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Self-Help Groups and Mental Health/Substance Use Agencies: The Benefits of Organizational Exchange

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Self-help groups benefit clients by linking them to people who have "been there" and are successfully coping with their situations. Mental health/substance use agencies can increase access to evidence-based benefits of self-help groups by engaging them in organizational exchanges. Organizational theories are used to frame beneficial exchanges with self-help groups. Adaptational theory is used to frame exchanges with self-help groups and various service agency subunits, e.g., board, practitioner, and client units. Institutional theory is used to frame joint agency/self-help initiatives to promote community acceptance of self-help groups, which in turn may enhance the credibility of the professional agency.

Keywords organizational exchanges; self-help groups; 12-step groups; mutual help groups; peer support; mental health consumers; substance use disorders; psychiatric disabilities; recovery

Introduction

The significance of self-help services has been documented in epidemiological surveys (Goldstrom et al., 2006; Kessler et al., 1999; Narrow et al., 1993). Some 18% of the population uses self-help services over the life course, and approximately 50% of these self-help users also use professional services (Kessler, Mickelson, and Zhao, 1997). Self-help users participate in more than 6,000 mutual support groups and self-help organizations (Goldstrom et al., 2006). Self-help groups have been found to benefit persons with alcohol and other drug disorders (Humphreys, 2004; Moos, 2007), mental health consumers (Davidson et al., 1999; Kurtz, 1988), persons with co-occurring mental health and substance use disorders (Magura, Laudet, Mahmood, Rosenblum, and Knight, 2002; Mueser, Noodsy, Drake, & Fox, 2003; Rachbeisel, Scott, and Dixon, 1999), the family members of all such people (Cook, Heller, and Pickett-Schenk, 1999; Norton, Wandersman, and Goldman, 1993), as well as those with a variety of other general medical conditions (Lieberman et al., 2005; Murray, Burns, See-Tai, Lai, and Nazareth, 2005). In a

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systematic review Pistrang, Barker, and Humphreys (2008) concluded that there is limited but promising evidence that self-help groups are useful to people with severe mental illness, depression and anxiety, and bereavement issues. In relation to substance use problems, studies have found that self-help groups are associated with better outcomes and are a useful adjunct to professional treatment (Allen et al., 1998; Moos and Moos, 2004; Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2008).

The relevance of self-help groups for treating a broad range of conditions has been discussed widely (e.g., Chappel and DuPont, 1999; Fiorentine, 1999; Magura, 2007; McKay et al., 1998; Vogel, Knight, Laudet, and Magura, 1998; Witbrodt and Kaskutas, 2005). Yet, mental health and/or substance use (M/SU) treatment agencies[1] have done little to initiate exchanges with self-help groups (Salzer, Rappaport, and Segre, 1999; Stewart, 1990), though self-help groups have engaged in outreach (e.g., 12-step local service committees). Not surprisingly, the literature provides scant guidance about how agencies might engage in the collaborative exchange of resources. The purpose of the current article is to address this gap by presenting a conceptual framework and related practical actions that M/SU agencies can take to initiate mutually beneficial exchanges between themselves and self-help groups.

Organizational theory can serve to help understand and develop strategies for making more effective exchanges. An open-system conceptual framework, derived from organizational theory, will be used to develop exchanges. Within the open systems framework, the adaptive perspective will focus on the benefits associated with exchanges between self-help groups and various structural units of M/SU agencies, i.e., governing boards, managers, and direct-service staff. The institutional perspective, also derived from this framework, will suggest ways in which M/SU agencies and self-help groups can interact with the larger community. In joining together to interact with governmental, health, employment, and religious institutions, M/SU agencies and self-help groups can increase the acceptance and effectiveness of both professional and self-help organizations.

