

# Understanding the learning context in shaping the relational experience in online Recovery College courses: A qualitative Study

## ABSTRACT

**Purpose:** In learning context, interaction among learners is a fundamental mechanism of action that contributes to learning, a principle exemplified by Recovery Colleges (RCs). RC offers universal access to mental health, well-being and recovery courses that focus on the nature of social interactions as a central mechanism of action. During the pandemic, some RCs had to switch from face-to-face to online courses, which made it more difficult to maintain the quality of social interactions between learners and trainers. This study aimed to describe the relationships experienced by learners in online RC courses and to identify the contextual elements that contribute to connectedness among them. **Methodology:** A qualitative study was conducted using exploratory focus groups and individual interviews with 26 participants. The data were analyzed using an inductive thematic approach. The elements of the learning context that contribute to connectedness among learners have been schematized. **Findings:** The first theme that emerged from the analysis concerns the study participants' relational experiences describing the relationships experienced in the course, the postures they adopted, and the benefits they gained. In addition, the elements of the learning context that contribute to connectedness are the climate, the course format, the trainers' and learners' influence, and the RC principles and values. **Originality:** This is the first published study to focus exclusively on the relationships among learners in online RC courses and the contextual elements that influence these relationships.

**Keywords:** Recovery Colleges, online courses, relationships, mechanism of action, connectedness, learning context

## INTRODUCTION

In learning contexts, interaction between learners is a fundamental mechanism that promotes learning (Delahunty *et al.*, 2014; Vygotskij, 1978). This applies to both face-to-face and online classrooms, as well as in adult learning contexts and continuing professional development contexts (Anderson, 2008).

In the field of mental health, Recovery Colleges (RCs) are learning centers that emphasize the importance of connectedness between learners as a central mechanism of action (Toney *et al.*, 2018). RCs adopt an educational approach aimed at promoting universal access to mental health, well-being and recovery courses (Perkins and Repper, 2017; Perkins *et al.*, 2012). Their distinctive features include (a) the fostering of co-learning environments that value various types of knowledge (clinical, experiential, theoretical); (b) the development and delivery of collaborative courses by a dyad of trainers consisting of both practitioners and lived mental health experience trainers; (c) the blending and cross-fertilization of knowledge through innovative, participatory, and active teaching methods; (d) a diverse group of learners and trainers from various backgrounds; and (e) the promotion of supportive, non-judgmental, horizontal, and equitable social relationships which encourage open idea-sharing and shared power (Reid *et al.*, 2020; Toney *et al.*, 2018).

Research on the mechanisms of action of RC courses shows the importance of their empowering and distinctive social environment (Toney *et al.*, 2018; Crowther *et al.*, 2019; Reid *et al.*, 2020; Thompson *et al.*, 2021). Moreover, cultivating a sense of connection with other learners is an essential element of the RC learning experience, as well as the shift in the balance of power (Doroud *et al.*, 2024; Whish *et al.*, 2022; Yoeli *et al.*, 2022; Briand *et al.*, 2023a; Sommer *et al.*, 2018; Harris *et al.*, 2023). The emphasis on personal development and transformation arising from adult learning approaches has been outlined. (Toney *et al.*, 2018; Reid *et al.*, 2020; Thompson *et al.*, 2021; Doroud *et al.*, 2024)

Several studies on RCs have demonstrated multiple outcomes (Thériault *et al.*, 2020; Briand *et al.*, in preparation). On a personal level, in addition to enhancing mental health knowledge, RC courses improve empowerment, self-confidence and self-management of

personal health and recovery (Briand *et al.*, 2023a; Ebrahim *et al.*, 2018; Perkins *et al.*, 2017; Rapisarda *et al.*, 2022; Reid *et al.*, 2020; Thompson *et al.*, 2021). On an interpersonal and social level, RC courses reduce social isolation and increase interactions and connections with oneself and others (Perkins *et al.*, 2017; Sommer *et al.*, 2018; Wilson *et al.*, 2019). Learners can expand their networks of contacts and resources, which in turn may enhance their ability to manage their mental health, seek help, and improve their well-being (Briand *et al.*, 2023a; Reid *et al.*, 2020; Newman-Taylor *et al.*, 2016). On a more systemic level, the emergence of shared understandings that integrate diverse perspectives encourages learners to reevaluate their attitudes and behaviors towards openness, including a reduction in stigmatization and self-stigmatization (Perkins *et al.*, 2017; Rapisarda *et al.*, 2022; Sommer *et al.*, 2018; Thompson *et al.*, 2021; Zabel *et al.*, 2016).

