Can a Recovery College be implemented online? Multi-perspective case study documenting the process of adapting courses online

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Abstract

Purpose – This study aims to document the process of adapting Recovery College (RC) courses into an online format and assess whether online adaptation meets learners' goals. The study describes the challenges encountered, the strategies deployed, and the factors influencing implementation from the perspectives of four interested parties: coordination team, partners advisory committee, trainers and learners.

Design/methodology/approach – The study adopts a descriptive single-case study design. Several sources of data were collected: focus groups, implementation daybook, meeting minutes, interviews and satisfaction survey. Simple descriptive content analysis was used for all qualitative data, and simple descriptive statistical analyses were used for the online satisfaction survey with learners.

Findings – The results highlight challenges and strategies for adapting content and facilitation, as well as challenges and strategies for respecting RC key principles. Internal, organizational and technological factors have influenced the implementation. Most learners were satisfied with the courses attended and felt that it met their goals. Three overarching aspects of online implementation are discussed based on findings: (1) training and supporting trainers, (2) facilitation and pedagogical methods, (3) ongoing monitoring and feedback to interested parties.

Originality/value – Few studies have focused on implementing Recovery Colleges online. This case study offers insights for organizations pursuing similar initiatives.

Research implications – Findings encourage further research to determine the extent to which online RC courses align with recommended strategies for reducing digital inequalities and implementing digital health interventions.

Keywords Recovery Colleges (RC), online course, implementation challenges, single-case study, mental health education, digital health intervention, co-production

Paper type Research paper

Introduction

Recovery Colleges (RC) are learning centers offering open access to courses on well-being and mental health (Perkins *et al.*, 2012; Perkins and Repper, 2017). RCs have distinctive features, including (a) fostering a co-learning environment that values various types of knowledge (theoretical, clinical, practical, experiential); (b) collaborative course development and delivery by a dyad of trainers (a trainer with experience of mental health issue and a practitioner trainer); (c) involving a diverse group of learners from various backgrounds (e.g. people living with mental health issues and relatives, health practitioners, students, and other citizens) (d) blending and cross-fertilization of knowledge through participatory and active teaching methods and (e) promoting horizontal relationships that are free from judgment (Arbour and Rose, 2018; Toney *et al.*, 2018). The foundational principles of RC rest on the core belief in the equal value of knowledges and human beings, the practice of co-learning and co-production to ensure equal participation of all learners, and the cultivation of bias-free, egalitarian relationships within a safe and inclusive environment (Sauvageau *et al.*, 2021; Doroud *et al.*, 2023).

Scope of Recovery Colleges

The number of RCs has grown significantly over the past decade (Ali *et al.*, 2022; Hayes *et al.*, 2023). Initially established in the United Kingdom, RCs have now taken root in various countries (Ali *et al.*, 2022; Hayes *et al.*, 2023) and have emerged as one of the fastest-growing learning models for mental health education (King *et al.*, 2019). They represent an important marker of the integration of a recovery-oriented approach in the health sector (Shepherd *et al.,* 2014). Existing evaluation data provide evidence that participating in RC courses can bolster wellbeing (Briand *et al.,* 2024; Ebrahim *et al.*, 2018; Stevens *et al.*, 2018; Wilson *et al.*, 2019), empowerment (Durbin *et al.*, 2021; Sutton *et al.*, 2019b; Wilson *et al.*, 2019), recovery-oriented attitudes and practices (Briand *et al.,* 2023; Crowther *et al.*, 2019; Doroud *et al.*, 2023) while mitigating stigma (Ebrahim *et al.*, 2018). Learners can benefit from improvements in self-management (Zabel *et al.,* 2016) and self-confidence (Doroud *et al.*, 2023; Muir-Cochrane *et al.,* 2019; Reid *et al.,* 2020; Sommer *et al.*, 2018; Thompson *et al.*, 2021), as well as in attitudes and relationships with others (Sommer *et al.*, 2018; Reid *et al.,* 2020). Studies have also shown that RCs can enhance work motivation (Briand *et al.*, 2023; Zabel *et al.,* 2016), sense of self-efficacy (Briand *et al.,* 2024; Reid *et al.,* 2020), and quality of mental health services (Sommer *et al.*, 2018; Perkins *et al.*, 2017). From a societal perspective, RCs promote partnership and collaboration (Doroud *et al.*, 2023), lead to greater valuation of experiential knowledge (Sommer *et al.*, 2018; Doroud *et al.*, 2023; Crowther *et al.*, 2019), and attenuate prejudices (Crowther *et al.*, 2019).