Self-Help Groups and M/SU Services

Self-help members interacting with one another can affirm the value of agency-based professional services as well as complement them (Hodges, Markward, Keele, and Evans, 2003). Persons who have "been there" can help people become more accepting and effective users of professional services (Koop, 1991; Schacter, 1959; Stewart, 1990). Self-help members can also offer practical, experientially based guidance that is not typically part of professional services (Norcross, 2006). Moreover, ongoing self-help participation provides a unique opportunity to give help as well as receive help—an experience that has been linked to benefits such as better psychosocial adjustment and increased longevity (Brown, Nesse, Vinokur, and Smith, 2003; Roberts et al., 1999). Thus, self-help can have an additive effect for those who concurrently participate in formal treatment and self-help (Fiorentine and Hillhouse, 2000). As an ongoing resource for information, support, and behavior change, self-help also has the potential to preserve and extend the gains produced by professional services (Lotery and Jacobs, 1994; Magura, 2007; T. J. Powell, 1990; Wituk, Shepherd, Slavich, Warren, and Meissen, 2000).

However, self-help groups are heterogeneous entities, going by different names (e.g., mutual help, mutual aid, support groups, 12-step groups, and fellowships), assumptions, structure, and typical activities. Some assume the problem resides in the individual, e.g., 12-step groups; others assume the problem resides in society's lack of acceptance, e.g.,

[1]Throughout the article, the acronym M/SU refers to "mental and/or substance use," following the practice of the Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders (2006).

lesbian, gay, bisexual, transgender, and questioning (LGBTQ) groups; still others assume that the problem resides in both the individual and the society, e.g., National Alliance on Mental Illness (NAMI; Sagarin, 1969). Some self-help groups have national and local affiliate structures, e.g., Depression and Bipolar Support Alliance (DBSA) and Recovery International, whereas others operate as unaffiliated local groups. Some have well-defined formats, e.g., 12-step and GROW groups, while others are less prescribed, e.g. NAMI and DBSA. Even 12-step groups differ in their levels of cohesion and expressiveness and in the emphasis given to various steps (Magura, 2007; Tonigan, Ashcroft, and Miller, 1995). Self-help groups also differ in the value placed on professional and experiential knowledge (Schubert and Borkman, 1991). Collaborative exchanges must be tailored to these and other differences at the local level.

In addition, M/SU professionals should understand that not all "self-help" entities are sufficiently self-governing or autonomous to engage in collaborative exchanges. Agency peer-support programs such as the Vet to Vet program of the Department of Veterans Affairs (see Barber, Rosenheck, Armstrong, and Resnick, 2008) can be an important adjunct service within a professional services organization. At the same time, it is important to note that their exchange potential may be limited by their dependence on the host organization. Professionally facilitated self-help groups, in general, tend to rely less on the experiential perspective (Salem, Reischl, and Randall, 2008; Toro et al., 1988). Thus, independent of their level of effectiveness, professionally facilitated groups are less likely to embody the idea that self-help is about helping *ourselves*, with *ourselves* being a reference to those who share common experiences, identities, and challenges (Powell, 1995). Consequently, when self-help groups are dependent on professional agencies or are founded on a weak base of experiential knowledge they have less to offer in organizational exchanges (W. W. Powell, 1990). And while many self-help groups do not refer to themselves as organizations, their multiple aims and differentiated structures render them well suited to organizational analysis (Hasenfeld and Gidron, 1993; Wituk, Wu, Brown, and Meissen, 2008).

Self-Help Groups as Open Systems

The open-system framework holds that organizations are incomplete and dependent on exchanges with the environment (Shafritz and Ott, 2005). Organizations are conceived as processes in exchange with the environment rather than self-contained or self-sufficient entities (Scott, 2003). Two theories derived from this framework offer distinctive insights about the benefits associated with organizational exchanges. Adaptational theory focuses on the benefits associated with exchanges in the immediate network between self-help groups and M/SU agencies (Scott, 2003). Institutional theory focuses on the benefits associated with exchanges between organizations in the larger community such as those in the areas of health, religion, education, and government (Scott, 2001). Institutional theory suggests that when M/SU agencies partner with self-help groups to interact with this larger community they can enhance their own acceptance as well as legitimize self-help groups (Schmid, 2004).

