



STUDY PROTOCOL

REVISED Study Protocol for a trauma-informed co-produced rapid ethnographic study of 'self-care' practices among Recovery College students who 'self-manage' their mental health and wellbeing.

[version 2; peer review: 1 approved with reservations, 1 not approved]

Xandra Miguel-Lorenzo ¹, Tom G. Osborn²

¹Applied Health Research, University College London, London, England, WC1E 6BT, UK

²Department of Clinical, Education and Health Psychology, University College London, London, England, WC1E 6BT, UK

v2 First published: 17 Mar 2025, 14:303
<https://doi.org/10.12688/f1000research.161749.1>

Latest published: 14 Oct 2025, 14:303
<https://doi.org/10.12688/f1000research.161749.2>

Abstract**Introduction**

Since 2009, Recovery Colleges have offered co-produced educational courses by lived experience and clinical experts in the UK, focusing on mental health recovery to promote cultural change in mental health services and foster a 'recovery culture.' This study examines the understanding of 'self-care' and 'self-management' among Recovery College students from a phenomenological perspective. It inquires whether students learn what self-care is in the Recovery College and if attending Recovery College courses change the way they understand and practice self-care. This study will investigate, over two weeks, the impact of Recovery College self-care teaching on students' lives by examining their self-care practices, embodied experiences, and related investments, including time, resources, and space. It will also determine if self-care practice helps students prevent mental health crises and maintain or improve their mental health.

Method

The Chief Investigator will recruit nine Camden & Islington Recovery College students, from the North London NHS Foundation Trust, and one clinical professional to participate in research co-production workshops and co-produce rapid ethnographic research methodology. Study Participants' recruitment will seek diversity,

Open Peer Review

Approval Status ? 

1 2

version 2

(revision)

14 Oct 2025

version 1

17 Mar 2025



[view](#)



[view](#)

1. **Tessa-May Zirnsak**, La Trobe University, Melbourne, Australia

2. **Michael John Norton** , University College Cork, Cork, Ireland

Any reports and responses or comments on the article can be found at the end of the article.

including the Recovery College's population demographics and under-represented communities. Data from study participants, the clinical co-facilitator, and the Chief Investigator will be collected.

Analysis

Data will be analysed using thematic analysis. Employing NVivo 14.23.3 Lumivero, data from workshops, interviews, journals, notebooks, photos, and other research outputs will be accurately transcribed, coded, and clustered by themes. The case analyses of study participants will inform the writing of research outputs.

Ethics and Dissemination

The Northern Ireland Research Ethics Committee (24-NI-0127 - HSC REC A) granted ethical approval for the study. The Chief Investigator is a London School of Economics PhD in Anthropology and a Camden & Islington Recovery College Senior Peer Recovery Tutor. The NIHR Mental Health for All program and the NIHR Springboard Award funds this 'embedded research' project. Ethical considerations include trauma-informed research methodology, the disclosure of harm or distress by study participants, power imbalances between the Chief Investigator and study participants, and the use of pseudonymity and data management. The study findings will be shared as published reports, posters, articles or applied research in the form of a Recovery College self-care course or handout for example, with Recovery College students, the Camden and Islington Recovery College, the North London Foundation Trust, UCL, the NIHR, and ImROC.

Keywords

Co-production; Rapid Ethnography; Recovery College; Self-Care; Self-management; Mental health; Recovery; Trauma



This article is included in the [Global Public Health gateway](#).

Corresponding author: Xandra Miguel-Lorenzo (x.lorenzoUCL@gmail.com)

Author roles: **Miguel-Lorenzo X:** Conceptualization, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Writing – Original Draft Preparation, Writing – Review & Editing; **Osborn TG:** Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Software, Supervision, Validation, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing

Competing interests: No competing interests were disclosed.

Grant information: This study is funded by the National Institute for Health Research (NIHR), Springboard Award 2023. ARC Project MH-ALL Opportunity Funds_ Lorenzo This report is independent research funded by the MH-ALL programme, National Institute for Health and Care Research ARC North Thames. The views expressed in this publication are those of the author(s) and not necessarily those of the National Institute for Health Research and Care or the Department of Health and Social Care.

The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Copyright: © 2025 Miguel-Lorenzo X and Osborn TG. This is an open access article distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

How to cite this article: Miguel-Lorenzo X and Osborn TG. **Study Protocol for a trauma-informed co-produced rapid ethnographic study of 'self-care' practices among Recovery College students who 'self-manage' their mental health and wellbeing. [version 2; peer review: 1 approved with reservations, 1 not approved]** F1000Research 2025, 14:303 <https://doi.org/10.12688/f1000research.161749.2>

First published: 17 Mar 2025, 14:303 <https://doi.org/10.12688/f1000research.161749.1>

REVISED Amendments from Version 1

We are pleased to share the revised version of our paper, which incorporates several key changes aimed at enhancing its clarity, coherence, and scholarly contribution. These revisions were made in response to the reviewers' constructive feedback and a deeper reflection on the study's overall purpose and impact.

First, the paper's aim and objectives have been clarified to provide a more precise and focused direction. This refinement ensures that the research questions are closely aligned with the intended outcomes, offering a clearer roadmap for readers.

Second, the theoretical and philosophical framework has been significantly strengthened. We have articulated a more robust grounding in critical and interpretive paradigms that inform our approach. This adjustment provides a clearer rationale for the study design and situates the research within a broader academic discourse.

Third, we have adopted a trauma-informed methodology to reflect the sensitivity required when working with participants who may have experienced trauma. This includes ethical considerations, relational approaches, and reflexive practices that prioritize safety, agency, and care throughout the research process.

Fourth, the paper has undergone substantial editing for readability, flow, and structure. These changes aim to improve engagement for a wider audience while maintaining academic rigour.

Fifth, we have enhanced the sections on dissemination and impact, outlining clear strategies for sharing findings with academic, practitioner, and community audiences. This includes both traditional scholarly outputs and accessible, creative forms of knowledge translation.

Finally, the discussion has been revised to more effectively engage with the findings in relation to the existing literature, theoretical insights, and future implications. This helps to contextualize the contribution of the study and invite further dialogue.

We trust these changes make the paper more robust, accessible, and valuable to readers across disciplines.

Any further responses from the reviewers can be found at the end of the article

Introduction

Since 2009, Recovery Colleges, a UK educational mental health intervention, have offered mental health recovery courses co-produced by lived experience and clinical experts, aiming to promote cultural change in mental health services (Repper & Perkins, 2003; Department of Health, 2011; NHS, 2019b) and foster a 'recovery culture.' The first two Recovery Colleges were established within a South West London NHS Trust in 2010 and within a Nottingham NHS Trust in 2011 (Perkins et al., 2012). As of January 31, 2025, there are over 220 Recovery Colleges across the UK and in 26 countries worldwide, according to the 'Implementing Recovery through Organisational Change' (ImROC) website. Recovery College courses focus on promoting hope, choice (agency), and opportunities for self-determination and control, through education, self-management tools, self-understanding reflection, meaning making, and healthy relationships.

'Clinical recovery', usually associated with 'cure' (Shepherd et al., 2008:2), entails reducing mental health symptoms with psychiatric medication or clinical interventions. This is distinguished from 'social recovery' or 'recovery' which involves 'an individual living with mental health problems to build a life for themselves beyond illness' (Ibid). Within the 'recovery-oriented practice' framework, 'a person can recover their life, without necessarily "recovering from" their illness' (Ibid). Here, the role of clinicians is to collaborate with people in recovery, encouraging and facilitating personal self-management of mental health problems by providing information or reinforcing existing coping strategies (Ibid:9). This aims, according to the Principles of Recovery, to build a hopeful, meaningful, and satisfying life on the persons terms, to have satisfactory social roles within local communities, building on their skills and personal strengths, and to gain a sense of identity separate from illness or disability, despite on ongoing or recurring symptoms or relational problems (Shepherd et al., 2008). Recovery Colleges are a cornerstone of implementing recovery-oriented practice (Repper & Perkins, 2003; Shepherd et al., 2008, 2010; Department of Health, 2011; Perkins et al., 2012, 2018).

The Recovery approach principles overlap with those of the Community Mental Health Transformation project and the Trauma-Informed care approach. Recovery Colleges work in partnership with clinical services and community organisations to deliver courses, facilitating the implementation of the policy Community Mental Health Transformation for Adults and Older Adults (NHS England, NHS Improvement and the National Collaborating Centre for Mental Health, 2019a). This refers to the UK National Health Service (NHS) national initiative focused on promoting recovery person-centred mental health services for adults and older adults in the community rather than in hospitals. It began with a two-year testing phase in 2019, followed by a national roll-out starting in April 2021. Recovery Colleges champion the

trauma-informed care approach (Gov UK, 2022) by helping professionals and students to recognise the prevalence of trauma, its signs, and how to prevent re-traumatisation by encouraging professionals to work collaboratively with service users, empowering them to make meaningful choices, prioritising individual and relational safety, creating trust with transparency, and considering cultural stereotypes and biases based on protected characteristics. The Camden and Islington Recovery College has a course on 'How to Cope with Traumatic events' and a protocol for tutors when students disclose traumatic experiences during a course.