Implementation Studies on Recovery Colleges

Several studies have documented RC implementation processes through qualitative research methods (Ali *et al.*, 2022; Dunn *et al.*, 2016; Hopkins *et al.*, 2018) and descriptive approaches (Arbour and Stevens, 2017; Chung *et al.,* 2016; Frayn *et al.*, 2016; McGregor *et al.*, 2014; Meddings *et al.*, 2014b; Zucchelli and Skinner, 2013). These studies highlight implementation lessons across different locations and contexts. Implementing a RC presents significant challenges, as it necessitates adherence to multiple key principles and values, each demanding a shift in established practices (Ali *et al.*, 2022). The study of implementation processes enables a reflection on how to put into action the key principles and values of RC, ensuring quality implementation that produces the expected results. To date, only one published study looks specifically at the process of adapting and implementing RC courses online (McPhilbin *et al.*, 2024). McPhilbin *et al.* (2024) assess how the COVID-19 pandemic affected the operation of Recovery Colleges in England and examine the rapid shift from in-person to online course delivery. The shift to online course delivery is identified by RC managers as an important pandemic-related change (McPhilbin *et al.*, 2024). Similarly, a study by Yoeli *et al.* (2022) stressed the essential role played by online communication and technology in maintaining RCs activity since the COVID-19 pandemic (Yoeli *et al,.* 2022).

The present case study aims to document the process of adapting RC courses into an online format through the perspective of various interested parties, including trainers and learners. To this end, the following questions were considered: What are the challenges encountered, and strategies deployed to ensure online adaptation in line with RC key principles? What factors influence the implementation process? Does online adaptation meet learners' goals? The following table presents key RC principles.

Table 1. Key Recovery College principles (Lefay *et al*., 2025; Perkins *et al.,* 2018)

1.	Educational approach based on personalized learning goals
2.	Collaborative approach based on co-production, co-facilitation and co-learning
3.	Diversity of trainers and learners from different backgrounds, enabling mutual learning
4.	Integration of diverse knowledge that brings together real-life experience, professional expertise and subject expertise
5.	Inclusive approach offering a non-judgmental environment (for everyone)
6.	Recovery-oriented and strengths-based approach (empowerment, hope, personal transformation)
7.	Integrated approach with their community and in partnership with health services
8.	Ecological approach that considers the inter-influence of environmental, social and cultural factors on the individual.

Methods

Study Design

This study was based on a descriptive single-case study design integrating perspectives of different interested parties. The perspectives of the coordination team, the partners advisory committee, trainers, and learners were considered to inform the implementation process from autumn 2020 to autumn 2022. The single-case study design allows for insight into a process and provides an in-depth understanding that can inform potential replication (Paillé, 2007; Yin, 2003).

RC Setting

The study was carried out with the Centre d'apprentissage Santé et Rétablissement (CASR) [Health and Recovery Learning Center], the Quebec's Recovery College. The CASR began its operations in fall 2019. During the pandemic, the CASR moved to a short online course format to reach as many people as possible. Today, CASR is the only completely online RC. CASR is led by a tripartite executive committee (from the health, education and research sectors) and a coordination team formed of representatives from the executive committee. An advisory committee of a dozen partner organizations contributes to CASR steering. CASR offers four terms a year, of 12-15 courses, in October, February, April, and June. Each course lasts 6 hours (three 2-hour sessions). The target group size is 12 to 18 learners, representing various backgrounds (people living with mental health issues, family and relatives, education and health practitioners, managers and administrative staff, university students, and other citizens). Learners are mostly women (84%), with an average age of 44 (21-79) and a high level of education. Three quarters have experiential knowledge and half have clinical knowledge, and 40% received mental health services in the past six months (Briand *et al.,* 2024).

Data Collection

Focus groups, implementation daybook, and meeting minutes were used throughout the implementation process to consider the perspectives of interested parties on challenges, strategies, and influencing factors. Data from an online satisfaction survey and interviews were used to gain insight on learners' satisfaction and goals. Table 2 presents the data collection sources and methods.

