

The Recovery Learning Community (RLC) Outcomes Study: Perspectives of RLC Participants

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Mental health recovery for people diagnosed with serious mental illness (SMI) is a relatively new concept in the field. In the literature, recovery has been discussed as both a process and an outcome. The Substance Abuse and Mental Health Services Administration describes “recovery” as a non-linear “process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2011).

As an outcome, there are various interpretations of “recovery.” On a clinical level, recovery is seen as the reduction or remission of symptoms, and studies have demonstrated that this type of recovery takes place for people diagnosed with SMI (Harding, 1987; Harrow, 2012). Outcomes can also be assessed at a more personal level; as Deegan (1988) notes, recovery is “to live, work, and love in a community in which one makes a significant contribution.” The research shows that personal recovery is itself associated with symptom reduction, fewer psychiatric hospitalizations, and improved residential stability (SAMHSA, 2011).

Recovery Learning Communities (RLCs) are mental health consumer-operated and staffed organizations. They provide regional networks of peer support groups, self-care workshops, and trainings. RLCs offer community-based supports and activities that are frequently outside the traditional mental health system. Massachusetts has six RLCs providing peer support across the state; the RLCs are funded by the Massachusetts Department of Mental Health.

Although peer run programs are considered an evidence-based practice, there is little research



on how participation in RLC activities actually impacts a broad spectrum of recovery outcomes (SAMHSA, 2011). At this time there are no standardized measures that examine recovery outcomes in relation to service use (Cavelti et al., 2012), and while there are some partially validated instruments, they have not been consistently used by mental health programs to assess a person's personal recovery (Salzer & Brusilovskiy, 2014; Shanks et al., 2013). Barriers to using such instruments include: oftentimes recovery is not a program's aim (Slade, 2014); lack of awareness and/or training in using such measures; and providers lacking administrative supports to assess consumer perspectives on their recovery.

In our study, researchers at the UMass Medical School Systems and Psychosocial Advances Research Center (SPARC) worked with peer and state mental health stakeholders to develop

a mixed-methods survey to assess individuals' personal, health, and life outcomes in relation to RLC participation. The survey contained four sections that assessed:

- Participant demographics (8 items);
- Types and levels of RLC participation (4 items);
- Personal recovery outcomes (12 items); and
- Life and health outcomes (19 yes/no questions).

The 12 item personal recovery outcomes section focused on the three RLC domains: Recovery, Learning, and Community. The survey was completed in either paper format or on-line.

Individuals were eligible for this study if they were over 18 years of age and had participated in RLC activities in the previous six months. Two hundred and sixty-three (263) eligible individuals completed surveys between November, 2013 and February, 2014. The large majority of participants were white/Caucasian, and slightly more than half were female. Most participants had engaged in RLC activities at least once per week for over six months.

Findings

Participants reported the highest levels of personal recovery gains with respect to their becoming more hopeful about their future, developing a better understanding of what recovery means to them, and becoming aware of their right to be treated with dignity and respect. Almost all participants reported that being involved in RLC activities had contributed to their overall recovery in some way, and about three-quarters reported that RLC participation had led to a meaningful improvement in overall recovery. An overall personal recovery score was developed based on an average of the 12 personal recovery outcomes responses/scores. Correlational and chi-square analyses demonstrated that intensity of participation and use of a variety of groups and activities had a statistically significant relationship to improved overall recovery.

A large majority of respondents reported a variety of positive life and health improvements since participating at a RLC. The most frequently cited outcomes were:

- New and deeper friendships
- Reduced use of emergency rooms and hospitals
- Development of crisis action plans

- Increased capacity to successfully manage stress
- Increased comfort in social settings
- Started thinking about looking for a job

A majority of participants attributed these life and health improvements directly to RLC participation. According to participants, the primary ways in which RLCs helped them were through:

- Peer support and encouragement
- A non-judgmental and relaxed approach
- Skill development (e.g., computer use, job search)
- Direct support to develop crisis management plans (e.g., Wellness Recovery Action Plan (WRAP))

These research results have limitations. First, a cross-sectional survey of this nature captures only point-in-time information about participants, and does not document longitudinal outcomes. Second, while significant correlations among variables can be identified, the cause/effect of the relationships is unknown. Third, the sample is one of convenience, with limited generalizability - at best it is limited to the demographic and participation profile of those surveyed.

This study served as an important first step in measuring personal recovery in relation to RLC attendance. The development of the mixed-methods survey is a significant contribution to the field of recovery research and provides a launching point for RLC programs to begin to measure their effect on personal recovery.

Further research to better understand how RLC participants make psychosocial gains and achieve recovery would advance the field. This includes qualitative studies to learn how specific elements of RLCs impact key outcomes, and longitudinal studies to identify the steps and stages of recovery in relation to RLC participation.

The RLC model is a unique approach to facilitating personal self-efficacy, wellness and recovery. It provides valuable options not traditionally offered within clinical health systems. Learn more about the RLC Outcomes study here:

<http://www.umassmed.edu/PageFiles/40769/Recovery%20Learning%20Community%20Outcomes%20Study%202012.2.pdf>

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