Most of the studies cited above have focused on the face-to-face courses offered by RCs. However, during the pandemic, some RCs changed their operations and transitioned to online courses (Rapisarda *et al.*, 2022; Harris *et al.*, 2023; Hayes *et al.*, 2022). While online courses can be convenient, flexible, and accessible, as learners can access them from anywhere, they also present several challenges (Bolliger and Inan, 2012). Namely, it is difficult to sustain meaningful social interactions between learners and trainers in online courses (Kaufmann and Vallade, 2022). Learners can experience social isolation and disconnectedness (Bolliger and Inan, 2012; Trespalacios *et al.*, 2021). Such challenges have a direct impact on the relational climate and the quality of the learning experience (Carpentier *et al.*, 2023; Kaufmann and Vallade, 2022). In the context of RCs, a sense of connectedness persists in online courses despite the challenges mentioned above (Briand *et al.*, 2023a; Harris *et al.*, 2023). Moreover, the RC's distinctive social environment fosters connectedness among learners (Newman-Taylor *et al.*, 2016; Yoeli *et al.*, 2022).

Although the sense of connectedness among RC learners is central to RCs' mechanism of action, no previous studies have specifically described the nature of the relationships experienced by learners of online RC courses. As well, no study has documented which elements of the online learning context contribute to connectedness among RC learners. The study has two objectives: 1) to describe the relationships experienced by learners in

online RC courses, and 2) to identify learning context elements that contribute to connectedness among RC learners.

## **METHOD**

### *Study design*

A qualitative phenomenological approach was selected because it provides an in-depth understanding of participants' experiences within their context, aligning with the study's objectives (Marshall and Rossman, 2014; Miles *et al.*, 2019).

### *Study Settings*

The study was conducted within an RC named Centre d'Apprentissage Santé et Rétablissement (CASR), established in Quebec, Canada, since 2019. Quebec is a French-speaking Canadian province with a population exceeding 8 million and a vast territory. CASR offers short-format, free online courses on mental health, well-being and recovery to the general population.

At the CASR, the development of organizational structure and courses is aligned with RCs defining principles (Briand *et al.*, 2023b; Toney *et al.*, 2019; Gomes Chaves *et al.*, 2021). Recent reports indicate that Canadian RCs typically have a high-fidelity score (Hayes *et al.*, 2023). RCs' courses are facilitated by a pair of certified trainers qualified to co-develop and co-facilitate courses aligned with RC principles and values. CASR offers trainer-led online courses that utilize synchronous learning modalities, where both learners and trainers engage simultaneously in collaborative learning experiences (Alrayes *et al.*, 2022; Valarino *et al.*, submitted). Three sessions lasting two hours each are available through the Zoom<sup>®</sup> platform. Trainers attend workshops to develop techno-pedagogy skills, while learners receive technological assistance to facilitate their use of the platform.

At the beginning of the first session, trainers establish the desired social norms and learning framework, outlining RCs' values, principles, and expectations for language and participation. To foster interaction, learners are encouraged to keep their cameras on and to unmute when necessary. Trainers employ active teaching methods that engage learners

in co-producing the learning process through participation, discussion, and reflection, using online tools.

### *Study Participants and Recruitment*

Recruitment was facilitated by the administrative staff at CASR. All CASR learners were invited to take part in the study after completing an online course. In the first phase, among the 141 learners who attended a course in October 2022, 26 learners expressed interest in participating in a focus group. Of these, 16 were selected through theoretical sampling to form two groups, each comprising at least four to six participants. The theoretical sampling aimed to include **study** participants with clinical, experiential, and theoretical knowledge, taking into account gender, age, personal and professional background, and lived mental health experiences as reported during course registration (Miles *et al.*, 2019). This approach aligned with a key RC course principle of ensuring diversity among **study participants**, which was deemed crucial given the study's focus on relationships and connectedness. Of the 16 selected learners, eight ultimately signed the Information and Consent Form following a reminder specifically sent to healthcare workers to maintain diversity. Given the exploratory nature of the study, no further invitations were issued (Green and Thorogood, 2004).

In the second phase, among the 421 learners who have taken a course at CASR from December 2022 to April 2023, 64 learners expressed interest in individual interviews. From this group, 37 were selected through theoretical sampling, targeting 20 **study** participants. This strategy aimed to recruit **study** participants with the same characteristics as those in the first phase to ensure rich and nuanced data, excluding individuals who had participated in the first phase (Fusch and Ness, 2015). The sample was refined throughout the study as it progressed to maintain representation for each criterion, and a reminder was sent to non-responders one to two weeks after the initial invitation. Of the 37 invited people, 19 signed the Information and Consent Form.