Table 2. Data collection sources and methods

Sources	Description of sources	Methods
Coordination team	• Operational and administrative role • Composed of 6 executive committee members, 2 per sector (health, education, research). • Meeting every week	• Implementation daybook • Focus group (n=4)
Partners advisory committee	• Advisory role • Composed of 12 multisector partner organizations • Meeting six times a year	• Meeting minutes of the partners advisory committee • Short focus group (n=8)
Trainers	• Operational role • Composed of 40 certified trainers • Community of practice meeting ten times a year	• Meeting minutes of the trainer's community of practice
Learners	• People who completed at least one CASR course (3 x 2 hours) • Come from various background: people living with mental health issues, health practitioners or managers, peer workers, students or other citizens.	• Online satisfaction survey (n=580) • Interviews (n=25)

Source: Authors own work

Coordination team: A 90-minute focus group was conducted with 4 members of the coordination team. It was held by videoconference and was recorded for full transcription. A semi-structured guide was developed and used for the facilitation. It documented the implementation process, the challenges encountered, and the strategies deployed to overcome them, as well as the factors influencing implementation. The coordination team was encouraged to use concrete examples to illustrate their points. Also, throughout the implementation process, the coordination team had to complete an implementation daybook, to record relevant observations on an ongoing basis.

Partners advisory committee: During the implementation process, six meetings of the advisory committee were held to hear about partners' experience. After each meeting, the coordination team completed meeting minutes and updated the implementation daybook with partners' feedback. Also, a 30-minute short focus group was conducted with 8 members of the partners advisory committee. It

was held by videoconference. A semi-structured guide was developed and used for facilitation. Questions were asked about their expectations and needs as partners, as well as implementation challenges and recommendations. No recording was made to respect the usual format meetings between partners. A detailed summary was preferred.

Trainers: During the implementation process, 10 community of practice meetings were held with trainers. These meetings were used to support them, but also to document the challenges encountered. After each meeting, the coordination team completed a meeting minute and updated the implementation daybook as necessary.

Learners: Eight terms were held throughout the implementation process. Each time, the CASR conducted an online satisfaction survey among registered learners. The survey consisted of 5 likert-type questions (from completely agree to completely disagree) : (1) Overall, I am satisfied with the course I attended. (2) The course met my goals. (3) In my opinion, the course format facilitates participation and interaction. (4) The knowledge gained during the course has been useful to me. (5) I would recommend the course to others. Also, individual interviews (n=25) were conducted with learners (Briand *et al.* 2023). Among the questions asked, one was analysed as part of the current study. This question was examined to complement the data from the satisfaction survey. The complete results of the qualitative analysis of the interviews have been published by Briand *et al.* (2023) and Bellemarde *et al.* (2024).

Data analysis

A simple descriptive content analysis was conducted following an inductive approach. All qualitative data (focus group transcript and summary, implementation daybook, meeting minutes, interview transcripts) were analysed using NVivo 14. Focus group transcript and summary, implementation daybook, meeting minutes were organized in a single Nvivo project. Data from learners were analysed in a separate NVivo project considering the distinct research question. Simple descriptive statistical analyses were used for the online satisfaction survey with learners.

The qualitative analysis was carried out following the Miles and Huberman approach (Miles and Huberman, 2014). The three steps—data condensation, data display, and conclusion drawing and verification—were conducted iteratively by the research team. The lead researcher developed a coding scheme with three themes: challenges, adaptation/strategies, and influencing factors, to pool the perspective of interested parties. Two research professionals coded the material (data condensation and creation of a codebook) and organized the themes in tables (data display). The team

discussed, verified and refined the codebook throughout the process (conclusion drawing and verification). The focus group with the coordination team was coded first because the verbatim transcription provided richer data to develop a comprehensive codebook before examining the implementation daybook, meeting minutes, and partners focus group summary.

Ethical consideration

This project has obtained ethical certification from the ethics committees of the Université du Québec à Trois-Rivières (#CER-20-270-07.01) and the Centre intégré universitaire de services sociaux et de santé de l'Est-de-l'Île-de-Montréal (CIUSSS-EMTL) (#MP-12-2021-2421). All procedures performed in studies involving human participants complied with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Participants who completed survey and individual interview signed an information and consent form.

Results

The results are presented in the order of the research questions: challenges and strategies, influencing factors and learners' satisfaction and goals.

