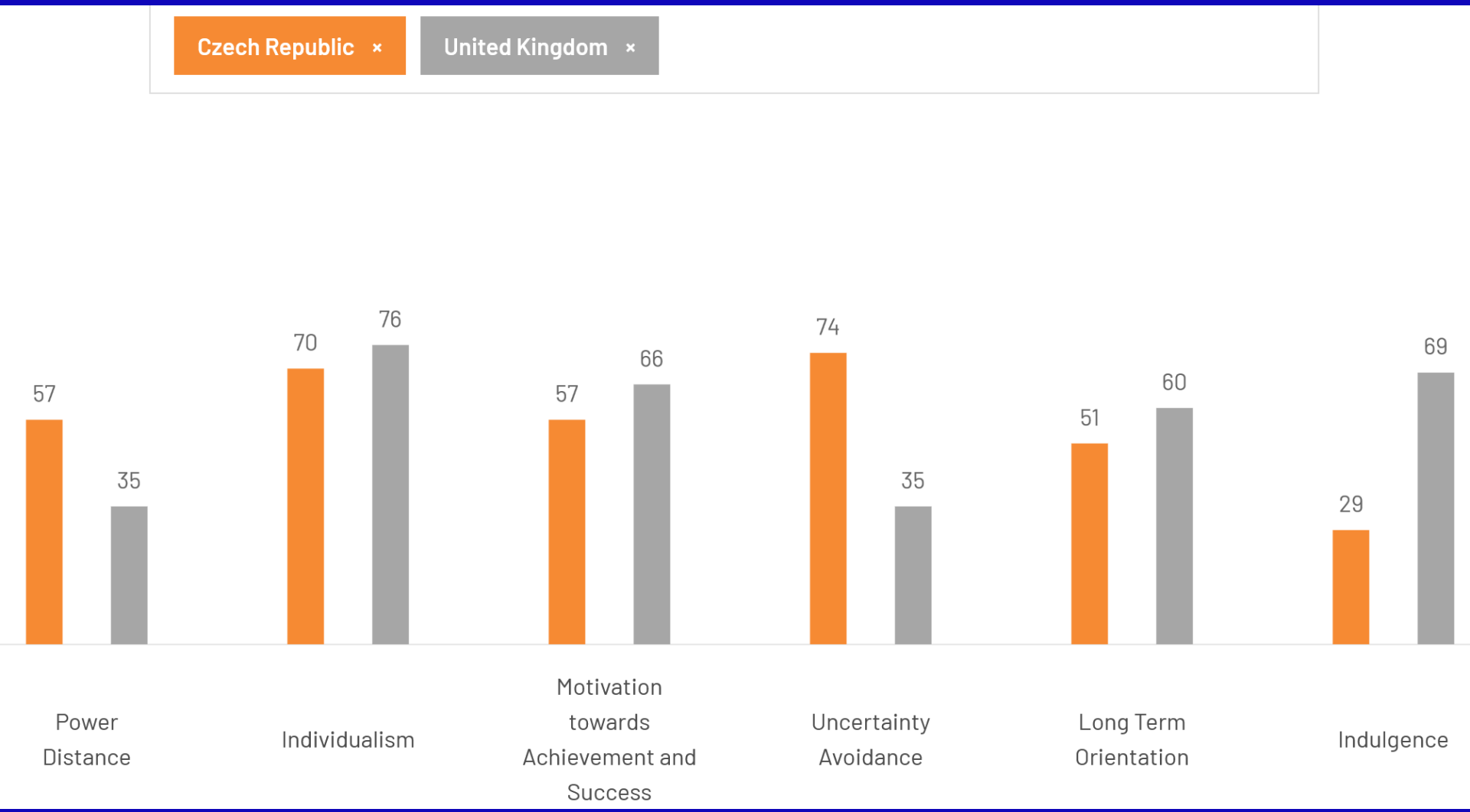
Hofstede et al (2010) *Cultures and Organizations: Software of the Mind: Intercultural Cooperation and Its Importance for Survival.* 2nd Edition, McGraw-Hill, London.

Hofstede cultural dimensions

Uncertainty Avoidance (high vs low) Degree to which individuals feel threatened by / avoid unknown situations

Long-Term Orientation (vs Short-Term Orientation) Values oriented towards future rewards, perseverance, and thrift, which are related to ‘saving’ as opposed to ‘spending’

Indulgence (vs Self-Restrained) Acceptance of relatively free gratification of basic and natural human needs to enjoy life



https://www.theculturefactor.com/country-comparison-tool

28-country global study on associations between cultural characteristics and Recovery College fidelity

Yasuhiro Kotera[1,2] ✉, Amy Ronaldson[3], Daniel Hayes[3,4], Holly Hunter-Brown[3], Merly McPhilbin[1], Danielle Dunnett[3], Tesnime Jebara[3], Simran Takhi[1], Takahiko Masuda[5], Elizabeth Camacho[6], Ioannis Bakolis[7], Julie Repper[8], Sara Meddings[8], Vicky Stergiopoulos[9], Lisa Brophy[10], Clara De Ruysscher[11], Michail Okoliyski[12], Petra Kubinová[13], Lene Eplov[14], Charlotte Toernes[14], Dagmar Narusson[15], Aurélie Tinland[16], Bernd Puschner[17], Ramona Hiltensperger[17], Fabio Lucchi[18], Yuki Miyamoto[19], Stynke Castelein[20], Marit Borg[21], Trude Gøril Klevan[21], Roger Tan Boon Meng[22], Chatdanai Sornchai[23], Kruawon Tiengtom[23], Marianne Farkas[24], Hannah Moreland Jones[25], Edith Moore[26], Ann Butler[27], Richard Mpango[28], Samson Tse[29], Zsuzsa Kondor[30], Michael Ryan[31], Gianfranco Zuaboni[32], Dan Elton[33], Jason Grant-Rowles[33], Rebecca McNaughton[33], Charlotte Hanlon[34], Claire Harcla[35], Wouter Vanderplasschen[36], Simone Arbour[37], Denise Silverstone[38], Ulrika Bejerholm[39,40], Candice Powell[41], Susana Ochoa[42], Mar Garcia-Franco[42], Jonna Tolonen[43], Caroline Yeo[44], Ashleigh Charles[1], Claire Henderson[3,46] & Mike Slade[1,45,46]