The importance of the external environment is evident in a study of voluntary social service organizations that listed them in a directory of approved agencies. This legitimacy-enhancing action was more strongly associated with organizational survival than with efforts to strengthen their internal operations (Singh, Tucker, and House, 1986). This suggests that M/SU agencies should be wary of becoming involved in internal self-help matters such as structural realignments or modifications of the decision-making processes. Instead M/SU agencies should consider partnering with self-help groups to enhance their environmental legitimacy and to decrease their vulnerability to environmental events such as fluctuations in funding or changes in the leadership structure of the network.

The external environment must be attended to by even the sturdiest self-help organizations. Through a variety of informal means, Alcoholics Anonymous (AA) must attract members to meetings. Even when there is ambivalence and suspicion on both sides, AA must work, albeit informally, with professional providers and their agencies to solicit their cooperation (Kurtz, 1985). In addition AA must encourage key community actors such as health care providers, employers, union representatives, and religious leaders to see it as an effective resource. Other self-help groups with less name recognition will need to interact even more attentively with their environments if they are to survive (Chinman, Kloos, Maria O'Connell, and Davidson, 2002). Only in this way can they successfully recruit members and promote community awareness—tasks that are so burdensome that they are frequently cited in the burnout of self-help leaders (King, Stewart, King, and Law, 2000; Meissen, Gleason, and Embree, 1991).

The insights of the open-system model are especially relevant to the challenges facing local groups. Local self-help organizations are not mini versions of their more stable national counterparts. Many are in a precarious state and struggle to protect themselves from the environmental turbulence or instability that comes with changes in agency leadership, funding priorities, and service priorities. Most also contend with the liabilities of newness and smallness—factors that have been negatively associated with organizational survival (Baum, 1996). The challenges are formidable even for those shielded by affiliation with national organizations (Maton, Leventhal, Madara, and Julien, 1989). Still the affiliates of established national organizations such as the NAMI or widely accepted 12-step organizations such as AA and Narcotics Anonymous (NA) struggle to maintain viable programs at the local level.

Adaptational Theory

According to adaptational theory, the challenges facing organizations can often be best met by strategic exchanges with other organizations. This is especially true of small, new, or unstable organizations operating in turbulent or chaotic environments. Organizations can reduce environmental dependence and uncertainty by linking with other organizations and the structures within them (Hannan and Freeman, 1989). Consequently, M/SU agencies should consider fostering adaptive exchanges with self-help groups at all levels of their organization, namely, the board, executive, provider, and client levels.

Board-Level Initiatives. Ideally, M/SU agency boards set the tone for positive organizational exchanges between self-help groups and organizations. Therefore the board should include empowered and visionary self-help leaders. Agency boards are no place for the go-it-alone or the neophyte self-help member. Rather boards must recruit self-help leaders who are identified with established self-help groups or organizations. In the absence of strong self-help connections, consumers/self-help members are at risk of being ignored and marginalized. Conversely agency boards having strong connections can analyze policy issues from a variety of self-help perspectives (Wituk, Shepherd, Warren, and Meissen, 2002).

Executive-Level Initiatives. Executives can reach out to self-help groups, designate liaison staff, and invite self-help organizations to create formal ties. Such actions pave the way for an educational program for M/SU agency staff. Continuing education or professional development programs should include regular exposure to self-help representatives in a variety of roles, such as speakers at agency meetings or as panel participants. Occasionally, executives may also find it possible to arrange a simulated support-group meeting, which can be enlightening.

Executives should ensure that agency-based continuing education programs allocate time for visits to self-help groups based on a rationale similar to the one that makes time available to participate in interagency coordination meetings. The purpose of self-help visits, it should be understood, is not merely to observe meetings but to become familiar with the culture of the group and to cultivate relationships with contact persons. Naturally staff should respect norms about closed meetings and be transparent in their role as agency representatives.