Challenges and strategies

Several challenges and strategies were identified in the implementation process. These will be presented in two thematic categories: challenges and strategies related to adapting content and facilitation for an online format, and those related to respecting the principles of the RC model in an online adaptation.

Challenges and strategies for adapting to the online format

Among the challenges involved in adapting the course to an online format, two main themes emerged from the analysis: (1) adaptation of facilitation and pedagogical methods and (2) adaptation of content. Two main themes were identified as strategies to meet these challenges: (1) providing technological tools and support and (2) adjusting course content and duration. Challenges and their corresponding strategies are presented alternately. These are summarized in Table 3.

Facilitation was an aspect of online adaptation described as being challenging, with a number of apprehensions named. In particular, it was perceived as demanding to keep learners engaged and motivated online. To achieve this, it was necessary to modify pedagogical methods and train trainers in the use of techno-pedagogical tools. It was also necessary to create the same group dynamics as in

the face-to-face format, and to create a learning space that was both welcoming and conducive to dialogue. To meet this challenge, group and individual training workshops were set up to support trainers in online facilitation. A technology support person was also assigned to be present at the start of each course session and was available to assist trainers and learners.

Facilitating a group in-person and a virtual group are not quite the same thing. That too requires skills and support. (…) we'll be organizing a special community of practice [for trainers] on this subject, on facilitation techniques and so on. (…)

(Focus Group, Coordination team)

Fluency in technological facilitation is sometimes difficult, especially for people who are less comfortable with technology. Group training workshops on technological tools and individual support courses [for trainers and learners] have been added.

(Implementation daybook, Trainers)

Adapting courses initially designed to be delivered in person was also a challenging part of the process. Content had to be redesigned to focus on activities that were most suited for an online format. Content adaptation was regularly discussed, and adjustments were made based on feedback from learners and trainers. To enable mutual learning, while keeping learners engaged and motivated, the main strategy was to shorten the duration of the course to three 2-hours sessions and reduce the theoretical content. In an online format, the space for discussion and reflection takes longer to set up and requires a lighter content.

(…) the challenge was to take the content we already had, the dyads and the courses that had already been developed, and say how we could bring them together with a theme that would be more relevant to people in an online format.

(Focus Group, Coordination team)

(…) we had to reduce the number of themes, for example. (…) we'd say "don't put too many themes, put less, leave space for discussion"

(Focus Group, Coordination team)

Some trainers have pointed out that it's better not to have too much theoretical content in training courses, in order to lighten the load (while respecting a balance of the knowledge represented)

(Implementation daybook, Trainers)

Table 3. Challenges and strategies for adapting to the online format

Categories	Themes
Challenges	• Adaptation of facilitation and pedagogical methods • Adaptation of content
Strategies	• Providing technological tools and support • Adjusting course content and duration

Source: Authors own work

Challenges and strategies for respecting the principles of the RC model in an online adaptation

Among the challenges related to respecting the principles of the RC model in an online adaptation, three main themes emerged from the analysis: (1) supporting learners' understanding of the model; (2) ensuring the presence and integration of different types of knowledge; (3) supporting the development of trainer competencies. In order to meet these challenges, three main themes referring to strategies were identified : (1) improving communication and promotion to learners; (2) developing new tools to support the training of trainers (3) setting up continuous evaluation and assessment mechanisms. These are summarized in Table 4.

Learners may find the principles of the RC model difficult to grasp. RCs are based on a non-traditional training model in which active participation, experiential knowledge sharing, and co-production are important to ensure effectiveness. Better communication strategies to explain the model to learners have been put in place, both during training promotion and to registered learners. At the start of each course session, a reminder of the principles, in the form of a video and by the trainers, was offered.

Ensuring that the RC model is well understood by learners from the very first training session [and] get people to open up and change their posture, to be less formal [are challenges...especially online].

(Implementation daybook, Trainers)

(...) people who are more used to traditional masterly training models [where] you intervene a little but not that much, it's really a paradigm shift (...) preparing people for this [RC] training ahead of time [is important]. We'd like to have had ambassadors, people in the healthcare sector who have taken RC courses, and for them to tell others about it. (...) we could [also] make a promo video (...)

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Ensuring the presence and integration of different types of knowledge (theoretical, clinical, practical, experiential), particularly the equal place of experiential knowledge, represents another challenge. This key principle of the RC model requires particular attention, as it is the basis of the co-learning model. This challenge was addressed through communication and promotion strategies to recruit learners with experiential knowledge, as well as by supporting trainers in developing facilitation skills centred on co-learning.