### *Participants' Characteristics*

A total of twenty-six study participants were interviewed across both data collection phases, spanning ages 20 to 80 (mean age: 45). Among them, 22 were women, reflecting the typical gender ratio in CASR courses. Eight study participants were healthcare workers from the public system, eight reported having a lived mental health experience, three were healthcare workers from a non-profit organization, three were managers, two were relatives of individuals with a lived mental health experience, two were citizens, and two were students. Table I presents the sociodemographic details of the first-phase participants (focus groups), while Table II provides corresponding data for the second-phase participants (individual interviews).

Table I around here

Table II around here

### *Data Collection Procedure*

Data collection followed a two-phase sequential approach, comprising: exploratory focus groups followed by individual interviews (Marshall and Rossman, 2014; Briand and Larivière, 2014). Results from the first exploratory phase shaped the direction of the second phase.

During the first phase, two **online** focus group interviews were conducted in November and December 2022, involving a total of seven participants ( $n = 3, 4$ ). One individual who had signed the Information and Consent Form did not attend without prior notice. Focus groups facilitate the exploration of diverse viewpoints and provide an effective forum for generating ideas and refining nuanced interpretations (Desrosiers and Larivière, 2014). Furthermore, the exchange and discussion format were familiar to **the study** participants, who had previously engaged in discussions, shared ideas, and co-produced knowledge during their CASR courses.

The semi-structured interview guide posed questions focused on describing the learning context and the relationships learners experienced during courses. The first author (AS)

and a research team member with lived mental health experience collaborated to develop the semi-structured interview guide and co-facilitate the focus groups. Both also serve as trainers for the CASR courses.

In the second phase, **online** individual interviews were conducted with 19 participants from March to June 2023. Semi-structured interviews were used to collect data, thereby facilitating an in-depth understanding of the **study** participants' experiences (Fortin, 2010; Denzin and Lincoln, 2011). Results from the first phase helped to inform the formulation of individual interview guide questions. The focus group interview guide was revised to ensure clarity, with some questions added or removed as needed. Initially, **the study** participants were tasked with generating 3-5 lexical terms to describe the relationships they developed within the course context. Then, they were asked to discuss these relationships and what influenced them. Some questions focused on describing and discussing the learning context. Of the 19 individual interviews, 17 were conducted by the first author (AS). However, because AS had facilitated CASR course sessions for two **study** participants, those two interviews were conducted by a research assistant to prevent bias and address any potential ethical concerns.

Throughout the two-phase data collection, the first author documented new themes, initial impressions, and emerging findings in a research diary. All interviews, including both focus groups and individual interviews, were conducted online and lasted between 40 and 120 minutes. They were audio-recorded, transcribed, and anonymized. To ensure an immersive understanding of the data, the first author transcribed both the focus groups conducted during the first phase and 13 of 19 individual interviews.

### *Data Analysis*

**An inductive thematic analysis was conducted in both phases, without a pre-established theoretical framework,** guided by Miles and Huberman's stepwise content analysis method for coding and theme identification (Miles *et al.*, 2019). This method involves a subjective interpretation of textual data through systematic classification, coding, and identification of themes and sub-themes. Three concurrent flows of activity are detailed in a codebook (defined themes, sub-themes, and codes): (1) data condensation via two coding cycles to

capture emergent ideas; (2) data display by organizing information into a concise format and (3) drawing and verifying conclusions by noting patterns and explanations. The coding and analysis process was conducted by two coders (AS and a research assistant), ensuring the validity of identified themes and achieving strong inter-coder agreement.

Stage 1: Data condensation. To code the first-phase data (from focus groups), AS coded all transcripts, immersing herself in the content through repeated readings. In the first cycle of inductive coding, AS summarized the data and assigned codes using NVivo software and conducted a second cycle of coding to group the codes into themes and sub-themes. For the second-phase data (from individual interviews), AS and a research assistant independently coded six transcripts, using the codebook from the first phase, while allowing new codes to emerge. After each coding session, they compared codes and discussed their processes, achieving inter-rater reliability through iterative dialogue until a consensus was reached. They then performed a second coding cycle to group codes into themes and sub-themes. AS coded the remaining transcripts and integrated all themes, sub-themes and codes into a comprehensive codebook. **The coding was done from the original French material. Quotations selected for the article were freely translated by AS, who ensured that the translation was as faithful as possible to the original.**

Stage 2: Data display. In both phases, AS carried out the second stage of analysis by creating a data display that summarized the organized information (Miles *et al.*, 2019). Matrices were developed for each phase, and the final matrix included both phases. Throughout the analysis process, the emerging codebook and matrices were repeatedly presented to the third author (CB) for review. This approach maintained relevance to the research question, ensured conceptual consistency in the resulting themes, and secured consensus among analysts. The analyst had ensured that the Phase 1 themes were included in the Phase 2 findings, as they served as the basis for Phase 2.