The 'recovery approach to mental health' is enshrined in the 'No Health Without Mental Health' policy (UK Department of Health, 2011). Drawing on Anthony's (1993) definition of recovery, the policy advocates for people to have a 'greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live' (Perkins et al. 2012:2); referring to 2011 National Institute for Health and Clinical Excellence's (NICE) service users guidance recommending 'self-management' as a key quality standard of adult mental health services (Ibid). In this vein, the UK Department of Health funded in 2011 the organisation 'ImROC' founded by Rachel Perkins and Julie Repper. The first ImROC Briefing paper 'Recovery Colleges' (2012), published by the Centre of Mental Health and the Mental Health Network NHS Confederation, includes a 'new' definition of recovery: a 'personal journey of [self] discovery' (Repper & Perkins, 2012 In Perkins et al. 2012:2), which involves 'making sense of, and finding meaning in, what has happened; becoming an expert in your own self-care; building a new sense of self and purpose in life; discovering your own resourcefulness and possibilities and using these, and the resources available to you, to pursue your aspirations and goals' (Perkins et al. 2012:2). A core component of Recovery Colleges is 'helping people to become experts in their own self-care' (Perkins et al. 2012:7). Yet, Perkins et al. (2012) do not define the concept of 'self-care.'

'Self-care' and 'Self-management' have been used interchangeably in the health literature. The Health Foundation's (2011) 'Evidence: Helping people help themselves. A review of the evidence considering whether it is worthwhile to support self-management,' looked at 550 research outcomes supporting healthcare self-management through behaviour change and self-efficacy development (de Silva, 2011:v). It defined 'self-management' as: '[t]he actions individuals and carers take for themselves, their children, their families, and others to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital.' This definition of self-management is the exact definition that the Department of Health's (2005) position paper 'Self-care – a real choice' uses for 'self-care.' Self-care is understood both as individual and relational.

The turn towards mental health self-management is supported by Geoff Shepherd, Jed Boardman, and Mike Slade's (2008) policy paper 'Making Recovery a Reality' and Mike Slade's (2009) book 'Personal Recovery and Mental Illness,' especially its Chapter 18 'Supporting the development of self-management skills,' citing Pat Deegan's work. Deegan's 'personal medicine' is defined as 'self-initiated, non-pharmaceutical self-care activities that served to decrease symptoms, avoid undesirable outcomes such as hospitalization, and improve mood, thoughts, behaviours, and overall sense of wellbeing' (Deegan, 2005:31); differentiating between two main categories of 'personal medicine': 'activities that gave meaning and purpose to life' and 'specific self-care strategies' (Ibid:32). Similarly, Faulkner and Sarah (1999) advocated for 'personal and self-help strategies' to live well with mental health challenges and outside mental health institutions. Self-care practices have been also advocated for to influence social change. Lorde (1988), a black lesbian feminist, claimed, '[c]aring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare,' advocating for self-care among marginalised groups facing discrimination based on race, class, gender, and sexuality. Chamberlin (1990), a mental disability rights activist, drawing on the women's movement, argued for 'self-help' as mutual support groups as a patient-run alternative to traditional treatment, advocating for citizenship rights. Herman (2015 [1992]:166) stated that 'self-care' helped rebuild the ego functions more severely damaged by interpersonal trauma, promoting peer support groups for recovery. This study examines how Recovery College courses facilitated both, individual and relational self-care.

Theoretical framework

This study engages with anthropological and other social science theories and it examines the Recovery College students' understandings of 'self-care' and 'self-management' from a phenomenological perspective. A phenomenological anthropological approach focuses on embodiment (Csordas, 1990, 1993, 1994a; Jackson, 1996; Merleau-Pont, 2007), considering the body as a locus of experience of the world which is culturally diverse (Desjarlais & Throop, 2011:89; Throop, 2003; see Csordas, 1994b; Desjarlais, 2003 for healing; see Good, 1994; Jenkins & Barrett, 2004 for illness and madness) and the body as a source of knowing the environmental habits (Jackson, 1983). This study considers 'self-care' and 'self-management' practices as 'restorative work,' 'embodied practices that heal disruptions or threats to the self' (Buse et al. 2018:250) considering 'materialities of care' (Buse et al. 2018) and 'acts of caring through things' (Puig de Bellacasa, 2011, In Ibid:245; Puig de Bellacasa, 2017) to ascertain recovery logics of care (Mol, 2006).

There are ethnographic studies on 'What people do with objects' and how things create a 'world of practice' (Miller, 1997:19, In Buse et al. 2018:251), recommending 'sensory ethnography' (Pink, 2007). Pink (2007) argues that ethnography 'should account not only for the observable, recordable realities that may be translated into written notes and texts, but also for objects, visual images, the immaterial, and the sensory nature of human experience and knowledge' (Pink, 2007:2, In Buse et al. 2018:251). Paying attention to embodied 'multi-sensory relationships to materialities and environments, drawing out every day experiences, and understandings of social identities and hierarchies' (Ibid). Thus, this study investigates the relationship between materialities of care and people, as well as social relationships through materialities of care, identity, and sensory experiences of what 'feels right.'

The Anthropology of Trauma

The North London Foundation Trust's Clinical Strategy (2024-2029) aligns to trauma-informed mental health care principles (Sweeney et al., 2016) recognising the widespread experience of trauma of service users and professionals alike. Trauma refers to events or circumstances that are experienced as harmful or life-threatening and that have lasting impacts on mental, physical, emotional and/or social well-being (SAMHSA, 2014). Such as sexual abuse, gender-based violence, environmental disasters, colonialism, poverty, or illness. Deegan (1990) argued that people with psychiatric disabilities could experience trauma as 'spirit breaking' when mental health and disabilities services and professionals dehumanise and depersonalise them, provoking emotional constriction or numbing (van der Kolk, 1987). This study considers different cultural facets of the traumatic experience: 'people who have experienced trauma are often cut off from their bodies.' (Levine 2005:34). 'Traumatic experiences can be 'dis/embodied' (Lester, 1997) experience, a state of 'ontological alienation' (Lester, 2013b:753), '[t]rauma is disconnection from others; ontological aloneness, relational injury' (Ibid:754); 'a radical loss of agency to preserve bodily integrity or psychological existence' (van der Kolk, 2003: In Lester, 2013b: 756); a loss of present existence by reliving the past (Ibid: 757; Antze & Lambek, [2'16]1996). Trauma healing can be observed in collective, embodied, everyday practices that enfold and refashion memories of loss and violence (Ibid., 106). It involves bodily processes unfolding into social spaces and reciprocally enfolded culture into the body (Kleinman and Kleinman, 1994; In Warin & Dennis, 2008:113), questioning 'self-governance' (Lester, 2017) and 'authenticity' (Lester, 2009). 'The phenomenological immediacy of trauma can be transformed enfolded that which lies outside of speech and reason, into a semiosis of culture' (Warin & Dennis, 2008:113) and this requires 'thick description,' endowing descriptions of cultural practices with subjective meaning and interpretation, (Geertz, 1973) and critical analysis of embodied power (Foucault, 1972; Lester, 2007; Jenkins, 2008; Myers, 2015; Pope et al., 2016; Luhrmann et al., 2019). This study considers recovery as agency projects (Myers, 2015, 2016; Myers et al., 2016) and trauma recovery as projects for the 'rebuilding of social connection' and the self (Lester, 2013b:759; Luhrmann et al., 2019), given embodied cultural practices, symbols, structures (Lester, 2013b:753), and logics of care (Mol, 2006).

Aims and objectives

Aim:

This study examines the understanding of 'self-care' and 'self-management' among Recovery College students from a trauma-informed phenomenological perspective.

Objectives:

- 1) Facilitate Recovery College students co-production of a definition of 'self-care' and 'self-management' that can inform a Recovery College 'self-care' course content.
- 2) Understand the role of self-care in Recovery College in personal recovery journeys.
- 3) Examine if Recovery College attendance facilitates 'self-care' learning or changes how Recovery College students understand and practice 'self-care'.
- 4) Investigate if Recovery College students associate embodied feelings or experiences with self-care practices.
- 5) Ascertain if Recovery College students make self-care investments (e.g., time, resources, time).
- 6) Understand if Recovery College students practice self-care to prevent mental health crises, maintain or improve their mental health.
- 7) Examine the feasibility of the study methodology, specifically including 'self-care' and 'self-management' co-produced definition; choosing and defining qualitative research methodologies for data collection and levels of participation (e.g., co-authoring or not).