For me, what pops right away is the space for co-learning and knowledge integration. It's been a challenge, I think, for most people [and even more online].

(Focus Group, Coordination team)

(...) What strategies for the next sessions to ensure the diversity of knowledge [and representation of experiential experience]? Better solicitation of partners in contact with patient-partners; specific communication strategy for patient-partners; setting up a mentoring system between patient-partners to support motivation [and participation].

(Implementation daybook, Partners advisory committee)

How can we get learners to be more active in their comments and participation? We suggest : challenging learners regularly, asking them to improve content rather than commenting on it (...)

(Implementation daybook, Trainers)

In the context of adapting online courses, it has been more difficult for trainers to remain open to facilitating a variety of courses, in collaboration with a new co-trainer. Mastering the online format required a lot of energy to feel comfortable with both the adjusted content and the new pedagogical methods. For some, it takes time to acquire the flexibility and versatility required. New tools have been developed to support the training of trainers and help them regain a sense of competence: communities of practice, support meetings, and self-reflection tools for competency development.

(...) I'm among trainers who've worked with different dyads, even given different content. I find that it reinforces my fundamental principles of the RC model (...) I've been shaken because I have to adapt to a new person, to new content (...) It's really formative to do that.

(Focus Group, Coordination team – experienced trainer)

[We must] identify the community of practice as a form of ongoing training, and consider it a priority in the trainers' process, enabling them to evolve and enrich their practice. (...) always relying on the

competencies template [self-reflection tools for competency development]. (...) This document is the basis of our training practice.

(Implementation daybook, Trainers)

Setting up continuous evaluation and assessment mechanisms has also helped to support the development of trainers' competencies. The results of the satisfaction survey, together with feedback from trainers and partners, enable the coordination team to better support trainers in responding to learners' needs.

The aim [of the satisfaction survey] is to see what our learners retain, what they think (...) to see where we can improve to increase satisfaction. (...) And sometimes there are comments that aren't positive, and that forced us to reflect (...) [it was] even a support tool for the continuous training of trainers.

(Focus Group, Coordination team)

Table 4. Challenges and strategies for respecting the principles of the RC model in an online adaptation

Categories	*Themes*
Challenges	• Supporting learners' understanding of the model • Ensuring the presence and integration of different types of knowledge • Supporting the development of trainer competencies
Strategies	• Improving communication and promotion to learners • Developing new tools to support the training of trainers • Setting up continuous evaluation and assessment mechanisms

Source: Authors own work

Influencing factors

Several influencing factors were identified and categorized as internal (i.e. related to individuals), organizational or technological. They are presented in the Table 5.

Internal : Two themes were identified as internal factors : (1) trainers' know-how and interpersonal skills; (2) low level of technological literacy and inexperience. Trainers' know-how and interpersonal

skills were recognized as enabling. However, low levels of technological knowledge and inexperience made the delivery of online courses more difficult.

Factors that facilitated implementation: Openness, listening, flexibility.

<div align="right">(Meeting minutes, Trainers)</div>

Extraordinary trainers, great representation of diversity, wonderful respect for participants
(...) Online model demonstrates relevance. Mastery of tools not 100%, but said by the trainers.

<div align="right">(Focus Group, Partners advisory committee)</div>

Well, there are trainers who have never used Zoom in their lives, and learners in the same situation so we can't set the bar too high either.

<div align="right">(Focus group, Coordination team)</div>

Organizational : Two themes were identified as organizational factors, relating to CASR organization: (1) research integrated into the implementation and impact evaluation process; (2) growth management. Integrated research brought with it some constraints, but above all opportunities to access evaluation results as implementation progressed. Also, some members of the research team were trainers, enabling them to fully capture the experience. This enhanced the ability to provide support to trainers effectively, and to develop tools for self-reflection and competency development. That said, managing the growth of RC has influenced the online adaptation which was taking place at the same time. The increased demand quickly had to be coordinated with training schedules, the training of trainers for online adaptation, all while respecting research requirements.

(...) as we are completely integrated into a research project, it also brings its challenges, but it also brings its opportunities. (...) because research brings feedback, evidence, concrete results.