Stage 3: Drawing and Verifying the Conclusion. To situate the analysis in existing literature and foster explanatory insights, the first and third authors (AS, CB) examined the results in light of three theoretical models: the Recovery Colleges model and mechanism of action (Perkins *et al.*, 2012; Toney *et al.*, 2018), the-socio-pedagogical



environment (Carpentier *et al.*, 2023), and the online learning climate (Kaufmann *et al.*, 2016; Kaufmann and Vallade, 2022). These models, enabled the linking of fundamental RC concepts (e.g., co-learning environment and equitable relationships among diverse learners) with aspects of the socio-pedagogical environment (e.g., institutional norms, objectives and values) and the online learning climate (e.g., instructor behaviors, student connectedness, course clarity, and course structure). Both literature and study findings informed the creation of a schematic diagram, which was co-constructed through iterative discussions between the first and third authors (AS, CB) and subsequently compared with relevant literature. **The schematic representation does not include the “perceived relational and social benefits” sub-theme, as the research questions were not intended to document these aspects.**

### *Ethic*

The study protocol was approved by the ethics committee of Université du Québec à Trois-Rivières. All participants were informed of the study’s aims and provided written consent forms. Time was allocated at the start of each interview to address any questions. Confidentiality was ensured by anonymizing participants’ identities in the transcribed data.

## **RESULTS**

### *First Phase - Focus Group*

Two themes and 10 codes emerged from the thematic analysis of the exploratory focus group, presented in Table III in decreasing order of frequency as reported by **study participants**. Because these themes and codes were included in Phase 2, no verbatim excerpts are included at this stage.

**Table III around here**

### *Second Phase – Individual Interview*

The subsequent analysis of individual interview transcripts generated two themes, seven sub-themes and twenty-five codes, all listed in Table IV in decreasing order of frequency as reported by **study participants**. These themes, sub-themes and codes are defined and illustrated by verbatim excerpts freely translated from French into English by the first author.

**Table IV around here**

#### *Relational Experience*

The first theme addresses **the study** participants' relational experiences, organized in three sub-themes: 1) description of relationships experienced in the course; 2) relational posture; 3) perceived relational and social benefits.

**The study participants described the relationships experienced in the course in diverse ways.** Most emphasized mutual openness and respect, highlighting that collaboration and support were fostered through knowledge sharing, mutual help, and reassurance. They also mentioned authenticity, equality, mutual recognition, a sense of belonging, and certain contextual limitations associated with the course.

P23 explained: “It’s the listening we got. It was non-judgmental and compassionate. There is a sense of [...] cohesion that develops very quickly. You belong to the group. Through what we reveal about ourselves, the vulnerability we expose, and the experiences we share. That makes us attentive to others, and we’re eager to see them again later, to see how things have turned out for them and how they’ve moved forward.

**The study** participants described various relational postures or attitudes adopted during the course, including i) egalitarian, ii) stand-back, iii) active, iv) detached, or v) anchored in a professional role. Several **study** participants reported changing their posture over time during the course.

For instance, P14 stated: “I positioned myself as different and equal [laugh]. Different because I was sometimes paired with people who had different roles or knowledge from my own. But equal because we’re all on the same level, we’re all here to learn. Nobody is better than anyone else, and it’s the sharing of knowledge that matters. ”

Similarly, P11 noted: “Everyone is a little embarrassed at first, that’s for sure. I think most people who take courses expect to sit back, relax, and then listen and receive. They expect to be a vessel into which knowledge is poured. So, it’s a bit of a shock to say, ‘OK, I’ve got my camera open, I’ve got to participate, I’ve got to engage, I’ve got to get involved. In fact, the raw material for the course comes from the participants themselves.”

Although not explicitly prompted to, **some study** participants spontaneously described relational perceived benefits arising from CASR, such as: i) mitigating stigmatization, ii) replicating the relational mode experienced, and iii) building a social network.

Namely, P17 observed: “I think that now [...] when I’ll go to meet practitioners and psychiatrists, I won’t look up to them anymore. I’ll see them on the same level as me, but with different knowledge. They can give me something, and I can give them something.”

#### *Elements of the learning context that contribute to connectedness*

In response to questions about what contributed to their sense of connectedness, the **study** participants identified the following specific elements grouped into four sub-themes: 1) climate; 2) course format; 3) trainers’ and learners’ influence; 4) RC principles and values.