Method

Study design

Phenomenological research seeks to understand people's lived experiences and the meanings individuals attribute to a particular phenomenon through qualitative methods such as in-depth interviews, descriptions, or interpretations. Researchers are active participants in the process of co-creating understanding. Alternative data collection methods are recommended to complement interviews and enrich insights into people's lived experiences, allowing individuals to express their experiences in different and sometimes more profound ways (Tavakol & Standards, 2025). Ethnography, the primary research method of anthropologists, entails the participatory immersion of researchers in the cultural event being observed and documented, inquiring about, and learning from people's cognitive, embodied, and social processes (Mosse et al., 2023). Thus, anthropological methods are recommended to understand the Recovery College's 'mechanisms of change' (Meddings et al., 2015b: 219). Phenomenological ethnography seeks to uncover the essence of individuals' experiences within their cultural contexts. In the same vein, auto-ethnography entails self-exploration, documenting personal experiences in relation to the cultural context (see Taber, 2010; Ellis et al., 2011, in Mosse et al., 2023:8).

Rapid ethnographic research methodology is a streamlined approach to ethnographic research that focuses on gathering data in a shorter timeframe than traditional ethnography. It is characterised by five defining factors: '(1) the research is carried out over a short, compressed or intensive period; (2) the research captures relevant social, cultural and behavioural information and focused on human experiences and practices; (3) the research engages with anthropological and other social science theories and promotes reflexivity; (4) data is collected from multiple sources and triangulated during analysis; and (5) more than one field researcher is used to save time and cross-check data (Vindrola-Padros and Vindrola-Padros 2018 In Vindrola-Padros, 2021b:6). It engages with anthropological and other social sciences theories (Ibid); thus, its scope goes further than using ethnographic research methods for a realistic evaluation of a Recovery College course (see Birt et al., 2023). Rapid ethnographic research is suitable for this study because Recovery College courses last from some hours in a day to a few hours spread over several days, up to a maximum of six days. Like other rapid research methodologies, it involves a team of researchers and combines multiple methods for data collection and triangulation during analysis (Vindrola-Padros & Johnson, 2020). Thus, rapid ethnographic research methodology aligns with phenomenological ethnography, auto-ethnography, and co-produced research methodologies.

Patient and public involvement

Co-production entails 'service users designing and delivering services in equal partnership with professionals' (Boyle & Harris, 2009:3). Co-produced research is 'research which brings together experts by experience, experts by occupation and researchers who work together, sharing power and responsibility to form equitable partnerships on a study from the beginning to the end' (Trevillion et al., 2022). This includes research questions, data collection and analysis, and writing up the results. 'User-led research' entails that 'developing the topics for research, deciding on the approach and conducting the research are all done by mental health service users and survivors, supported by researchers' (Faulkner & Nicholls, 2001:32; Faulkner, 2004).

The Chief Investigator, who has been a Senior Peer Recovery Tutor since September 2021, formulated the research aim and objectives given her experience of attending as a student (service user) the Camden & Islington Recovery College. Specifically, the course 'How to cope with traumatic events' in 2021 which included 'self-care' practices. She uses holistic 'self-care' practices for her recovery and wellbeing; and she co-produces and delivers recovery courses including 'self-care' content, according to the Camden & Islington Recovery College CPD course Train the Tutor she took in 2021 and currently trains new Recovery College tutors. The Chief Investigator's lived experience informs this study protocol, as well as the many lived experience experts who co-produced the Camden and Islington Recovery College course lesson plans, which include self-care content.

The selection committee for the NIHR Springboard Award, which funded this research project, included the NIHR North Thames Mental Health for All PPIE Advisory Panel, comprising Recovery College students provided a favourable opinion regarding the research topic and methodology, recommending further consultation and co-production with Camden and Islington Recovery College students. The Chief Investigator had argued that self-care was one of the key elements of a Recovery College course, alongside safety, sharing, and self-regulation, which are conducive to trauma recovery, at the Refocus on Recovery International Conference in September 2023. Ten Camden & Islington Recovery College students attended a co-produced research 'consultation' on the 23rd and 26th of April and the 3rd of May, 2024 and three attended another co-produced research 'consultation' between on the 1st and 8th of November 2024, providing feedback on research topic and methodology. This study protocol includes consulted lived experience experts who consented to co-authorship.

Given the importance of preventing re-traumatisation by offering options, the study protocol will include ‘*live co-production*’. This means that study participants will have the opportunity to discuss the relevance of the concepts of ‘self-care’ and ‘self-management,’; research aim and objectives; and choose research methodologies, interview questions, and different co-authorship options, according to Camden and Recovery College students’ multiple intersectional identities and needs.

Recruitment

The study will include ten study participants: nine student-researchers and one clinical professional who will co-facilitate workshops with the Chief Investigator. A promotional study flyer will be available at the Recovery College’s open days, enrolment days, end-of-term celebrations, and events. A study invitation email will be sent to Recovery College students who have consented to be included in contact lists, as well as to students who enrolled in courses with a ‘self-care’ component between September 2021 and March 2025. The email will include the study participation information sheet, the consent form, and demographic forms.

Sample

The sample size is nine Camden and Islington Recovery College students and one clinical professional who will co-facilitate two research workshops. The number of study participants represents the average of students attending Camden & Islington Recovery College courses and that the Chief Investigator and Workshop co-facilitator felt comfortable holding safely space for. The sample will include the Recovery College’s population demographics and under-represented communities to ensure sample diversity. The sample may or may not be representative of the Camden & Islington Recovery College student population. [Hayes et al. \(2023\)](#) described that Recovery College students’ mean age is 40.7 years, mainly White/White British (71.5%) and female (57.5%) yet includes Black/Black British (8.9%) and Asian/Asian British (6.4%) students (*Ibid*) and other ethnicities. It may be that a lower percentage of White/White British students or female students is included in the sample to widen the diversity of the sample. Underserved groups of the Camden & Islington Recovery College’s population include mental health service users, minority ethnic groups (Black, Caribbean, and Asian students), neurodivergent women, and people who are socio-economic disadvantaged, with multiple needs, experiencing multiple forms of discrimination (intersectional perspective), and trauma survivors ([Edelman, 2023](#)).

Inclusion criteria

- Adults (18 years of age or older).
- They attended a Camden & Islington Recovery College course with a ‘self-care’ component between October 2021 and the present, March 2025.
- They can be or have been North London NHS Foundation Trust (NHS Camden & Islington Foundation Trust side only) service users, but this is not a requirement to participate in the study.
- They practice ‘self-care’ or ‘self-management’ for mental health, wellbeing or recovery
- Their capacity will be assumed under The Mental Capacity Act (2005).
- They can attend two full days of workshops (10:00 am – 4:00 pm) and an hour interview; collect personal data for two weeks.

Exclusion criteria

- They are children, under the age of 18.
- They have never attended a Camden & Islington Recovery College course.
- They lack mental capacity under The Mental Capacity Act (2005).
- They do not practice ‘self-care’ or ‘self-management’ for mental health, wellbeing or recovery by being negligent or harmful towards their bodies, mind, and relationships
- They are unable to arrange an informal interview via Microsoft Teams, Zoom, or over the phone for the Chief Investigator to assess the suitability of study participants and ensure sample diversity.

- They cannot attend two full days of workshops (10:00 am–4:00 pm), collect self-care data in a journal for 2 weeks and an hour-long interview; they will also be required to collect personal data for two weeks. Study participation entails a minimum commitment to complete a self-care journal for 2 weeks, attend workshops, and being interviewed.
- Study participants will be excluded from the study if they:
 - Lose mental health capacity. The UK Mental Health Capacity Act 2005 states that a person 'lacks capacity about a matter if, at the material time, the person is unable to decide for himself about the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.' And/or this is stated by a Court.

Data collection

The co-produced rapid ethnography is phased in three stages, which will take place over 2 weeks:

Stage 1, Day 1 (10:00 am – 4:00 pm): Workshop on co-producing recovery 'self-care' course content and ethnographic research methodology to study Recovery College students' 'self-care' practices for two weeks at a North London NHS Foundation Trust site.

Stage 2, Day 2: The Chief Investigator conducts one-hour interviews with study participants at a North London NHS Foundation Trust site or online via Microsoft Teams or Zoom.

Stage 3, Day 3 (10:00 am – 4:00 pm): Workshop on co-produced, co-learning of lived-experience recovery of 'self-care' practices led by study participants at a North London NHS Foundation Trust site.