In keeping with the idea that self-help groups are part of an organization's environment, executive- or management-level staff should consider representing them in the structure. An office of "self-help, support, and advocacy groups," for example, would be a powerful signal of the value attached to exchanges with self-help groups (Hannan and Freeman, 1989). Job descriptions, even for part-time positions, would reinforce the importance of this new way of enacting the environment (Hatch and Cunliffe, 2006). Such initiatives would be supported by a line of research showing that successfully adapting organizations design their structures to mirror their environment (D'Aunno, Sutton, and Price, 1991; Donaldson, 2001). The establishment of an office, however, must avoid misunderstanding; M/SU agencies need to be clear that self-help groups do not exist for their use. In addition, M/SU agencies must be careful to keep their own cooptation tendencies in check. Indeed M/SU agencies must be on the side of self-help groups in resisting cooptation by any outside organization, for when self-help groups are coopted or taken over by professional agencies, they forfeit their credibility as self-help organizations distinctively qualified by their experiential knowledge (Salem et al., 2008).

Practitioner-Level Initiatives. The growth of self-help groups increasingly demands that service providers relate to and learn from these groups (White and Kurtz, 2005). To make better use of the recovery-enhancing potential of self-help groups, a number of intensive procedures have been developed to link clients with these groups. Various controlled studies have demonstrated the effectiveness of procedures, using seasoned members of self-help groups to introduce prospective member/clients to the group (Powell, Hill, Warner, Yeaton, and Silk, 2000; Timko, Debenedetti, and Billow, 2006).

Other less intensive approaches have been tried, but their effectiveness is uncertain. A number of M/SU agencies maintain online databases, but it is not clear how often these databases are used by staff or clients. Raising further doubt, research shows that it is not enough to simply identify a group (Timko et al., 2006)—staff must also be knowledgeable about the groups they recommend (Nowinski and Baker, 1992). And still another consideration suggests that poorly informed and timed referrals may actually be harmful. When professionals make casual, half-hearted referrals at the point of termination, the client may leave feeling dismissed or rejected.

To help clients identify with the target group and inspire confidence in the appropriateness of the referral, the professional should be able to describe in general terms who attends the group (e.g., gender, age, cultural affiliations, and personal identities). And with the goal of easing the client's initial anxiety, the professional should also be able to discuss typical formats used by the group and some of the common issues they typically address (always of course accompanied by the caution not to expect typical meetings or typical members). Lastly, the professional should be able to discuss the meaning perspective, or the "philosophy," of the group (Borkman, 1999).

Professionals must also be able to explain how self-help participation can enrich therapy (Freimuth, 2000; Magura, 2007). They should be able to explain how self-help provides advantageous grist for the therapy mill and an opportunity to discuss self-identity/stigma issues in a comparative context. For example, this could help the client compare and contrast

the different ways in which the term "bipolar" is used in the two settings. Such comparisons could give the person a greater appreciation of the value and limits of diagnosis while also raising consciousness about stereotypes that lower self-esteem and self-efficacy (Corrigan, 2007). The idea is that these back-and-forth discussions would demonstrate how self-help and professional modalities could build on each other's insights and recovery strategies. Unfortunately, health services providers, including the staff of M/SU agencies, tend to be poorly prepared to carry out these tasks by their basic professional education. Hence much of the burden for developing competence in these tasks will have to be assumed by agency staff development programs.

Client-Level Initiatives. Seasoned self-help members often tell moving stories about how participation in self-help has contributed to their recovery. Mindful of the power of narratives, professionals might ask clients affiliated with such organizations as the DBSA, Double Trouble, NAMI, Recovery International, GROW, AA, or NA to tell their stories to those in the beginning stages of their recovery journey. These stories can serve a double purpose: individuals might be motivated to explore participation in a self-help group, and individuals could add to their ideas about how the two modalities might complement one another. In telling these stories, self-help members should not censor the fact that concurrent participation has sometimes been misused to invalidate one or both of the modalities (Freimuth, 2000).