**The study participants** described the interpersonal climate as i) pleasant, ii) collaborative, iii) uncomfortable, and iv) safe. Most learners enthusiastically discuss and share knowledge, demonstrating a willingness to engage in open dialogue. Some study participants described the climate as a “safe space,” which fosters relational bonds and instills confidence. However, sometimes discomfort may arise when learners display disagreement, criticism or stigmatizing behaviors. For instance, P18 expressed: “The

atmosphere is pleasant, jovial and warm. The trainers make you feel welcome. I appreciate the context in which it was presented. It puts us at ease.”

At the same time, P16 nuances this view, stating: “We had a very assertive participant [...] in terms of the atmosphere, it had some impact. [...] She was saying that she didn’t understand the usefulness of the training, and it was difficult to respond to that, which I can understand.”

According to **the study** participants, two main aspects of the course format shape connectedness: i) subgroup discussions, which encourage closer disclosure and interaction, and ii) the three 2-hour online formats, whose duration and exclusively online nature affect the depth and quality of engagement.

Indeed, P21 discussed what influences relationships, stating that “[...] everyone is called to talk together.” We often form small groups, allowing you to engage with two or three people and delve a little deeper than you would in a larger group. [...] Then you talk to other people and make additional connections. Then you get to know everybody.”

**The study participants** highlighted that the attitudes and behaviors of both trainers and learners shape connectedness. That is, how they conduct themselves with others. Two elements were emphasized: i) trainers’ facilitation style and ii) learners’ engagement in discussions.

Namely, P16 expressed: “I think there’s a lot of work done by the trainers [...] who try to provide a bit of a framework, to give the first reminders to ensure that there aren’t people who don’t take part. I found them very important in this training.”

Two key elements related to RC principles and values have influenced connectedness. The RC principles mentioned are complementarity of knowledge, learner diversity, knowledge sharing, and active pedagogy. For instance, P17 expressed: “Maybe it’s also the fact that they have us do activities, making it interactive, so we’re not all just sitting there listening for two hours.” The values mentioned are benevolence, openness, non-judgment, and respect.

### *Schematic representation of results*

Figure 1 provides an explanatory schematic representation of the results. It is based on the action mechanisms of the Recovery College model (Perkins *et al.*, 2012; Toney *et al.*, 2018), the socio-pedagogical environment described by Carpentier *et al.* (2023) and the work of Kauffman *et al.* (2016, 2022) on the online learning climate.

Within this framework, the RC principles and values support the socio-pedagogical environment of CASR online courses, corresponding to the sub-theme “element of the learning context” in our results. According to the **study** participants, the pedagogical climate centers on the course structure, which corresponds to the sub-theme “course format” and is influenced by trainers’ and learners’, mirroring the sub-theme “trainers’ and learners’ influence”. Such influence supports the relational climate, linked to the sub-theme “climate”. Finally, the socio-pedagogical environment elements influence learners’ relational experience, specifically the sub-theme “relational posture” and the sub-theme “description of relationships experienced.” In Figure 1, dotted arrows represent theoretical propositions. In contrast, solid arrows indicate links derived directly from the study results.

**Figure 1 around here**

## **DISCUSSION**

The objectives of this study were to describe the relationships experienced by learners in online courses at the CASR and to identify elements of the learning context that contribute to connectedness among learners. The results offer a comprehensive view of **study participants’** connectedness, highlighting key aspects of the online learning context that contribute to connectedness and demonstrating that it is indeed possible to surmount the challenges typically associated with online learning in an RC context. The schema illustrates the elements identified as **influencing the relational experiences of the study participants’**, drawing on the work of Perkins *et al.* (2012); Toney *et al.* (2018); Carpentier *et al.* (2023) and Kauffman *et al.* (2016, 2022).

**Study participants** reported positive relational experiences marked by openness, respect, collaboration, support, and reciprocity. These findings are consistent with prior RC research, underscoring the prevalence of egalitarian relationships that nurture a sense of connectedness (Doroud *et al.*, 2024; Whish *et al.*, 2022; Yoeli *et al.*, 2022; Briand *et al.*, 2023a; Sommer *et al.*, 2018; Harris *et al.*, 2023). Connectedness emerges not only as an outcome of RC experiences but also as a foundational element of the learning context (Crowther *et al.*, 2019; Harris *et al.*, 2023; Newman-Taylor *et al.*, 2016; Reid *et al.*, 2020; Thompson *et al.*, 2021; Toney *et al.*, 2018). The study deepens our understanding of the evolving power dynamics within learners' relationships in the online learning contexts, revealing how learners progressively shift from a stand-back posture toward more active, egalitarian and authentic relations.

