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Issues in Self Help Agency Research

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The mental health client self-help movement is one of the most significant new mental health service efforts (WHO, 1989). The Center for Self-Help Research's collaborative study with NASMHPD shows that 46 states are funding 567 self-help programs for persons with severe mental disabilities (NASMHPD, 1993). Among these programs are self-help agencies, which include independent living programs that help members access material resources and gain practical skills; and drop-in community centers that provide a place for members to socialize, build a supportive community and get advocacy and a gamut of independent living services (Zinman, 1987).

These agencies are distin-

guished from self-help groups that treat the individual as the locus of needed change in that they often have a parallel focus on efforts directed towards changing social conditions (Emerick, 1989) For example, many self-help agencies set up to assist poverty-stricken ex-patents reflect the belief that members' problems result from social and economic inequities, but that members must take individual responsibility for making changes in (their own lives and reforming social structures. These agencies may offer mutual support groups as well as material resources to members. They also promote the involvement of members in policy-making structures that affect their lives: boards of directors of non-profit social services agencies, local mental health advisory commissions, state mental health planning agencies, and so forth.

Such agencies seem to be offering the social and psychological package of services unfunded and missing in mainstream mental health programs. Results of our recent study of 311 long-term users of such organizations in the San Francisco Bay Area indicate that during a six month assessment period, basic resources from the self-help agency were received by the following percent of sample members: food (26.3%), bus pass (28.8%), place to shower (20.9%), clothing (36.4%), mailing address (42.7%), personal items (18.4%), housing (34.2%), storage (22.1%), employment (20.6%), help in finding a job (24.1%), help with rent (17.4%), and service information (38.9%). Further, African Americans in the sample were significantly less likely to receive each of the aforementioned resources from any service outlet outside the self-help agency. They were, however, significantly more likely to receive all such supports form the self-help agency.

This expansion of consumer activity into direct service provision gives rise to a large number of questions that are appropriate for investigation in the context of research and evaluation on mental health services and policy. Several of these questions are directed towards individual characteristics and outcomes of self-help agency members, including staff and volunteers. Others address organizational strategies and process; and others are related to the role of self-help agencies within the larger

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spectrum of community-based mental health services.
We mention only some of the most critical questions.

Individual characteristics and outcomes:

1. How many people use self-help agencies as a complement to the traditional mental health services? Is the population of users growing? Changing?

2. Are mentally disabled individuals who eschew traditional mental health services attracted by and effectively served by such self-help agencies?

3. When do clients of self-help agencies utilize their services as adjuncts to traditional mental health services? When do they use them in place of professional services?

4. Are self-help agency members who obtain volunteer or paid work within these agencies able to make a successful vocational adjustment in competitive work settings?

Organizational strategies and process:

5. When do the original values of self-help agencies come into conflict with the increasing requirements to formalize their services? How do members of these organizations reconcile these conflicts? For example, how do their data collection and reporting requirements of funding contracts affect the structure and quality of service delivery in self-help agencies?

6. How do self-help agencies reconcile their own internal administrative problems?

   a. How do they deal with the issue of providing disability-related reasonable accommodations for their staff and volunteers?

   b. Are certain problems endemic to self-help agencies or are the problems they experience similar to those of other voluntary organizations? If there are differences, are they because of the psychological disabilities or perhaps poverty of their members and leadership?

Self-help services within community-based service delivery systems:

7. Is usage of self-help agencies continuing to grow? If so, are cutbacks in professional public-sector human services in fact related to an increase in the numbers of people seeking assistance from self-help agencies? How does the increased demand for self-help have an

impact on existing self-help agencies?

8. Do "peer-based" services provided by consumer staff in mainstream mental health agencies differ in content or outcome expectations from peer support provided in self-help agencies?

9. As self-help agencies become more "empowered" within their communities as service providers and change agents, what institutions or organizations, if any, are required to give up power in the process?

10. As systems of "managed care" are instituted in local mental health services, will self-help agencies become a part of or remain separate from such systems?

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