

## **Community-Based Services and Resources: The Significance of Choice and Diversity<sup>1</sup>**

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*Distinguished between partnership models of service delivery and consumer-run services. In order to understand the role of self-help and other consumer-run approaches in community support of persons with severe mental illness, we must appreciate the importance of (a) consumer choice and (b) diversity of service alternatives within consumer-run options. These issues are discussed in relation to the significance of self-selection in consumer-run services and the role of consumer-run approaches as adjuncts or alternatives to professional services. It is argued that our efforts to provide community services can be enhanced by (a) supporting diversity of service and resource options, both inside and outside of the professional mental health system; (b) developing services that are responsive to individuals needs as they define them; and (c) facilitating the process of consumer choice in selecting resource options.*

Bond et al. (1990) evaluate an important community-based service program. The assertive outreach approach employed by the assertive community treatment (ACT) program has been identified as an effective approach to service delivery for many individuals experiencing severe mental illness (Stein & Test, 1980). Bond et al. (1990) demonstrate the efficacy of this approach within a complex urban service system. They also demonstrate its utility in serving a difficult to engage population with multiple hospitalizations.

This study adds to our understanding of the nature and utility of assertive outreach approaches. The authors address the complexities of service

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utilization by documenting the nature and extent of client involvement in the ACT program and clients' use of other services. They evaluate client outcome from a multidimensional perspective, teasing apart the different components of recidivism and evaluating multiple aspects of social functioning and quality of life.

The authors go beyond discussion of the effectiveness of the ACT program to discuss the relative roles of assertive outreach programs, drop-in centers, and peer-oriented approaches in providing services to those at highest risk for rehospitalization. An increased understanding of the service alternatives available in our communities, who utilizes these services, and how they benefit from them can improve our efforts to meet the multiple needs of persons with severe mental illness. Bond et al. have made a significant contribution to this effort in their evaluation of the ACT program and in their clarification of how this program is similar to and different from other service approaches. Although this study adds to our understanding of the role and effectiveness of assertive outreach programs, it does not really address the role of peer-oriented alternatives.

This commentary addresses three issues: (a) the relevance of this study to consumer-run services, (b) the importance of diversity of services and choice among service options within consumer-run approaches, and (c) the value of choice and diversity in all services for persons with severe mental illness. I suggest that to understand the role of consumer-run options, we must understand the importance of consumer choice and diversity of service alternatives in consumer-run approaches. Application of the principles of diversity and choice to more traditional service alternatives can enhance the ability of consumers to access the services and resources that best fit their needs.

## **IMPLICATIONS FOR PEER-ORIENTED APPROACHES**

Bond et al. (1990) discuss the implications of their study for peer-oriented approaches. Although the authors never clearly define what they mean by a peer-oriented approach, they seem to group professionally staffed, consumer-oriented drop-in centers; self/mutual-help organizations; the employment of consumers as paraprofessionals; and consumer-run service alternatives under this heading.

It is important in the context of this study to identify one critical element of a consumer-run approach: *control*. In consumer-run approaches, control is in the hands of the consumer. Zinman (1987a), a consumer who has been active in the self-help movement since 1977, stated that in consumer-run services, the service recipients and service providers are one and the same.

Chamberlin (1979), a national self-help leader, stressed that in consumer-run alternatives programmatic and financial decisions are in the hands of the service recipients. The crucial distinction is whether or not power, responsibility, and control are in the hands of the users of services. The drop-in center described by Bond et al. (1990) may allow for more consumer input than most traditional mental health settings. It is not, however, an example of a true consumer-run service.

The drop-in center program is provided by a private psychiatric rehabilitation agency and located within that agency. Several professional staff are on-site at all times. The staff are responsible for facilitating activities, for crisis intervention, and for referral to other services. The drop-in center seems to fit what Chamberlin (1979) described as the "partnership model" of service delivery. In this model professionals and nonprofessionals work together to provide services, but the distinction between those who give help and those who receive it remains clearly defined. Zinman (1987b) argued that in partnership models (as exemplified by many drop-in centers and psychosocial rehabilitation clubs) many of the essential characteristics of a true consumer-run approach are absent.

Even though this particular drop-in center is not a consumer-run service, the authors raise some interesting issues related to consumer-run approaches: (a) the significance of self-selection biases in peer-oriented approaches and (b) whether peer-oriented approaches are best conceptualized as adjuncts or alternatives to traditional services. These are issues that may underlie professional attitudes about the role and utility of consumer-run options.

These questions are typically framed from the perspective of the service provider seeking to understand how this new resource fits into the existing system of care. In seeking to understand who takes part in consumer-run options and how they utilize these resources it is useful to consider these issues from the perspective of the consumer-run service movement. In particular, we should be aware of the importance of choice and diversity within consumer-run services.

### *Self-Selection or Choice?*

The significance of self-selection is an interesting issue with regard to self-help and other consumer-run approaches. Mental health researchers, providers, and policy makers may view the self-selection bias described by Bond et al. (1990) as problematic. For researchers, it is problematic for experimental designs because it may introduce bias, making it difficult to draw conclusions about the impact of involvement in consumer-run services or about the generalizability of the findings. For providers, self-selection of serv-

ice alternatives may interfere with the professional's role in problem definition and referral. Policy makers may find it difficult to justify supporting services that may only serve a select portion of the population of persons experiencing severe mental illness.