The socio-pedagogical context, as described by Carpentier *et al.* (2023), exerts a substantial influence on learners' relational experiences, shaped by both the pedagogical and relational climates within online courses. **The study** participants underscored key factors in establishing a positive pedagogical climate: the trainers' facilitation style, the learners' engagement and discussions in small groups, which encourage disclosure of learners, and the three 2-hour online formats. They highlighted the importance of trainers' attitudes and behaviors in shaping the course's pedagogical and relational climate. Similar to the findings of Harris *et al.* (2023), CASR trainers were perceived as inclusive, warm, and caring, with their ability to manage the relational space setting a supportive tone for learner engagement. **The study** participants also highlighted the importance of trainers' facilitation style in inspiring and setting the tone for the discussions and shaping the relational climate of the course. The results show the importance of setting out social norms and the learning framework clearly beforehand, so that learners are aware of what their involvement entails and can make a positive contribution to the relational climate.

Although the online learning environment presents challenges in fostering connectedness, the results indicate that CASR trainers employ effective strategies, such as clearly outlining RC values and principles from the outset, designing activities that promote discussion, and consistently modeling inclusive, supportive, authentic behaviors. These strategies align

with Kaufmann and Vallade's (2022) recommendations, emphasizing the trainers' central role in cultivating a positive and connected online learning environment.

Overall, our findings suggest that trainers bear a significant responsibility in RC online courses. However, CASR trainers are commonly clinicians or individuals with lived mental health experiences (or their relatives), chosen for their clinical, experiential or theoretical expertise rather than their pedagogical training. This underscores the importance of establishing an organizational framework to provide training, resources, and support, and enable trainers to offer high-quality courses and find fulfillment in their roles.

### **Limitation and future perspectives**

While this study provides valuable insights into the relational aspect of CASR online courses, several limitations must be acknowledged. The small sample size constrains the diversity of perspectives captured, and thus, the findings should be interpreted with caution. This study should serve as a basis for further research to determine whether the experiences described are specific to CASR or are shared by learners in other RC settings. Future research could also explore the perspectives of trainers regarding connectedness and the learning context.

In addition, because only one study participant expressed dissatisfaction with their learning experience, the study may not fully encompass the range of negative or dissatisfying experiences that learners could encounter. The findings may also be influenced by social desirability bias.

Finally, this study would have benefited from the involvement of a broader range of collaborators with diverse types of knowledge throughout the research process. Such involvement may have yielded a more nuanced understanding of the research subject and may have better aligned with the ethos of RC, which emphasizes inclusivity and the integration of multiple perspectives.

### **CONCLUSION**

This study is the first published research to focus on the relationships among learners in online RC courses and on the contextual elements that shape these relationships. The

results highlight the critical role of trainers in fostering a climate and environment that promotes positive relationships within a Recovery College (RC) learning context. When these elements are present, they support the implementation of mechanisms of action and facilitate the achievement of desired results.