Trauma-Informed Co-produced rapid ethnography

This study reproduces a Recovery College course environment where study participants use co-production techniques to co-produce rapid ethnographic research. Mirroring Recovery College trauma-informed course delivery practice, the study workshops include group agreements, to create a framework of relational safety that study participants are familiar with; the lesson plans include two grounding exercises (a breathing exercise and the five senses exercise) to encourage embodied presence and coming back to the present; finally, the study includes a distress protocol and a mental health support signposting document. To flatten hierarchies between the Chief Investigator, the Workshops co-facilitator and study participants, everyone will have a notebook in which to write down their ethnographic observation field notes during the Day 1 and Day 3 Workshops. Study participants are expected to participate actively in the Workshop activities, sharing their knowledge and views on 'self-care'. The Chief Investigator will record these on flip-chart paper and document them via voice recording. Study participants might also write down their views on flip-chart paper, paper, or post-its and handouts, which will be handed over to the Chief Investigator for data analysis.

On Day 1, students will be: a) supported to co-produce a definition of 'self-care' and 'self-management' that can inform a Recovery College 'self-care' course content; b) provided with a list of suggested interview questions to co-produce interview questions; c) explained how to record their 'self-care' practices for two weeks in a journal; d) given auto-ethnographic research methodologies options (e.g., mutual participant observations field notes; journaling; group discussions; reflective handouts; interview questions; and ethnographic options, such as photo-voice, voice notes, drawings, video recordings or artistic outputs), making the study inclusive of their diverse voices and aligned to trauma-informed care principles (Gov UK, 2022; Edelman 2023); e) explained what a photo-voice is; f) explained how to submit ethnographic data via email or in person. The Chief Investigator will send study participants the interview protocol before their interview on Day 2. And on Day 3, study participants will teach a chosen 'self-care' practice to the other study participants, with the option to be video recorded with their consent. Also, on Day 3, the Chief Investigator will share a draft summary of the research outcomes resulting from data transcription and preliminary analysis from Days 1 and 2 with the study participants, who will review and contribute to the draft summary of the findings and she will give to the study participants a study participation certificate. The Chief Investigator will provide compensation gift vouchers as stated in the participation information sheet at the end of each study stage.

Documentary evidence

The Chief Investigator will analyse the material culture of Camden & Islington Recovery College's lesson plans, PowerPoints, handouts, and resources for courses that include a 'self-care' component and which the Chief Investigator attended, co-produced, and/or co-delivered in her role as Peer Recovery Tutor from October 2021 to the present. Including for example: 'How to Cope With Traumatic Events'; 'Being Kind to Yourself'; 'Alone but Not Lonely'; 'Nurturing Self-Compassion'; 'Dealing With Difficult Emotions'; 'Building Healthy Relationships'; 'Hoarding'; 'Tree of Life'; 'Building Resilience via Tree of Life'; 'Thinking Differently: Living Well with Neurodivergence for women

only'; 'Creating a Meaningful Life'; 'Dealing with Low Mood and Depression'; 'Introduction to Dance and Movement for Health and Wellbeing'; 'Building your Assertiveness toolbox'; 'Assertiveness for All'; 'Living Well With a Long-Term Condition'; 'Understanding and Coping With Anxiety'; 'Coping with Anxiety'; 'What is Peer Working'; 'Steps into Peer Roles'; 'Expressive Writing'; 'Understanding Anger'; and 'History Wellbeing Walk'. The relevant documents on 'self-care' will provide context and triangulation with observations, interviews, and other co-produced ethnographic material.

Data analysis

The data analysis will run concurrently to data collection, using rapid assessment procedures (RAP) (Vindrola-Padros, 2021a). Data collected on Stages 1, 2, and 3 will be analysed following the guidance for reflexive thematic analysis (Braun & Clarke, 2006, 2019), adapted for rapid ethnographic research (Vindrola-Padros and Vindrola-Padros, 2018). Interview data will be transcribed accurately, coded by topic, and clustered into themes that will inform the report and article writing. This process will employ the participants' descriptive examples or cases for each of the identified themes. To do this, the Chief Investigator will audio-record workshops, including group discussions and interviews. She will write participant observation field notes to include salient topics and idioms of what has been heard or seen. These notes will guide the complete transcription of the subsequent audio files and provide study participants with real-time summaries during the Day 3 Workshop. To expedite the verbatim transcription of audio files, the O365 package Word Dictate can be utilised. The Day 1 Workshop handout and the Day 1 Workshop co-produced interviews handout will help to structure the collection of data by areas of inquiry in group discussions and individually, akin to RAP sheets (Vindrola-Padros, 2021a), which are a flexible table with a list of the primary data we hope to obtain during data collection. This will include workshops and interviews audio recordings; the Chief Investigator, the Workshops Co-facilitator and study participants' participant observation field notes on notebooks, notes on flip-chart paper, and handouts; the study participants' 'self-care' practices journals and other sensory research methods (Pink, 2009) such as photo voices, audio notes, video recordings, drawings, and artistic outputs to capture in-depth data. This will facilitate data triangulation, using multiple sources or methods to collect and analyse data, with the objective to cross-verify information from different perspectives.

Data management

All confidential data, including consent forms and other study documents, will be securely archived for 5 years, as mandated by the sponsor's policy. The recordings and transcriptions will be stored in a secure UCL website data management system called UCL Data Safe Haven, which is password-protected and accessible only to the Chief Investigator. All relevant data will be uploaded into NVivo 14.23.3 Lumivero, a password-protected software package for qualitative data analysis, accessible only to the Chief Investigator. The audio recordings will be deleted upon transcription. When study participants give additional consent for video recordings of the Day 3 workshop 'self-care' practices, these will be used for academic or teaching purposes only. Any other non-digital research data will be stored safely in a locked cabinet at UCL. The Chief Investigator has the only key.

Ethics and dissemination

Ethics

The study received a favourable opinion from the Northern Ireland Research Ethics Committee (HSC REC A), REC reference: 24/NI/0127; Protocol number: M-691-2551; and IRAS project ID: 349185 on 10 December 2024. The Health Research Authority (HRA) and Health and Care Research Wales (HCRW) issued an approval letter on 24 December 2024. This study was registered on the 21st of November 2024 at OSF: <https://doi.org/10.17605/OSF.IO/ZHGQK>. The Chief Investigator has completed Information Governance training and retrained every year. The Chief Investigator will comply with the principles of UK data protection law, including the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. The Chief Investigator holds a current registration with the Association of Social Anthropologists of the UK, which represents the interests of professional social anthropologists and serves as the guardian of the ASA's Ethical Guidelines for Good Practice. The Chief Investigator will be the data custodian, and the North London NHS Foundation Trust will act as the data controller. It follows the UK Policy Framework for Health and Social Care Research's principles of good practice in the management and conduct of health and social care research, as well as research transparency, including the registration of research studies, reporting of results, informing participants, and sharing study data. The Chief Investigator completed the NIHR Good Clinical Practice certificate training on the 26th of October, 2023, and the NOCLOR-UCL Principal Investigator certificate training on the 20th of November, 2023. This study adheres to the World Medical Association Declaration of Helsinki, which outlines the ethical principles for medical research involving human participants.

Ethical considerations include study participants' disclosure of harm or distress in the present or past, experiencing a setback in their recovery, or being triggered by recalling memories of past events. For this, the Chief Investigator designed

a distress protocol and mental health support signposting document. The participant information sheet (PIS) explains safeguarding options for disclosures of harm, provides email addresses for complaints about the Chief Investigator's treatment, and outlines possible disadvantages of taking part in the study, such as feeling distressed when recalling or listening to difficult experiences in life that may have been traumatic. The workshops' lesson plans include group agreements, so the data heard or discussed during the study remains confidential. Study participants, free to withdraw from the study at any point without explanation, will confirm consent verbally at every study stage. It also considers potential power imbalances between the Chief Investigator and study participants, as participants are Camden & Islington Recovery College students and may feel obligated to participate in the study due to their affiliation with the institution. The research topic of 'self-care' is relevant to the study participants because it is a key component in the Camden & Islington Recovery College courses' lesson plans, co-produced by 'experts by experience' and 'experts by profession.' It is not a topic of research imposed on the participants, e.g., a topic that might not be relevant to Recovery College students. Power imbalances will be minimised because the Chief Investigator has lived experience of mental health challenges and recovery, attended a Camden & Islington Recovery College 'How to cope with traumatic events' course as a student, and uses 'self-care' for recovery. Furthermore, the Chief Investigator is an intersectional trauma-informed practitioner and researcher who will obtain the study participants' consent at every step of the study, ensuring that participants do not feel coerced into participating. Finally, there is a theoretical risk of a data breach due to the pseudonymised data. All data will be pseudonymised using study IDs unless the study participants consent to use their names in the study and choose to co-author publications. The risk of information breaches has been limited by having a clear plan for secure data storage. Special category data processing and data storage will entail the safe storage of data in UCL Data Safe Haven and Nvivo. All non-digital data will be stored in a locked cabinet in the UCL Department of Applied Health Research. The Chief Investigator will be the only person with access to the study data, including passwords and a key. Study participation ID records will be kept separate from the information collected from participants.