Institutional Theory

In contrast to adaptational theory with its focus on the immediate self-help–M/SU agency environment, institutional theory focuses more broadly on a wider set of community organizations. Success, according to institutional theory, requires an organization to be accepted in a wider network of valued community organizations (Schmid, 2004). Thus, self-help groups must seek acceptance from the governmental, employment, religious, and educational organizations comprising the institutional sector. This is important because dominant organizations in these sectors accredit and certify other organizations albeit often informally. In their formal capacity, accrediting organizations issue rules about funding, approve helping organizations (self-help and professional), and publish best practice guidelines (Scott, 2001). Self-help groups must negotiate an accommodation to the policies of accrediting organizations to secure their own place in the institutional sector. When negotiations are successful, self-help groups can look forward to rights and privileges similar to those available to institutionally accepted organizations. Insofar as the institutional sector is won over, self-help groups earn the right to be regarded a legitimate, taken-for-granted, helping resource in the community.

Legitimacy confers substantial privileges on organizations. Baum (1996) has observed that "external legitimation elevates the organization's status in the community . . . , deflects questions about an organization's rights and competence to provide specific products or services, and permits the organization to demonstrate its conformity to institutionalized norms and expectations" (p. 95). Legitimacy in the wider institutional sphere has also been associated with dependable funding and substantial protection against the dislocations that often accompany leadership changes, fluctuations in membership, and transformations in the external network (Meyer and Rowan, 1977).

Professionals aiming to promote the institutional status of self-help groups must be aware how self-help groups are perceived by the community's informal accrediting organizations. Professionals must partner with self-help groups to foster the perception

that self-help groups are compatible with institutional values. Professionals must further understand the need to sustain this partnership to ensure the favorable perception of self-help groups over time. To facilitate interactions in the institutional sector, professionals need to work with self-help groups to rethink their boundaries (Baum, 1996). Professionals often must aid self-help leaders to more fully realize the role that the institutional sector plays in conferring legitimacy on self-help groups. This is true even when it is assumed that self-help groups occupy a specialized niche among community helping organizations.

Research affirming the overall effectiveness of self-help groups supports efforts to encourage their approval and acceptance (Cook et al., 1999; Davidson et al., 1999; Humphreys, 2004; Kurtz, 1988). Yet a fundamental premise of institutional theory is that positive findings alone are not enough to inspire confidence in organizations. In addition, self-help groups must be "accredited" by primary organizations in the institutional sector. Consequently, M/SU agencies aiming to promote the institutional status of self-help groups must seek opportunities to publicly recognize and promote the legitimacy of self-help services (Meyer and Rowan, 1977). And while the emphasis here is on the power of institutions to accredit organizations such as self-help groups, the influence goes both ways (Scott, 2001). NAMI, for example, has won acceptance in policy-making sectors, and it, in turn, has influenced the accrediting organizations in this sector. This is evident in the priority attached to serious mental illness and brain research by the National Institutes of Health and other organizations in the mental health/addictions sector.

The Value of Experience. Professionals might profitably consider self-help groups in light of the value attached to experience in our society. Nearly everyone would agree that most jobs require more than technical qualifications. Whether one wants to be an electrician or an educator, experience is often necessary to get the job and then to get the job done. Mental health agencies embrace experience to the extent that they fund peer support programs, engage in person-centered planning, and value client-centered services. These policies are consistent with initiatives to disseminate information about the experiential insights and recovery practices of self-help groups. The dissemination would also constitute statements of support for the legitimacy and acceptance of self-help groups.