<div align="right">(Focus Group, Coordination team)</div>

(...) in the team [research team], we have several who have become trainers (...) [that way] we could have different roles which allow us to have this perspective and to support better afterwards.

<div align="right">(Focus Group, Coordination team)</div>

Technological : Two themes were identified as technological factors: (1) advantages of access through videoconferencing and (2) technical problems and constraints of the Zoom platform. Despite the requirement to adapt to an online format, the use of videoconferencing has increased course accessibility. Many people took part because it was available online. That said, the use of an online platform sometimes leads to technological problems and constraints.

I think some people would never have come to our training if it hadn't been online. We reach very busy people in the health network who would never have traveled, who wouldn't have been able to during COVID, and people from remote areas.

(Focus Group, Coordination team)

Easier time management via Zoom vs in-person training. Virtual mode makes training accessible to more people.

(Meeting minutes, Trainers)

Table 5. Influencing factors

Categories	*Themes*
Internal Factors	• Trainers' know-how and interpersonal skills • Low level of technological literacy and inexperience
Organizational Factors	• Research integrated into the implementation and impact evaluation process • Growth management
Technological Factors	• Advantages of access through videoconferencing • Technical problems and constraints of the Zoom platform

Source: Authors own work

Online adaptation, satisfaction and learners' goals

In total, 580 learners completed the online satisfaction survey during the implementation process. Findings from the satisfaction survey reveal that 88% of respondents were satisfied with the course they attended. Also, 77% indicated that the courses met their goals, while 81% declared that the

knowledge acquired during the courses was useful. The findings from the interviews are consistent with the results of the survey. Learners expressed that online RC courses generally met their goals: acquiring and applying new knowledge; validating existing knowledge; sharing and exchanging various types of knowledge; acquiring personal skills/competencies; and expanding network of contacts. These results are detailed in Table 6 and Table 7.

Table 6. Results of the online satisfaction survey (n =580)

Statement	Completely agree	Agree	Neither disagree nor agree	Disagree	Completely disagree
Overall, I am satisfied with the course I attended.	52%	36%	5%	4%	3%
The course met my goals.	40%	37%	12%	8%	3%
In my opinion, the course format facilitates participation and interaction.	58%	32%	4%	3%	3%
The knowledge gained during the course has been useful to me.	46%	35%	10%	6%	3%
I would recommend the course to others.	48%	33%	11%	5%	3%

Source: Authors own work

Table 7. Goals identified by learners

Themes of goals	*Quotes*
• Acquiring and applying new knowledge • Validating existing knowledge • Sharing and exchanging various types of knowledge	*(...) it was really about learning new knowledge (...) to know if there were ways to help people in a practical way* *To deepen my knowledge (...) to exchange, knowing that there the 3 types of knowledge in the Recovery College.*

• Acquiring personal skills/competencies	*(...) It was more about developing tools to remotivate me at work*
• Expanding network of contacts	*It was making contact with other human beings (...) with other people who were living the situation, who were living situations like me.*

Source: Authors own work

Discussion

This single-case study documents the adaptation of RC courses to an online format by examining the experience of interested parties involved in a Quebec-based RC. The strategies, challenges and influencing factors identified allow highlighting three key aspects for the online implementation of a RC: training and support of trainers; facilitation and pedagogical methods ; and ongoing monitoring and feedback to interested parties. Focusing on these three aspects contributes to the development of a course curriculum and learning environment that is both adaptable to the online format and compliant with the principles of the RC model.

First, the results underline the importance of training and support for RC trainers. The adaptation of online RC courses was made possible by training the trainers in the use of techno-pedagogical tools and offering them continuous support to regain a sense of competence in a context of adjustment to new technologies and facilitating methods. The CASR has developed a train-the-trainer program in collaboration with the research team to support the development of trainers' competencies and their understanding and application of the RC model's key principles (Vallarino *et al.*, 2025). This process includes training modules, personalized follow-up and support meetings, a community of practice, and self-reflection tools. Several studies on RC implementation also emphasize the importance of training and support for RC trainers (Hopkins *et al.,* 2018; Chung *et al.,* 2016; Zuchelli and Skinner 2013; McPhilbin *et al.,* 2024). Notably, McPhilbin *et al.* (2024) has described the process of shifting to online courses as resource-intensive insofar as new skills and equipment are required.