Dissemination

The Chief Investigator will invite study participants to a voluntary online session of up to 2 hours to co-produce an analysis of preliminary findings. The dissemination of preliminary outcomes will take place in the form of a published report for the Camden & Islington Recovery College, the North London Foundation Trust Research and Development Department Newsletter and Conference, and the ARC North Thames NIHR and UCL Department of Applied Health Research. The Chief Investigator will seek to present the study findings at national and international academic conferences and to publish the study findings in academic peer-reviewed journal(s), including the names of study participants who chose to co-author publications, paving the way towards co-producing a Recovery College self-care course and handout. This study is designed to positively inform policy, practice, and research within the field of recovery mental health, recovery colleges, and its findings will be shared and presented at ImROC Recovery College learning sets.

Consent

Once confirmation of capacity and capability has been received from the North London NHS Foundation Trust, the Chief Investigator will recruit study participants. Study participants will read the participation information sheet, the consent form, and the demographic form before signing the consent form and completing the demographic form. The participation information sheet explains that there are different consent options. Study participants can choose to have their information pseudonymised, which means that their names will not be linked to their information, and any identifiable data will be removed. Alternatively, they can choose to have their name linked to their information. Study participants can choose to become a co-author, whether their personal information is pseudonymised or not. Study participants' participation is voluntary, and they can withdraw from the study at any time without giving a reason. Personal data collected until that point will be retained. The Chief Investigator will support prospective study participants in reading, understanding, and completing the study participation sheet, as well as the consent and demographic forms. The Chief Investigator will ask study participants to confirm consent verbally at every study stage.

Discussion

Our understanding of what Recovery College students understand 'self-care' or 'self-management' is after attending Recovery College courses and how Recovery College students integrate self-care practices into their lives is insufficient. To gain a deeper understanding of Recovery College students' lives that prevents re-traumatisation and promotes recovery, trauma-informed practice, and co-production principles, this study explores the feasibility of trauma-informed co-produced rapid ethnographic study. The study will contribute to the academic fields of recovery, trauma, and medical anthropology.

Thus, this study will contribute to our understanding of 'self-management' and 'self-care' in the context of Recovery Colleges. Learning 'self-management' for recovery defines what a Recovery College is, and Recovery College students report learning 'self-management' through these courses (McGregor et al., 2014; Meddings et al., 2014, 2015a; Zabel et al., 2016; Muir-Cochrane et al., 2018). A literature review of Recovery Colleges' research shows scarce reference to

‘self-care’ except for Critchley et al. (2019) and Reid et al. (2020). The concepts of ‘coping strategies’ (Kelly et al., 2017; Roeg, 2021; Thompson et al., 2021), ‘recovery goals’ (Burhouse et al., 2015; Sommer et al., 2019; Yoeli et al., 2022), ‘lifestyle’ (Hall et al., 2018), ‘needs’ (Ebrahim et al., 2018), ‘skills’ (Sommer et al., 2018; Kay & Edgley, 2019; Lane, 2022), and ‘tools’ (Wilson et al., 2018) are also used, perhaps reflecting limited shared meaning into these practices. This study will seek to unpack what ‘self-help’ and ‘self-management’ means to Recovery College students by exploring why, how, and when Recovery College students practice ‘self-care’ and ‘self-management’ with real-life case scenarios. This will complement Town’s (2021, 2022, 2024) examination of ‘self-help,’ ‘self-management,’ and self-care practices among LGBTQ+ young people.

The Chief investigator proposes a starting working definition of ‘self-care’ and ‘self-management.’ While ‘self-management’ practices help students gain control over mental health or relational challenges, ‘self-care practices’ can help to mitigate the negative impact of experiencing difficulties in living or challenges implementing self-management tools (Miguel-Lorenzo, 2025). ‘Self-care’ helps students to create or reinforce a sense of ‘being a worthy human being’ who ‘attends to herself, making time for, or prioritising herself’ (Ibid). ‘Self-care’ is one of the elements, alongside safety, sharing, and self-regulation, that make Recovery College courses conducive to trauma recovery (Ibid). Holistic self-care is also one of the aspects necessary for ‘intersectional trauma-informed recovery’ (Ibid). Against the stigma of living with or having recovered from mental health challenges, this study seeks to show, through lived experience and expert-led research, the importance of self-care for recovery within a cultural context where self-care can be trivialised and commercialised.

NIHR Mental Health For All Fellowship

The NIHR Mental Health Research for All (MH-All) program is an initiative that funds research opportunities for mental health staff and researchers in the North Thames region. The program aims to enhance research participation among underserved communities and underrepresented NHS staff. The Chief Investigator’s Mental Health For All Fellowship application was signed in December 2022 by the Camden & Islington Recovery College manager and approved by the Camden & Islington NHS Trust (now North London NHS Foundation Trust) Recovery Lead. It defined the scope of the Chief Investigator’s post-doctoral research as follows: ‘I will study the new “recovery approach” to mental health at the NHS Camden & Islington Recovery College. From a biosocial medical anthropology perspective, I will examine how the College’s courses, co-produced and including lived experience, benefit students’ mental health, wellbeing, and trauma recovery. Also, how the College is changing the “mental health culture” in London communities (NHS, 2019).’; This is to complete a ‘co-produced ethnography.’ ‘A monograph on the subject of “Mental Health Recovery” will illustrate what a “recovery culture” is by examining: the C&I Recovery College’s students’ “self-transformative recovery journeys” considering inclusion, diversity, and intersectionality; how “recovery” is embedded within C&I professionals’ embodied practices, particularly by peer tutors, peer workers, and professional tutors and students, but also policies; and how “recovery” is changing statutory and voluntary services in Camden and Islington.’ Given the newly formed North London Foundation Trust, the study will expand to include North London Foundation Trust’s London Boroughs, with pan-London, national, and international comparative scope. This study on Recovery College students’ ‘self-care’ practices, funded by the NIHR Springboard Award, is a pilot study innovating anthropological methodology underpinning the Chief Investigator’s post-doctoral long-term research plan.

Disclaimer

The views expressed are those of the author(s) and not necessarily those of the National Institute for Health Research, the North London NHS Foundation Trust, or the Department of Health and Social Care.

Provenance and peer review

Not commissioned; externally peer reviewed.

Data availability statement

No data are associated with this article.

Acknowledgements

Thanks to the Camden & Islington Recovery College and the North London NHS Foundation Trust for approving my NIHR Mental Health For All Fellowship research project application in December 2022, which I was awarded, and for accepting my NIHR Springboard Award in 2023 to implement the research project. Thanks to the NIHR Mental Health for All programme, to the UCL Department Applied Health Research for hosting the NIHR ARC North Thames, to the NIHR Mental Health For All Team, Fellows, and Awardees, to the NIHR North Thames PPIE Advisory Panel, specially the MH-ALL People’s Panel and Public contributor Nicola Rushent, with a special interest in and experience of trauma and trauma-informed approaches, NOCLOR, family and friends, and most importantly thanks to Camden & Islington Recovery College students, specially to Dr Suhair Mereish and Lucia Faria.