Recovery Colleges (RCs) are learning-based mental health recovery communities, located globally. However, evidence on RC effectiveness outside Western, educated, industrialised, rich, and democratic (WEIRD) countries is limited. This study aimed to evaluate associations between cultural characteristics and RC fidelity, to understand how culture impacts RC operation. Service managers from 169 RCs spanning 28 WEIRD and non-WEIRD countries assessed the fidelity using the RECOLLECT Fidelity Measure, developed based upon key RC operation components. Hofstede's cultural dimension scores were entered as predictors in linear mixed-effects regression models, controlling for GDP spent on healthcare and Gini coefficient. Higher Individualism and Indulgence, and lower Uncertainty Avoidance were associated with higher fidelity, while Long-Term Orientation was a borderline negative predictor. RC operations were predominantly aligned with WEIRD cultures, highlighting the need to incorporate non-WEIRD cultural perspectives to enhance RCs' global impact. Findings can inform the refinement and evaluation of mental health recovery interventions worldwide.

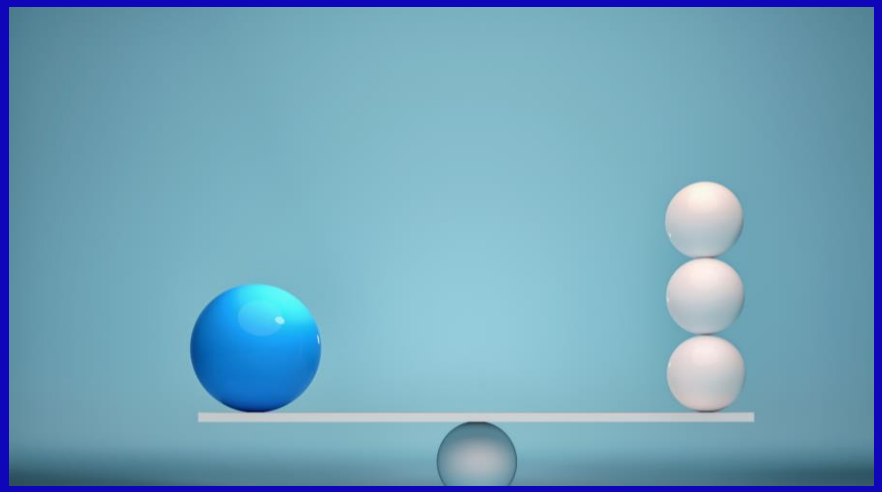
NPJ Mental Health
2023

Cultural characteristics linked to high fidelity

	UK	Czechia
Individualism	*Very high*	*High*
Indulgence	*Very high*	*Very low*
Uncertainty Acceptance	*Very high*	*Very low*
Short-Term Orientation	*High*	*Moderate*

Kotera Y et al (2024) *28-country global study on associations between cultural characteristics and Recovery College fidelity*, npj Mental Health Research, **3**, 46.

Fit-Fidelity Balance



Fit-Fidelity balance is THE challenge in cross-cultural adaptation

Fit = how to maximise the benefits of RC for students

Fidelity = how to strictly follow the protocol

Cultural influences on fidelity components in recovery colleges: a study across 28 countries and territories

Yasuhiro Kotera ,[1,2] Amy Ronaldson,[3] Simran Takhi,[1] Simon Felix,[4] Mariam Namasaba,[3] Simon Lawrence,[3] Vanessa Kellermann,[3] Agnieszka Kapka,[3] Daniel Hayes,[5] Danielle Dunnett,[3] Tesnime Jebara,[3] Michio Murakami,[2] Ioannis Bakolis,[3] Julie Repper,[6] Sara Meddings,[6] Vicky Stergiopoulos,[7] Lisa Brophy,[8,9] Clara De Ruysscher,[10,11] Lene Eplov,[12] Charlotte Toernes,[12] Dagmar Narusson,[13] Bernd Puschner,[14] Ramona Hiltensperger,[14] Yuki Miyamoto,[15] Stynke Castelein,[16] Trude Gøril Klevan,[17,18] Hannah Morland-Jones,[19] Edith Moore,[20] Samson Tse,[21] Michael Ryan,[22] Gianfranco Zuaboni,[23] Charlotte Hanlon,[24,25] Laura Asher,[1] Wouter Vanderplasschen,[11] Susana Ochoa,[26] Jonna Tolonen,[27] Ashleigh Charles,[1] Mário Andrade ,[28] Daniel Elton,[29] Peter Bates,[29] Julie Cooper,[29] Jason Grant,[29] Claire Henderson,[3] Mike Slade[1,30]

General Psychiatry 2025

7 of 12 fidelity items linked to cultural traits

⇒targeted actions:

Adaptations to **fit** local context

AND

Adjustments to **fidelity** frameworks

Thank you

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