Secondly, the results draw attention to the importance of facilitation skills and pedagogical methods in maintaining an egalitarian and interactive learning environment. The trainers' community of practice (and other technology support) has provided essential guidance to adapt facilitation and pedagogical methods to foster active participation, mutual learning, and the sharing of experiential knowledge online. As McPhilbin *et al.* (2024) point out, the shift to online courses raises challenges, including issues related to active learner engagement, digital poverty, and technical difficulties. The strategies identified in their study, such as using online breakout rooms, assigning technical support

persons, and offering opportunities for trainers to familiarize themselves with videoconferencing platforms, align with those discussed in the present study.

Ongoing monitoring and feedback from and to interested parties is the third implementation aspect stemming from the results. The results suggest that understanding the RC training model and operationalizing its principles is an evolving process for all interested parties. While the challenges and strategies concerned with respecting the principles of the RC model are not unique to online adaptation, they were particularly demanding in this context. Hopkins *et al.* (2018) describe the implementation of Recovery College as an iterative process, driven by trial and error. The online adaptation of RC courses resulted from experimentation and gradual refinement in close collaboration with all interested parties. By having regular monitoring and feedback, interested parties enrich their understanding of the model and contribute to its improvement. Monitoring and feedback can help to notice and negotiate tension between perspectives (Ali *et al.*, 2022; Hopkins *et al.*, 2018).

The results show that online courses can reach the goals of many learners. This concurs with some of the finding of Yoeli *et al.* (2022), who report that online RC courses help learners achieve goals such as reducing stress and anxiety, boosting self-confidence, and reinforcing prior learning. The results also support improvement in accessibility (Yoeli *et al.,* 2022; McPhilbin *et al.,* 2024).

Research implications

This case study on the online implementation of a RC has three main implications for practice and research. First, the findings underscore that future online RC initiatives should ensure that interested parties are adequately supported and trained to use the necessary technologies to offer or participate in online RC courses. Considering the principles of the RC learning model, such as diversity and inclusivity, and the challenges associated with technology use, it is essential to mitigate digital poverty and potential digital divide by providing adapted support (McPhilbin *et al.,* 2024).

Second, future online RCs should employ facilitation strategies and tools to encourage co-learning and dynamic group interactions in an online setting, and prioritise short formats with breakout room activities. Learners' engagement has been identified as an indispensable component for both the effectiveness of digital health interventions and RC courses (Gan *et al.*, 2021; Saleem *et al.*, 2021; McGregor *et al.*, 2014). The study suggests prioritising active pedagogical methods, including techno-pedagogical tools, to foster engagement.

In the context of the rapid digitalisation of health and education, this case study lays the foundations for further investigation into how the online RC model aligns with recommended strategies for reducing digital inequalities and for implementing efficient digital health interventions (Richardson *et al.*, 2021). The experience portrayed in this case study suggests that the distinctive features of the RC model, such as collaborative course development and delivery, participatory and active teaching, and egalitarian learning space, could make online RC a promising form of online intervention.

Limits and futures perspectives

The content analysis of several sources led to the challenge of categorizing ideas into common themes and sub-themes in the coding process. This situation may have hindered the precision of the themes in favor of an overall representation of the ideas from the various sources. Also, although this study proposes a case study with multiple data sources to ensure validity of the results, the results may not be generalizable to all contexts. Replication of the study would be necessary to deepen understanding of the challenges of online implementation. Future research could explore how challenges, strategies and influencing factors evolve, to determine whether some challenges are unique to the early stages of implementation and can be effectively addressed through adequate strategies (Ali *et al.*, 2022).

Further attention should be given to comparing implementation challenges between online and in-person formats, as many challenges identified in this case study appear to be related to the RC model itself. Given the proven effectiveness of the RC learning model in studies across various countries and the complexity introduced by its innovative nature, conducting multicenter international studies would help consolidate current knowledge and develop accurate guidelines for the effective implementation of RC (Briand *et al.*, 2025).

Conclusion

The results suggest that it is possible to adapt RC courses online while respecting the model's key principles. The implementation of online RC requires consideration of three important aspects: training the trainers, facilitation and pedagogical methods, and ongoing monitoring and feedback from and to interested parties. The results invite further discussion on the development of online RC, the development of trainers' competencies and the operationalization of the key principles of RC. The rapid digitalisation of health and education also encouraged continued research in the field.

Acknowledgments

Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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