References

- Anthony WA: **Recovery from mental illness: the guiding vision of the mental health system in the 1990s.** *Psychiatr. Rehabil. J.* 1993; **16**(4): 11–23.
[Publisher Full Text](#)
- Antze P, Lambek M **Tense Past.** *Cultural Essays in Trauma and Memory* NewYork: Routledge; [2016]1996.
[Publisher Full Text](#)
- Birt L, West J, Poland F, et al.: **Protocol for a realist evaluation of Recovery College dementia courses: understanding coproduction through ethnography.** *BMJ Open.* 2023; **13**: e078248.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Boyle D, Harris M: *The Challenge of Co-production. How equal partnerships between professionals and the public are crucial to improving public services.* NESTA; 2009. Discussion paper.
- Braun V, Clarke V: **Using thematic analysis in psychology.** *Qual. Res. Psychol.* 2006; **3**(2): 77–101.
[Publisher Full Text](#)
- Braun V, Clarke V: **Reflecting on reflexive thematic analysis.** *Qual. Res. Sport, Exerc. Health.* 2019; **11**(4): 589–597.
[Publisher Full Text](#)
- Burhouse A, Rowland M, Niman M, et al.: **Coaching for recovery: a quality improvement project in mental healthcare.** *BMJ Qual. Improv. Rep.* 2015; **4**: 1–11.
[Publisher Full Text](#)
- Buse C, Martin D, Nettleton S: **Conceptualising 'materialities of care': making visible mundane material culture in health and social care contexts.** *Sociol. Health Illn.* 2018; **40**(2): 243–255.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Chamberlin J: **The Ex-Patients' Movement: Where We've Been and Where We're Going.** *J. Mind Behav.* 1990; **11**(3/4): 323–336.
- Chamberlin J: *On Our Own: Patient-controlled Alternatives to the Mental Health System.* New York: McGraw-Hill; 1979.
- Critchley A, Dokter D, Odell-Miller H, et al.: **Starting from Scratch: Co-production with dramatherapy in a Recovery College.** *Dramatherapy.* 2019; **40**(2): 63–80.
[Publisher Full Text](#)
- Csordas T: **Embodiment as a paradigm for anthropology.** *Ethos.* 1990; **18**: 5–47.
[Publisher Full Text](#)
- Csordas T: **Somatic Modes of Attention.** *Cultural Anthropology.* 1993; **8**(2): 135–156.
[Publisher Full Text](#)
- Csordas T: *Embodiment and Experience: The Existential Ground of Culture and Self.* Cambridge: Cambridge University Press; 1994a.
- Csordas T: *The Sacred Self: A Cultural Phenomenology of Charismatic Healing.* Berkeley: University California Press; 1994b.
- De Silva D: *Evidence: Helping people help themselves. A review of the evidence considering whether it is worthwhile to support self-management.* The Health Foundation; 2011.
- Deegan PE: **Spirit Breaking: When the Helping Professions Hurt.** *Humanist. Psychol.* 1990; **18**(3): 301–313.
[Publisher Full Text](#)
- Deegan PE: **The importance of personal medicine: A qualitative study of resilience in people with psychiatric disabilities.** *Scand. J. Public Health.* 2005; **33**(66 suppl): 29–35.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Department of Health: *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages.* London: HM Government; 2011.
- Department of Health: *Self-Care- A Real Choice. Self Care Support- A Practical Option.* Produced by COI for the Department of Health; 2005.
- Desjarlais R: *Sensory Biographies: Lives and Deaths Among Nepal's Yolmo Buddhists.* Berkeley: University California Press; 2003.
- Desjarlais R, Jason Throop C: **Phenomenological Approaches in Anthropology.** *Annu. Rev. Anthropol.* 2011; **40**: 87–102.
[Publisher Full Text](#)
- Ebrahim S, Glascott A, Mayer H, et al.: **Recovery Colleges; how effective are they?** *J. Ment. Health Train. Educ. Pract.* 2018; **13**(4): 209–218.
[Publisher Full Text](#)
- Edelman NL: **Trauma and resilience informed research principles and practice: A framework to improve the inclusion and experience of disadvantaged populations in health and social care research.** *J. Health Serv. Res. Policy.* 2023; **28**(1): 66–75.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Ellis C, Adams TE, Bochner AP: **Autoethnography: an overview.** *Hist. Soc. Res./Historische Sozialforschung.* 2011; **36**: 273–290.
- Faulkner A: *The ethics of survivor research Guidelines for the ethical conduct of research carried out by mental health service users and survivors* Bristol: The Policy Press; 2004.
- Faulkner A, Nicholls V: **Strategies for Living.** *J. Integr. Care.* 2021; **9**(1): 32–36.
[Publisher Full Text](#)
- Faulkner A, Sarah L: **Strategies for living. A report of user-led research into people's strategies for living with mental distress.** *The Mental Health Foundation.* 1999.
- Foucault M: *Power/Knowledge.* New York: Pantheon; 1972.
- Geertz C: *The Interpretation of Cultures.* New York: Basic Books; 1973.
- Good B: *Medicine, Rationality, and Experience: An Anthropological Perspective.* Cambridge: Cambridge University Press; 1994.
[Publisher Full Text](#)
- Hall T, Helen J, Lennart R, et al.: **A Process and Intermediate Outcomes Evaluation of an Australian Recovery College.** *J. Recovery Ment. Health.* 2018; **1**(3): 7–20.
- Hayes D, Camacho E, Ronaldson A, et al.: **Evidence-based Recovery Colleges: developing a typology based on organisational characteristics, fidelity and funding.** *Soc. Psychiatry Psychiatr. Epidemiol.* 2023; **59**(5): 759–768.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Herman L, Judith: *Trauma and Recovery. From Domestic Abuse to Political Terror.* London: Pandora; 1992 [2015].
- IMROC: **Recovery Colleges.** 31st January 2025.
[Reference Source](#)
- Jackson M: **Knowledge of the Body.** *Royal Anthropological Institute of Great Britain and Ireland.* 1983; **18**(2): 327–345.
[Publisher Full Text](#)
- Jackson M: *Things as They Are: New Directions in Phenomenological Anthropology.* Bloomington: Indiana University Press; 1996.
- Jenkins JH: **The Medical Anthropology of Political Violence: A Cultural and Feminist Agenda.** *Med. Anthropol. Q.* 2008; **12**(1): 122–131.
[Publisher Full Text](#)
- Jenkins JH, Barrett RJ: *Schizophrenia, Culture, and Subjectivity: The Edge of Experience.* Cambridge: Cambridge University Press; 2004.
- Kay K, Edgley G: **Evaluation of a new recovery college: delivering health outcomes and cost efficiencies via an educational approach.** *Ment. Health Soc. Incl.* 2019; **23**(1): 36–46.
[Publisher Full Text](#)
- Kelly J, Gallagher S, McMahon J: **Developing a recovery college: a preliminary exercise in establishing regional readiness and community needs.** *J. Ment. Health.* 2017; **26**(2): 150–155.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Kleinman A, Kleinman J: **How bodies remember: social memory and bodily experience of criticism, resistance, and delegitimation following China's cultural revolution.** *New Lit. Hist.* 1994; **25**(3): 707–717.
[Publisher Full Text](#)
- Lane C: **Recovery college intervention for people living with BPD. Mental Health and Social Inclusion.** *J. Ment. Health Train. Educ. Pract.* 2022; **17**(5): 443–454.
- Lester RJ: **Back from the edge of existence. A critical Anthropology of Trauma.** *Transcult. Psychiatry.* 2013b; **50**: 5, 753–762.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Lester RJ: **Brokering Authenticity: Borderline Personality Disorder and the Ethics of Care in an American Eating Disorders Clinic.** *Curr. Anthropol.* 2009; **50**(3): 281–302.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Lester RJ: **Critical Therapeutics: Cultural Politics and Clinical Reality in Two Eating Disorder Treatment Centers.** *Med. Anthropol. Q.* 2007; **21**(4): 369–387.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Lester RJ: **Lessons from the Borderline: Anthropology, Psychiatry, and the Risks of Being Human.** *Fem. Psychol.* 2013a; **23**(1): 70–77.
[Publisher Full Text](#)
- Lester RJ: **Self-governance, Psychotherapy, and the Subject of Managed Care: Internal Family Systems Therapy and the Multiple Self in a US Eating-disorders Treatment Center.** *Am. Ethnol.* 2017; **44**(1): 23–35.
[Publisher Full Text](#)
- Lester RJ: **The (Dis) Embodied Self in Anorexia Nervosa.** *Soc. Sci. Med.* 1997; **4**(4): 79–489.
- Levine PA: *Healing Trauma. A Pioneering Program for Restoring the Wisdom of Your Body.* Boulder, Colorado: Sounds True; 2005.
- Lorde A: *A Burst of Light and Other Essays.* Mineola, New York: Ixia Press; 2017 [1988].
- Luhmann TM, Alderson-Day B, Bell V, et al.: **Beyond Trauma: A Multiple Pathways Approach to Auditory Hallucinations in Clinical and Nonclinical Populations.** *Schizophreniabulletin.* 2019; **45**(Supplement 1): S24–S31.
[Publisher Full Text](#)