The reader might understandably feel that accepting self-help groups requires too much confidence in their effectiveness. The evidence, though promising, is limited. Yet it is precisely a presumption of effectiveness in the context of limited evidence that makes it possible for communities to support schools, libraries, hospitals, and a variety of social welfare organizations. However, the reader might also argue that these organizations can refer to a body of supportive research, albeit tentative and incomplete in many respects. In reply it might be said that experience-based interventions, broadly considered, have accumulated a comparable level of research support.

Research supports the effectiveness of consumer or peer interventions, participation in agency-sponsored support groups, and involvement in various kinds of self-help groups. Taken together, this research (Cook et al., 1999; Davidson et al., 1999; Hattie, Scharpley, and Rogers, 1984; Hodges and Hardiman, 2006; Humphreys, 2004; Kurtz, 1988; Murray et al., 2005) justifies designating experience-based interventions as empirically supported activities according to the criteria of the APA Presidential Task Force on Evidence-Based Practice (2006). Also consistent with this research, peer interventions have been designated evidence-based practices by the Centers for Medicare and Medicaid Services (2007). Along similar lines, the Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders (2006) has cited the contributions of consumer and family

self-help, support, and advocacy organizations to the development of recovery-oriented services. To be sure, these appraisals are backed by evidence of varying quality. More studies, using more rigorous designs with more refined outcome measures, are surely needed to sort out the effects of self-help participation. But meanwhile, sufficient evidence exists to support institutionalizing self-help groups, especially if it is understood that the bar should be no higher for self-help services than for many professional services awaiting rigorous study.

Research and Acceptance. The payoff for self-help research does not lie simply in demonstrating clinical effectiveness. Research can also be a practical way to promote the acceptance and legitimacy of self-help groups. Involving others (e.g., providers, self-help leaders, potential funders) to deliberate research aims, resolve design issues, and develop funding strategies can be a way to advance the self-help agenda. M/SU agencies can select among a number of different kinds of research to signal their interest in self-help groups. Starting with their clients, agencies could gather information about the level of client participation and the degree of satisfaction with self-help groups. Starting not at the agency but with members of self-help groups, researchers could gather information about their use of professional services. If previous research holds up, the results will show extensive use of, and satisfaction with, professional services by self-help participants (Hodges et al., 2003; Kessler et al., 1997). Such studies might be followed by an exploration of the therapeutic or protective factors associated with self-help groups. These factors might include the hypothesized reduction of isolation and exposure to successful models that accompanies self-help participation. Still other studies might examine the function of self-help in aftercare and continuing-care services. These studies might be especially useful at the local level to increase awareness about aftercare options. From a cost-effectiveness perspective these studies might help reduce dependence on costly diminishing-return professional services.

Other less resource-intensive, data-oriented projects could involve designing and maintaining a database with contact information about self-help groups. Databases might offer more detailed and current information about specific groups and may provide contact information for knowledgeable staff and self-help leaders. Such databases could also become vehicles for M/SU agencies to publicize and provide technical assistance to new groups. The approval inherent in such listings might be linked to efficacy as well as to the earlier-noted longevity (Singh et al., 1986). Other approaches might involve organizing workshops for professional service providers on topics such as making effective referrals to self-help groups, discussing self-help experiences in counseling, and interpreting self-help as a recovery tool. To further support the legitimacy of self-help, agencies with Web sites could provide links to research that provides insights into the functioning and effectiveness of self-help groups.

Research and dissemination activities can also be useful with the larger institutional sector. Professionals might reasonably assume that the institutional sector will look to M/SU agencies for clues about how they might interact with self-help groups. For example, health and employment accrediting organizations might look at how M/SU agencies regard self-help groups before deciding where they fit in the complex of helping resources.

