Self-Help and Peer Support

Sally Zinman

Introduction

In the 1960's and 70's, social change movements were part of our culture. Inspired by the African-American civil rights movement and civil unrest and resistance, women, gays, and physically disabled people organized for social change. Within this atmosphere, in the early 1970's, was born the modern mental health consumer/survivor movement, at the time usually described as the mental patients liberation movement.

Not coincidentally to the rise of this movement, at this time the big state hospitals across the country were being shut down and new laws limiting involuntary commitment and its duration were being instituted. Anecdotally, people who had been locked up in these mental hospitals began meeting together in groups outside of the hospitals. These former "patients" shared their feelings of anger at their abusive treatment and hope for independent living in the community. Their peers validated their feelings. From these isolated groups across the country, a new civil rights movement was born. It was predicated on the aspiration for personal empowerment and freedom, and systemic change.

Ideas

All within context of a civil rights movement for people diagnosed with mental illness

- Against Forced Treatment – today conceptualized as self-determination and choice
- Against Inhumane Treatment – medications, ECT, lobotomy, seclusion and restraints. Human rights in the mental health system remains a principle today.
- Sanism – today conceptualized as fighting stigma and discrimination
- Anti-Medical Model verging on anti-psychiatry – today conceptualized as prioritizing holistic array of services that meet needs of person – housing, employment, income, friends, etc
- Involvement in every aspect of mental health system – remains the overarching principle of consumer movement, *Nothing About Us Without Us.*
- **Emergence of concept of mental patient run alternatives to mental health system**

Activities

- Small groups, mostly on two coasts, militant names, e.g., Network Against Psychiatric Assault, Insane Liberation Front, Mental Patient Liberation Front
- Self and group information and education
- Support, consciousness raising groups
- Madness Network News –news vehicle for communication

From these essentially peer run education, advocacy, and support groups, grew consumer run groups/programs.

Self-Help Programs Grow

- Drop- In Centers were among the first funded self-help programs:

  On Our Own (Baltimore, Maryland) – 1983

  Berkeley Drop-In Center - 1985

  Ruby Rogers Drop-In Center (Massachusetts) – 1985

  Oakland Independence Support Center - 1986

- Around 1983, Community Support Program (NIMH) designated self-help programs as essential components of a model mental health system. In 1988, CMP funded 13 demonstration self-help programs in the country. Alameda County Network of Mental Health Clients was one of them.

- In 2004, the MHSA promoted the growth of self help groups throughout California: (Section 7, 5813.5 (d) Planning for services shall be consistent with the philosophy, principles, and practices of the recovery Vision for mental health consumers: (2) To promote consumer-operated services as a way to support recovery.)

- A listing of self help groups took up one page of Madness Network News . Today there are thousands across the country, and three federally funded national technical support programs to support them. Programs range form drop-in centers, recovery wellness centers, stigma busting groups, housing projects, patients rights programs, advocacy programs. " Self help groups can take many different forms; its parameters are limited only by the desires, energy, and possibilities of its members." (*Reaching Across: Mental Health Clients Helping Each Other.)*

On Our Own

Patient-Controlled Alternatives to the Mental Health System

Judi Chamberlin, 1978

Principles of patient controlled services – seen as alternatives to the mental health system – formalized for the first time in 1978 book. Pp 150-151.

1. The services must provide help with needs as defined by the clients;
2. Participation in the services must be completely voluntary;
3. Clients must be able to choose to participate in some aspects of the service without being required to participate in others;
4. Help is provided by the clients of the service to one another and may also be provided by others selected by the clients. The ability to give help is seen as a human attribute and not as something acquired by education or professional degree;

5 Overall direction of the service, including responsibility for financial and policy decisions, is in the hands of service recipients;

6 Clients of the service must determine whether participation is limited to ex-patients or is to be open to all. If an open policy is decided upon, special care must be taken that the non patients do not act oppressively toward ex-patients. ----;

7. The responsibility of the service is to the client, and not to relatives, treatment institutions, or the government. Information about the client must not be transmitted to any other party without the consent of the client, and such information must be available to the client.

Reaching Across: Mental Health Clients Helping Each Other, eds. Howie T Hrap, Su Budd and Sally Zinman, 1988

Reaching Across Principles

- Self help groups are totally self-defined: client controlled. All the major, minor and in between decisions about the group are made by the members;

- Self help groups are totally voluntary, that is, besides being based on the self determination of the group, they are predicated on the self determination of the individual;

- Self-help groups strive to share power, responsibility, and skills. They seek as much as possible a horizontal, non-hierarchical relationship of equals;

- Whether a self-help groups believes in the medical model explanation of problems of living or not, or promotes no formal explanation, it does not treat people as diagnosis and labels, but rather as human beings with real life needs.

Why Self Help Groups Work

from *Reaching Across: Mental Health Clients Helping Each Other*

- We learn control over our lives by exercising control over our lives and services. We learn independence, by practicing/being independent;

- In client-run programs, we see other clients in positions of responsibility, as role models, and thus have more confidence in our own capabilities;

- In self help mutual support groups, we no longer feel alone. --- Through the support of a peer group, we gain inner strength and power to help ourselves do what we want with our lives, to fight back. In numbers there is strength, for individual strength comes from feeling part of the supportive larger group;
- By dealing with people non-medically, emphasizing survival needs and needs of friendship and community, client-run programs offer the physical and spiritual supports without which there is no independent living nor “mental health”.

Opportunities/Challenges of Growth

How do we maintain our principles as we grow?

- Having developed Boards of Directors, personnel and personnel policies, how can we maintain the non-hierarchical structure of peer run services and the inclusive nature of these services?
- As consumer run Wellness Recovery Centers are being developed, how can we maintain the social and rehabilitative nature of self help programs and resist medicalization?

- In need of funds, should we promote medi-cal reimbursement for peer support services?

- As we partner more and more with the mental health system, how can we maintain the integrity of self-help programs? How can we or should we maintain the "alternative" nature of self help?

"When an informal group becomes a formal program, the pressures to become exactly like the traditional system can be significant. Each group/program must decide where to draw the line between their roots and organizational needs. ---- We must stay true to our roots or we will *defeat the purpose* of our programs. Separate a tree from its roots and it will surely die. Stay connected to our roots and we will live long and prosper."

Reaching Across 11: Maintaining Our Roots/The Challenge of Growth, ed. By Howie T Harp and Sally Zinman, 1994.