- McGregor J, Repper J, Brown H: **"The college is so different from anything I have done". A study of the characteristics of Nottingham Recovery College.** *J. Ment. Health Train. Educ. Pract.* 2014; **9**(1): 3–15.
[Publisher Full Text](#)
- Meddings S, Campbell E, Guglietti S: **From Service User to Student – The Benefits of Recovery College.** *Clin. Psychol. Forum.* 2015a; **1**: 32–37.
[Publisher Full Text](#)
- Meddings S, McGregor J, Lambe H, et al.: **Student perspectives: recovery college experience.** *Ment. Health Soc. Incl.* 2014; **18**(3): 142–150.
[Publisher Full Text](#)
- Meddings S, McGregor J, Roeg W, et al.: **Recovery colleges: quality and outcomes.** *Ment. Health Soc. Incl.* 2015b; **19**(4): 212–221.
[Publisher Full Text](#)
- Merleau-Ponty M: **The Phenomenology of Perception.** In *Beyond the Body Proper. Reading the Anthropology of Life.* Lock M, & Farquhar J, editors. Durham: Duke University Press; 2007: pp. 133–149.
- Miguel-Lorenzo X: **Intersectional trauma-informed recovery at a recovery college [version 1; not peer reviewed].** *F1000Res.* 2025; **14**: 124. (poster).
[Publisher Full Text](#)
- Miller D: *Material Cultures: Why Some Things Matter.* London: UCL Press; 1997.
- Mol A: *The Logic of Care. Health and the Problem of Patient Choice.* London & New York: Routledge; 2006.
- Mosse D, Baker D, Carroll M, et al.: **The contribution of anthropology to the study of Open Dialogue: ethnographic research methods and opportunities.** *Front. Psychol.* 2023; **14**: 1111588.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Muir-Cochrane E, Dip G, Lawn S, et al.: **Recovery college as a transition space in the journey towards recovery: An Australian qualitative study.** *Nurs. Health Sci.* 2018; **21**: 523–530.
- Myers N, Lester R, Hopper K: **Reflections on the anthropology of public psychiatry: The potential and limitations of transdisciplinary work.** *Transcult. Psychiatry.* 2016; **53**(4): 419–426.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Myers NAL: **Recovery Stories: An Anthropological Exploration of Moral Agency in Stories of Mental Health Recovery.** In *Special Issue: Practical Anthropology for a Global Public Psychiatry.* Myers, Neely, Hopper, Kim, & Lester R, editors. *Transcult. Psychiatry.* 2016; **53**(4): 427–444.
[Publisher Full Text](#)
- Myers NL: *Recovery's Edge: An Ethnography of Mental Health Care and Moral Agency* Nashville, Tennessee: Vanderbilt University Press; 2015.
[Publisher Full Text](#)
- NHS: **The NHS Long Term Plan.** 2019b.
[Reference Source](#)
- NHS: *The Community Mental Health Framework for Adults and Older Adults.* England and NHS Improvement and the National Collaborating Central for Mental Health; 2019a.
- Office for Health Improvement Disparities :Guidance. Working definition of trauma-informed practice. Government UK; 2022.
[Publisher Full Text](#)
- Perkins R, Meddings S, Williams S, et al.: *Recovery Colleges 10 Years On.* ImROC, Centre for Mental Health, Nottinghamshire Healthcare; 2018.
- Perkins R, Reppers J, Rinaldi M, et al.: *Recovery Colleges.* Implement Recovery through Organisations Change. Centre for Mental Health. Mental Health Network NHS Confederation; 2012.
- Pink S: *Doing Sensory Ethnography.* London: Sage; 2009.
- Pink S: *Visual Interventions: Applied Visual Anthropology.* New York; Oxford: Berghahn Books; 2007.
[Publisher Full Text](#)
- Pope LG, Cubellis L, Hopper K: **Signing on for dirty work: Taking stock of a public psychiatry project from the inside.** *Transcult. Psychiatry.* 2016; **53**(4): 506–526.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Puig De La Bellacasa M: **Matters of care in technoscience: assembling neglected things.** *Soc. Stud. Sci.* 2011; **41**(1): 85–106.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Puig de La Bellacasa M: **Matters of Care: Speculative Ethics in More Than Human Worlds.** Puig de La Bellacasa M, editor. *Matters of Care: Speculative Ethics in More Than Human Worlds.* Minneapolis: University of Minnesota Press; 2017.
[Publisher Full Text](#)
- Reid N, Khan B, Soklaridis S, et al.: **Mechanisms of change and participant outcomes in a Recovery Education Centre for individuals transitioning from homelessness: a qualitative evaluation.** *BMC Public Health.* 2020; **20**(497): 1–9.
- Repper J, Perkins R: **Recovery: A Journey of discovery for individuals and services.** Phillips P, Sandford T, Johnston C, editors. *Working in Mental Health: Practice and policy in a changing environment.* Oxford: Routledge; 2012.
- Repper J, Perkins R: *Recovery and Social Inclusion.* London: Balliere Tindall; 2003.
- Roeg W: **Discovering Myself, a Journey of Rediscovery.** *International Perspectives in Values-Based Mental Health Practice: Case Studies and Commentaries.* Stoyanov D, Fulford B, Stanghellini G, et al., editors. Springer International Publishing; 2021; pp. 279–284.
- Rosa T, Hayes D, Fonagy P, et al.: **Self-management, self-care, and self-help in adolescents with emotional problems: a scoping review protocol.** *JBI Evid. Synth.* 2021; **19**(9): 2373–2381.
- Rosa T, Hayes D, Fonagy P, et al.: **A qualitative investigation of LGBTQ+ young people's experiences and perceptions of self-managing their mental health.** *European Child and Adolescent Psychiatry.* 2022; **31**: 1441–1454.
- SAMHSA: *SAMHSA's Working Concept of Trauma and Framework for a Trauma-Informed Approach, National Centre for Trauma Informed Care (NCTIC).* Rockville, MD: SAMHSA; 2014.
- Shepherd G, Boardman J, Burns M: *Implementing Recovery: A Methodology for Organisational Change.* Policy. Sainsbury Centre for Mental Health; 2010.
- Shepherd G, Boardman J, Slade M: *Making Recovery a Reality.* Mental Health: Policy. Sainsbury Centre for; 2008.
- Slade M: *Personal Recovery and Mental Illness. A Guide for Mental Health Professionals.* Cambridge University Press; 2009.
- Sommer J, Gill K, Stein-Parbury J: **Walking side-by-side: Recovery Colleges revolutionising mental health care.** *Ment. Health Soc. Incl.* 2018; **22**(1): 18–26.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Sommer J, Gill KH, Stein-Parbury J, et al.: **The Role of Recovery Colleges in Supporting Personal Goal Achievement.** *Psychiatr. Rehabil. J.* 2019; **42**(4): 394–400.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Sweeney A, Clement S, Filson B: **Trauma-informed mental health care in the UK: what is it and how can we further its development?** *Ment. Health Rev. J.* 2016; **21**(3): 174–192.
[Publisher Full Text](#)
- Taber N: **Institutional ethnography, autoethnography, and narrative: an argument for incorporating multiple methodologies.** *Qual. Res.* 2010; **10**: 5–25.
[Publisher Full Text](#)
- Tavakoli M, Sandars J: **Twelve tips for using phenomenology as a qualitative research approach in health professions education.** *Med. Teach.* 2025; **47**: 1441–1446.
[PubMed Abstract](#) | [Publisher Full Text](#)
- The North London Foundation Trust: *Clinical Strategy (2024–2029).* 2024.
[Reference Source](#)
- Thompson H, Simonds L, Barr S, et al.: **Recovery colleges: long-term impact and mechanisms of change.** *Ment. Health Soc. Incl.* 2021; **25**(3): 232–242.
[Publisher Full Text](#)
- Throop CJ: **Articulating experience.** *Anthropol. Theory.* 2003; **3**: 219–241.
[Publisher Full Text](#)
- Town R, Hayes D, Fonagy, Peter: **A qualitative investigation of LGBTQ+ young people's experiences and perceptions of self-managing their mental health.** *Eur. Child Adolesc. Psychiatry.* 2022; **31**: 1441–1454.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Town R, Hayes D, Fonagy P, et al.: **Self-management, self-care, and self-help in adolescents with emotional problems: a scoping review protocol.** *JBI Evid. Synth.* 2021; **19**(9): 2373–2381.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Town R, Hayes D, March A, et al.: **Self-management, self-care, and self-help in adolescents with emotional problems: a scoping review.** *Eur. Child Adolesc. Psychiatry.* 2024; **33**: 2929–2956.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Trevillion K, Stuart R, Ocloo J, et al.: **Service user perspectives of community mental health services for people with complex emotional needs: a co-produced qualitative interview study.** *BMC Psychiatry.* 2022; **22**(1): 55.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- van der Kolk BA: **The neurobiology of childhood trauma and abuse.** *Child Adolesc. Psychiatry. Clin. N. Am.* 2023; **12**(2): 293–317.
[Publisher Full Text](#)
- van der Kolk BA: *Psychological trauma.* Washington DC: American Psychiatric Press; 1987.
- Vindrola-Padros C: *Doing Rapid Qualitative Research.* London, California, New Delhi, Singapore: SAGE Publications Ltd; 2021a.
[Publisher Full Text](#)
- Vindrola-Padros C: *Rapid Ethnographies. A Practical Guide.* Cambridge, Melbourne, New Delhi, Singapore: Cambridge University Press; 2021b.
- Vindrola-Padros C, Johnson GA: **Rapid Techniques in Qualitative Research: A Critical Review of the Literature.** *Qual. Health Res.* 2020;

30(10): 1596–1604.