Developing Reimbursement Policies. Reimbursement policies for peer support and self-help services offer powerful opportunities to provide institutional support. The Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders (2006) broke new ground here. It recommended that health plans and direct payers of mental disorder and substance use treatment services reimburse peer support and illness

self-management programs that meet evidence-based standards. This recommendation parallels the earlier-mentioned Medicaid policy enabling reimbursement for peer support services. The combination of judicious changes in reimbursement policy supported by positive reports from national epidemiological surveys would be a powerful statement about the place of self-help groups in society and a powerful boost to their institutionalization (Goldstrom et al., 2006; Kessler et al., 1997; Wang et al., 2005).

Reimbursement by national managed-care corporations (e.g., Aetna, Cigna, United Health Care) and by Medicaid and other governmental programs should be entertained as a logical next step to the local funding of self-help groups. In many communities M/SU agencies fund self-help group newsletters, educational presentations by self-help members, surveys by self-help groups, and participation by self-help leaders in task forces and committees. Similarly state mental health agencies use block grant funds to support NAMI projects and those of other self-help organizations. Going forward the policy-maker's task will be to develop these reimbursement policies and mechanisms without undercutting the role self-help organizations play as public critics of M/SU services. The watchdog and advocacy functions not only are essential to the self-help organizations themselves but also provide essential feedback and necessary prods to the professional service system. The controversy surrounding the acceptance of drug company funds within mental health self-help groups indicates the value placed on their ability to function as independent critics. And it isn't only money that has the potential to compromise. Even AA has been challenged by friendly observers not to allow its autonomy to be compromised by excessive mingling with professionally administered rehabilitation programs (White, 1998). The risks of too much collaboration are real and need to be balanced against the benefits of discriminating collaboration. For without the backing of M/SU agencies, the advocacy and watchdog functions of non-12-step self-help groups, and the individual efforts of 12-step members outside of their membership in these groups, might be so underpowered as to be without consequence.

To refer to the benefits M/SU agencies obtain from their actions to strengthen self-help groups assumes interest in their own institutional standing. Perhaps more than they are aware or care to admit, M/SU agencies, not unlike self-help groups, seek to enhance their institutional standing by speaking to diverse audiences, responding eagerly to media opportunities, and writing occasional op-ed pieces, among others. Few religious, educational, health, or employment associations have escaped their homilies. As they strive to enhance their own institutional standing, M/SU agencies need to recognize their natural self-help allies. As self-help groups become increasingly accepted, self-help group advocacy for M/SU services will become, in that measure, more effective.

Pragmatic Considerations for Working in the Field

While self-help groups offer many potential benefits, their capacity to deliver will depend on local realities. Newly formed groups, older groups with little order and organization, and groups with ineffective leaders may subject their participants to upsetting or harmful experiences (Maton, 1988). At the local level, M/SU professionals are likely to encounter groups that are neither ideal nor flawed beyond repair. Instead they are likely to encounter groups in various locations along a continuum of potential benefit to clients. M/SU professionals should consider collaborating with self-help groups that have the most favorable benefit profiles.

Professionals have reason to be optimistic about collaboration with self-help groups. Their leaders seek support, approval, and protection from adverse events just as M/SU

leaders do. Self-help leaders, furthermore, are likely to have an intuitive grasp of the importance of community acceptance and legitimacy. Successful self-help leaders are likely to understand that the success of their groups depends in part on whether they appear to be aligned with prominent organizations in the various institutional sectors (Hatch and Cunliffe, 2006). Hence, self-help leaders are apt to welcome offers from M/SU agencies to partner with them in a variety of public events. Joint appearances on community panels and at media events are likely to be viewed as opportunities to enhance their legitimacy. These will be opportunities to showcase their belief that self-help groups and M/SU agencies not only share values but also recognize and respect their organizational interdependence (Hasenfeld and Gidron, 1993). Self-help groups and M/SU agencies might further join together to sponsor events such as depression-screening days, film presentations, panel discussions, memorial services, celebrations, book exhibits, Web site links, poster presentations, and banner displays (Wang, Berglund, and Kessler, 2000). These events, appropriate any time of the year, might be especially appropriate during the Mental Illness Awareness Week and the National Alcohol and Drug Addiction Recovery Month.