## REFERENCES

- Alrayes, A., Al-Shamaileh, O., Nizamuddin, N., et al. (2022), Students' Satisfaction with Online Learning Environments-Post COVID-19. *2022 International Conference on Innovation and Intelligence for Informatics, Computing, and Technologies (3ICT)*. IEEE, pp.728-735. <https://doi.org/10.1109/3ICT56508.2022.9990873>.
- Anderson, T. (2008), *The theory and practice of online learning*, 2nd ed. Edmonton: AU Press. Available at: <https://central.bac-lac.gc.ca/.item?id=TerryAnderson&op=pdf&app=Library> (Accessed: April 18, 2025).
- Bolliger, D.U., and Inan, F.A. (2012), Development and Validation of the Online Student Connectedness Survey (OSCS), *International Review of Research in Open and Distributed Learning*, Vol.13 No. 3, pp.41-65. <https://doi.org/10.19173/irrodl.v13i3.1171>.
- Briand, C., Hakin, R., Macario de Medeiros, J., et al. (2023a), Learner Experience of an Online Co-Learning Model to Support Mental Health during the COVID-19 Pandemic: A Qualitative Study, *International Journal of Environmental Research and Public Health*, Vol. 20 No.3. <https://doi.org/10.3390/ijerph20032498>.
- Briand, C. and Larivière, N. (2014), Les méthodes de recherche mixtes: illustration d'une analyse des effets cliniques et fonctionnels d'un hôpital de jour psychiatrique, in Larivière, N. (Ed.s.), *Méthodes qualitatives, quantitatives et mixtes*, Presses de l'Université du Québec. pp.625-648.
- Briand, C., Sauvageau, A., Bellemare, J., et al. (2023b), Le Recovery College : un modèle novateur d'éducation à la santé mentale où l'égalité et la mixité des savoirs sont au coeur des apprentissages. In: Lecompte, T. (Ed), *Manuel de réadaptation psychiatrique*. 3 ed. Montréal: Presses de l'Université du Québec., pp.499-525.
- Carpentier, G., Roy, N., Sauvageau, C., et al. (2023), Validation du Questionnaire sur l'environnement sociopédagogique des élèves du primaire (QESPP), *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, Vol. 55 No.1 p.68-74. <https://doi.org/10.1037/cbs0000314>
- Crowther, A., Taylor, A., Toney, R., et al. (2019), The impact of Recovery Colleges on mental health staff, services and society, *Epidemiology and Psychiatric Sciences*, Vol. 28 No. 5, pp.481-488.
- Delahunty, J., Verenikina, I. and Jones, P. (2014), Socio-emotional connections: Identity, belonging and learning in online interactions. A literature review, *Technology, Pedagogy and Education*, Vol. 23 No. 2, pp.243-265.
- Denzin, N.K. and Lincoln, Y.S. Giardina, M. D. (2024), *The SAGE handbook of qualitative research* (6th Edition). SAGE.
- Desrosiers, J. and Larivière, N. (2014), Le groupe de discussion focalisée: application pour recueillir des informations sur le fonctionnement au quotidien des personnes avec un trouble de la personnalité limite, in Larivière, N. (Ed.s.), *Méthodes qualitatives, quantitatives et mixtes*, Presses de l'Université du Québec. pp.257-281.



- Doroud, N., King, A., Zirnsak, T.-M., et al. (2024), Creating “an oasis of hope, inclusion and connection”: students and stakeholders’ experiences of a pilot Recovery College, *Journal of Mental Health*, Vol. 33 No.1, pp.92-100.
- Ebrahim, S., Glascott, A., Mayer, H., et al. (2018), Recovery Colleges; how effective are they?, *The Journal of Mental Health Training, Education and Practice*, Vol. 13 No. 4, 209-218.
- Fortin, M.H. (2022), *Fondements et étapes du processus de recherche : méthodes quantitatives et qualitatives* (4th Edition). Chenelière éducation.
- Fusch, P.I. and Ness, L.R. (2015), Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, Vol. 20 No. 9, pp. 1408-1416
- Gomes Chaves, B., Briand, C., Lord, M.M., et al. (2021), Logic model for mental health interventions : the recovery college model in Quebec, Canada, *International Journal of Development Research*, Vol. 11 No. 7, pp.48781-48784.
- Green, J. and Thorogood, N. (2004), *Qualitative methods for health research*. London: SAGE Publications.
- Harris, H., Shier, R., Black, G., et al. (2023), Finding connection “while everything is going to crap”: experiences in Recovery Colleges during the COVID-19 pandemic, *Research Involvement and Engagement*, Vol. 9 No. 1, p.77. <https://doi.org/10.1186/s40900-023-00489-4>
- Haslam, C., Cruwys, T., Haslam, S.A. et al. (2015), Social connectedness and health, *Encyclopaedia of geropsychology*, Vol. 46, No. 1, p. 1-10.
- Hayes, D., Henderson, C., Bakolis, I., et al. (2022), Recovery Colleges Characterisation and Testing in England (RECOLLECT): rationale and protocol, *BMC Psychiatry*, Vol. 22 No. 1, p.627. <https://doi.org/10.1186/s12888-022-04253-y>
- Kaufmann, R., Sellnow, D.D. and Frisby, B.N. (2016), The development and validation of the online learning climate scale (OLCS), *Communication Education*, Vol. 65 No. 3, pp.307-321. <https://doi.org/10.1080/03634523.2015.1101778>
- Kaufmann, R. and Vallade, J.I. (2022), Exploring connections in the online learning environment: student perceptions of rapport, climate, and loneliness, *Interactive Learning Environments*, Vol. 30 No. 10, pp.1794-1808. <https://doi.org/10.1080/10494820.2020.1749670>
- Marshall, C. and Rossman, G.B. (2014), *Designing qualitative research*. SAGE publications.
- Miles, M.B., Huberman, A.M. and Saldaña, J. (2019), *Qualitative data analysis : a methods sourcebook*. Los Angeles: SAGE.
- Mulin, T. (2022) Posture professionnelle. In *Dictionnaire des concepts de la professionnalisation*. De Boeck Supérieur, pp.311-314. <https://doi.org/10.3917/dbu.jorro.2022.01.0311>.
- Newman-Taylor, K., Stone, N., Valentine, P., et al. (2016), The Recovery College: A unique service approach and qualitative evaluation. *Psychiatric Rehabilitation Journal*, Vol. 39 No. 2, p.187-190. <https://doi.org/10.1037/prj0000179>
- Perkins, A.M., Ridler, J.H., Hammond, L., et al. (2017), Impacts of attending recovery colleges on NHS staff. *Mental Health and Social Inclusion*, Vol. 21 No. 1, pp.18-24.
- Perkins, R. and Repper, J. (2017), When is a “recovery college” not a “recovery college”. *Mental Health and Social Inclusion*, Vol. 21 No. 2, pp.65-72.
- Perkins, R., Repper, J., Rinaldi, M., et al. (2012), Recovery colleges, ImROC, Briefing 1”, Centre for Mental Health, available at: [www.centreformentalhealth.org.uk/pdfs/Recovery\\_Colleges.pdf](http://www.centreformentalhealth.org.uk/pdfs/Recovery_Colleges.pdf)
- Rapisarda, F., Macario de Medeiros, J., Briand, C., et al. (2022), Assessing Changes in Anxiety, Empowerment, Stigma and Wellbeing in Participants Attending an Online-Based