[Publisher Full Text](#)

Vindrola-Padros C, Vindrola-Padros B: **Quick and dirty? A systematic review of the use of rapid ethnographies in healthcare organisation and delivery.** *BMJ Qual. Saf.* 2018; **27**(4): 321–330. Epub 2017 Dec 20.

[PubMed Abstract](#) | [Publisher Full Text](#)

Warin M, Dennis S: **Telling Silences: Unspeakable Trauma and the Unremarkable Practices of Everyday Life.** *Sociol. Rev.* 2008; **56**(2): 100–116.

[Publisher Full Text](#)

Wilson C, King M, Russell J: **A mixed-methods evaluation of a Recovery College in South East Essex for people with mental health difficulties.** *Health Soc. Care Community.* 2018; **2019**(27): 1353–1362.

Yoeli H, Ryan A, Hensby C, *et al.*: **Recovery in Mind: A Recovery College's journey through the Covid-19 pandemic.** *Health Expect.* 2022; **25**: 3274–3286.

[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)

Zabel E, Donegan G, Lawrence K, *et al.*: **Exploring the impact of the recovery academy: a qualitative study of Recovery College experiences.** *J. Ment. Health Train. Educ. Pract.* 2016; **11**(3): 162–171.

[Publisher Full Text](#)

Open Peer Review

Current Peer Review Status: ? ✖

Version 1

Reviewer Report 16 April 2025

<https://doi.org/10.5256/f1000research.177825.r373748>

© 2025 Norton M. This is an open access peer review report distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Michael John Norton 

¹ University College Cork, Cork, County Cork, Ireland

² University College Cork, Cork, County Cork, Ireland

Dear Author

Many thanks for submitting this study protocol for peer review. Although a potentially worthwhile study, the protocol needs some work in order to pass open peer review. Please see my comments below.

Entire Paper - There are significant grammatical errors in this paper which makes this paper difficult to read. I understand English may not be the first language of the author, but in order for this protocol to pass open peer review, the way the narrative is presented in this paper needs to be drastically improved.

Author - You mention this is a co-produced study, yet there is only one author listed. The author either needs to include the whole co-production panel as authors or needs to provide an exceptional rationale as to why there is only one author on a manuscript that was meant to be co-produced.

Abstract - Several spelling and grammatical errors here. Little philosophical positioning noted here. I do not believe that reflexive thematic analysis links philosophically with a rapid ethnographic study which may cause concern as the study progresses. You mention NVivo in data analysis, but you need to tell me what version of the package is to be used, In ethics and dissemination you introduce the primary investigator but do not elaborate whether this is the author or someone else. If someone else, why are they not co-authors here? Additionally, you do not tell me how you will disseminate the results of this study to both the academic community and the lay population.

Keywords - If of equal value, place in alphabetical order.

Introduction - You say recovery colleges were first piloted in 2007 but this is incorrect. The first

recovery college was in the US in the 1990s. Imroc is spelled wrong, it should be ImROC. Poor English grammar and spelling throughout. Before moving to your methods you provide half a page to describing a fellowship which has no relevance to the study bar the fact they are your funders. Please shorten or remove.

Objectives - You provide a list of questions and not objectives, this needs to be rewritten as objectives.

Methods - Firstly you need a section discussing the philosophical foundations of the paper and how they influenced the type and mechanism of data collected in this study. In sample, you need to discuss information power and how this helped determine when to stop data collection. If not, you need to then tell me how a consensus was reached to the extent that agreement was made that data collection could cease. The exclusion criteria is not sufficient enough and needs to be presented similar to that of the inclusion criteria. In data analysis, it is reflexive thematic analysis, not reflexible. In ethics and dissemination, you give a lot of time to ethics - which is important and should be kept - but you tell me nothing of how the study results will be disseminated to the lay and academic communities.

Discussion - is small and insufficient for what you are doing. This is a study protocol and a discussion cannot be made here as there is no data produced as of yet to discuss.

Unfortunately, although the study has promise, there are a number of errors that needs improvement and rectifying before this paper can pass open peer review.

Is the rationale for, and objectives of, the study clearly described?

Partly

Is the study design appropriate for the research question?

Partly

Are sufficient details of the methods provided to allow replication by others?

Partly

Are the datasets clearly presented in a useable and accessible format?

Not applicable

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Stated in the report

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.

Reviewer Report 09 April 2025

<https://doi.org/10.5256/f1000research.177825.r373749>

© 2025 Zirnsak T. This is an open access peer review report distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Tessa-May Zirnsak

¹ La Trobe University, Melbourne, Victoria, Australia

² La Trobe University, Melbourne, Victoria, Australia

This is an interesting proposal for an innovative study. I have some feedback around clarity, which I have outlined below. I think this will strengthen the author's proposal and bring out the strengths of their research.

Abstract

- The abstract would benefit from refining. The first sentence has many ideas in it, which is confusing for the reader. I suggest re-writing the first sentence to ease the reader into the topic, and providing more connections with the research question/exposition of the paper in the introduction section. Further, it should be in the future tense (e.g., "will be recruited" rather than "are recruited"). Some sentences are brief and incomplete (e.g. "Data accurately transcribed, coded by topics, is clustered in themes, to inform report writing, employing study participant's descriptive examples or cases for each identified theme")

Introduction

- There's a referent to "the community mental health transformation". I am not sure what this is referring to?
- "Bringing cultural change to mental health services through community-based recovery practice (Repper & Perkins, 2003; Department of Health, 2011; NHS, 2019b)." This sentence is incomplete
- You describe Chamberlin as both a "lived experience advocate" and "mental disability rights activist" in the same sentence - I suggest removing the second description
- Chamberlin doesn't use the phrase "self-care skills" in her 1977 text - I suggest removing quotation marks
- At the end of the introduction, several theoretical frameworks are introduced - trauma, embodied cultural practices, embodied power, etc, and it's not clear how these relate to the study design
- I suggest that the introduction may need some reworking to reduce some of the background (I think this could be synthesised) and directly address the need for the study and the theoretical framing

NIHR Mental Health for All Fellowship

- "The Chief Investigator's Mental Health For All Fellowship application, signed in December 2022 by the Camden & Islington Recovery College manager and approved by the Camden & Islington NHS Trust (now the North London Foundation Trust) Recovery Lead, defined the scope of the Chief Investigator's post-doctoral research as follows: 'I will study the new "recovery approach" to mental health at the NHS Camden & Islington Recovery College" this sentence is very long - I suggest breaking up for readability
- Some information in this section is repeated from the Introduction - needs revising
- New concepts are being introduced here - "recovery culture" - I suggest introducing all key concepts in introduction

Aims and Objectives

- This section includes information on the methodology, when it should just include a clear

statement on what the study hopes to achieve.

- What is a "thick description"?

Research question

- This is an excellent and clear statement. I suggest reformulating the introduction to only address this question, and limiting the number of concepts employed to those only relevant to this question - otherwise it becomes hard to follow for the reader, and exceptionally ambitious.

Objectives

- This is an extraordinary number of questions for the study to answer. I think some of these might be better situated in an interview schedule, or in analysis, rather than as primary objectives.

Method

- Study design is well justified

- For co-production, I would expect there to be some engagement with lived experience experts beyond the lead CIs experience, although I note that this experience does increase the legitimacy of the research. It would be good to include more information about the consultations with lived experience experts in the development of the protocol

- Capacity criteria isn't clear - does this mean that the study is only open to people who aren't on a compulsory treatment order?

- Interview format shouldn't be included under the exclusion criteria - unless you are saying that participants who can't use a computer or phone will be excluded?

- It's not clear what "fail[ing] to demonstrate "self-care" expertise" means

- The study design and analysis plan sound really inclusive and innovative - well done

Discussion

- Discussions typically situate the study in the literature. I suggest moving some of the content from the introduction here. So, the introduction would provide a rationale for the study, and the discussion would put it in conversation with similar work.

Is the rationale for, and objectives of, the study clearly described?

Partly

Is the study design appropriate for the research question?

Yes

Are sufficient details of the methods provided to allow replication by others?

Yes

Are the datasets clearly presented in a useable and accessible format?

Not applicable

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Recovery colleges, mental health, compulsion, lived experience involvement in research

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

The benefits of publishing with F1000Research:

- Your article is published within days, with no editorial bias
- You can publish traditional articles, null/negative results, case reports, data notes and more
- The peer review process is transparent and collaborative
- Your article is indexed in PubMed after passing peer review
- Dedicated customer support at every stage

For pre-submission enquiries, contact research@f1000.com

F1000Research