The task of managing the day-to-day exchanges with self-help groups need not require radical shifts in M/SU agency operations. Exchanges can be managed by adapting existing service integration strategies (Hoge and Howenstine, 1997). The strategies already make provision for boundaries that have been moved outward to accommodate interaction with other professional organizations. The revised strategy would make provision for boundaries that are realigned to accommodate self-help groups and interactions with community institutions (Heracleous, 2004). As these strategies lead to more accepting exchanges with self-help groups, M/SU agencies may also find their stature enhanced by the support they obtain from a more vibrant population of self-help groups.

Declaration of Interest

The authors report no conflict of interest. The authors alone are responsible for the content and writing of this paper.

RÉSUMÉ

Les groupes d'entraide et de santé mentale/d'abus de substances toxiques: Les bénéfices des échanges organisationnelles

Les groupes d'entraide sont avantageux aux clients parce qu'ils établissent un lien avec les personnes qui ont vécu les mêmes expériences et qui sont en train de s'adapter a leurs situations. Les agences de santé mentales et d'abus de substances toxiques peuvent améliorer l'accès aux services rendus par les groupes d'entraide en les engageant dans les exchanges organisationnelles. Les théories organisationnelles s'utilisent pour renforcer les exchanges bénéfiques avec les groups d'entraide. La théorie d'adaptation s'utilise pour encadrer les exchanges entre les groupes d'entraide avec plusieurs sous-unités d'agences de services, par exemple, une commission, un praticien, ou des unités de client. La théorie institutionnelle s'utilise pour encadrer les initiatives co-administrées ou d'entraide pour promouvoir l'approbation de la communauté pour les groups d'entraide, qui pourraient, à leur tour, améliorer la crédibilité de l'agence professionnelle.

Mots Clefs: les échanges organisationnelles, les groupes d'entraide, les groupes de 12 étapes, les groupes d'aide mutuelle, le support des pairs, consommateurs de sante mentale, troubles d'abus de substances toxiques, les infirmités psychiatriques, la guérison.

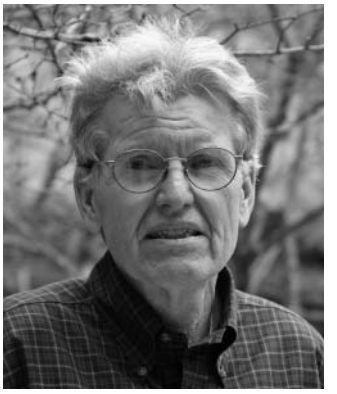
RESUMEN

Los grupos de autoayuda y las agencias de salud mental o de abuso de drogas: los beneficios de los intercambios organizacionales

Los grupos de autoayuda beneficien a los clientes en los conectando a las personas que han vivido las mismas dificultades y que están entintando a sobrevivirlas. Las agencias de salud o de abuso de drogas pueden aumentar el acceso a los beneficios probados de los grupos de autoayuda en los usando en los intercambios organizacionales. Las teorías organizacionales se utilizan para enmarcar los intercambios positivos de los grupos de autoayuda. La teoría de adaptación se utiliza para enmarcar los intercambios entre los grupos de autoayuda y las divisiones de agencias de servicio, por ejemplo, un consejo de administración, un medico, o las unidades de clientes. La teoría institucional se utiliza para enmarcar las iniciativas colaborativas de las agencias y de autoayuda para promover la aceptación de los grupos de autoayuda por parte de la comunidad, lo que podría mejorar la credibilidad de la agencia profesional.

Palabras claves: intercambios organizacionales, grupos de autoayuda, grupos de 12 etapas, grupos de ayuda mutua, apoyo de grupos paritarios, consumadores de salud mental, problemas de abuso de drogas, discapacidades siquiátricas, recuperación.

THE AUTHORS



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