- Recovery College in Quebec During the Covid-19 Pandemic: A Pre-Experimental Study. *International Journal of Public Health*, p.67. <https://doi.org/10.3389/ijph.2022.1604735>
- Reid, N., Khan, B., Soklaridis, S., et al. (2020), Mechanisms of change and participant outcomes in a Recovery Education Centre for individuals transitioning from homelessness: a qualitative evaluation, *BMC Public Health*, Vol. 20 No.1, p.497.
- Sommer, J., Gill, K. and Stein-Parbury, J. (2018), Walking side-by-side: Recovery Colleges revolutionising mental health care, *Mental Health and Social Inclusion*, Vol. 22 No. 1 pp.18-26
- Tapp, D.M. (2000), The ethics of relational stance in family nursing: Resisting the view of “nurse as expert”, *Journal of Family Nursing*, Vol. 6 No. 1, pp.69-91. <https://doi.org/10.1177/107484070000600105>
- Thompson, H., Simonds, L., Barr, S., et al. (2021), Recovery colleges: long-term impact and mechanisms of change, *Mental Health and Social Inclusion*, Vol. 25 No. 3, pp.232-242.
- Toney, R., Elton, D., Munday, E., et al. (2018), Mechanisms of Action and Outcomes for Students in Recovery Colleges, *Psychiatric Services*, Vol. 69 No. 12, pp.1222-1229.
- Toney, R., Knight, J., Hamill, K., et al. (2019), Development and evaluation of a Recovery College fidelity measure, *The Canadian Journal of Psychiatry*, Vol. 64 No. 6, pp.405-414.
- Trespacios, J., Snelson, C., Lowenthal, P.R., et al. (2021), Community and connectedness in online higher education: a scoping review of the literature, *Distance Education* Vol. 42, No. 1, pp.5-21.
- Valarino, M., Briand, C., Sauvageau, A., et al. (submitted), Train-the-Trainers: A program designed to support the competencies development of Recovery College trainers. *Mental Health and Social Inclusion*.
- Vygotskij, L.S. (1978), *Mind in society : the development of higher psychological processes*. Cambridge, Ma: Harvard University Press.
- Whish, R., Huckle, C. and Mason, O. (2022), What is the impact of recovery colleges on students? A thematic synthesis of qualitative evidence, *The Journal of Mental Health Training, Education and Practice*, Vol. 17 No. 5, pp.443-454. <https://doi.org/10.1108/JMHTEP-11-2021-0130>
- Wilson, C., King, M. and Russell, J. (2019), A mixed-methods evaluation of a Recovery College in South East Essex for people with mental health difficulties, *Health & social care in the community*, Vol. 27 No. 5, pp.1353-1362. Available at: <https://doi.org/10.1111/hsc.12774>.
- Yoeli, H., Ryan, A., Hensby, C., et al. (2022), Recovery in Mind: A Recovery College's journey through the Covid-19 pandemic, *Health Expectations*, Vol. 25 No. 6, pp.3274-3286. <https://doi.org/10.1111/hex.13635>.
- Zabel, E., Donegan, G., Lawrence, K., et al. (2016), Exploring the impact of the recovery academy: a qualitative study of Recovery College experiences, *The Journal of Mental Health Training, Education and Practice*, Vol. 11 No. 3, pp.162-171. <https://doi.org/10.1108/JMHTEP-12-2015-0052>