From the perspective of self-help (and other consumer-run) organizations, however, self-selection might be called "choice" and choice is one of the essential elements of self-help. Individuals decide for themselves when and how to use consumer-run services. Zinman (1987a) stressed that self-help groups are voluntary. "Individuals can *choose* to come or go to these groups, *choose* to participate in parts of the services but not all of it, and most importantly *choose* the services themselves. Choice is what self-help groups are about" (p. 9).

The process of self-selection inherent in self-help approaches may in fact be one of the strengths of consumer-run alternatives. It encourages individuals to define their own needs and make their own choices. For those who do choose to participate, the process of selecting this resource as one they believe they can benefit from may be a critical element in empowerment of this population. We are doing the self-help movement a disservice if we view self-selection only as a problem to be addressed in experimental designs or as a barrier to be overcome in mental health service delivery. The selection of services is something that should be studied, not controlled for. Understanding who uses different types of consumer-run alternatives and why they choose to participate may help to further our understanding of the effective elements of community support.

### *Consumer-Run Approaches: Adjunct or Alternative?*

Rather than questioning whether consumer-run services are an adjunct or an alternative, they might be more usefully viewed as an additional community resource (Levine, 1988). How these resources are utilized depends in part on (a) the goals and philosophy of the particular consumer-run service and (b) individual consumers' definitions of their own needs and the choices they make to fulfill those needs.

Consumer-run services are quite diverse. Some programs provide services that are very similar to those offered by the traditional mental health system (e.g., a consumer-run residential program; Zinman, 1982). Self- or mutual-help organizations, in contrast, tend to focus less on the provision of formal services and more on problem solving and support. Among self- and mutual-help organizations there is great diversity as well. Some groups focus on providing support and personal problem solving, while others focus on education or on advocacy and political change.

Consumer-run alternatives also vary tremendously in terms of their relationship to the mental health system. Some groups describe themselves as "antipsychiatry," while others, although critical of some aspects of the mental health system consider themselves an essential part of it (Long & Van Tosh, 1988). Stroul (1988) pointed out that each group must decide for itself whether it will be a component part of the mental health system or whether it will exist outside, and perhaps in opposition to it.

The question of whether consumer-run options function as an alternative or an adjunct to traditional services can best be answered by the individual consumer, and this answer may change over time for any given individual. For some, self-help may be an alternative to traditional mental health services that have been unsatisfactory. For others, it acts as a supportive adjunct to professional services, encouraging cooperation with professional care and medication compliance. In other cases, traditional services may act as an adjunct to involvement in consumer-run options. The point is that professional and self-help involvement meets different needs for different individuals.

It is tempting to try to define a more universal role for consumer-run options, and perhaps even more tempting to bring them under the umbrella of the professional mental health system. The interest of the consumer may be better served by recognizing the self-help movement as a distinct, sometimes complementary, sometimes divergent, force in mental health care.

## DIVERSITY AND CHOICE

Persons with severe mental illness are a heterogeneous group with a diverse range of needs and preferences for service delivery. In spite of the most aggressive and well-intentioned efforts of service providers, in the end, individuals choose for themselves what services and resources to utilize. Our efforts to reach the range of persons who could benefit from community-based services and supports are enhanced by adopting some of the principles of the consumer-run service movement. We can most effectively provide services to this heterogeneous group by encouraging diversity of service and resource alternatives and by facilitating individuals in making choices about which alternatives best meet their needs, regardless of whether these services fall inside or outside of the traditional service system.

Diversity in services and resources can be a strength for any community. Weick (1979) discussed the concept of requisite variety. He suggested that a system is better able to adapt to the degree that it mirrors the complexity of the demands of its environment. The demands placed on communities in terms of serving the multiple needs of those with severe mental illness are complex and constantly changing. Rather than trying to narrowly define the role of

any particular service option, we should encourage the development of multiple points of entry into the human service system and multiple approaches to support and resource mobilization. Assertive outreach programs, drop-in centers, and the range of consumer-run approaches all offer different resource options.

An emphasis on the heterogeneity of the population served, the diversity of service alternatives, and personal choice in service utilization has important implications for the measurement of outcome. If we assume that effective service delivery requires an appropriate fit between the individual's needs and the resource alternative, then we should also expect change to be individualized. The use of nomothetic approaches, which are not sensitive to individual differences, may underestimate the magnitude of impact of the services. The utilization of more idiographic approaches, which explore change within the context of individuals' definitions of their own needs and the multiple resources they may draw on to meet these needs, may enhance our understanding of service effectiveness.

## CONCLUSIONS

We are reminded by the growth of consumer-run approaches of the value of diversity and individual choice in community support of persons with severe mental illness. These ideas are evident in the alternative approaches that have been developed to serve persons who have not been reached by more traditional services. The ACT program, described by Bond et al. (1990), is an example of a service approach designed to be responsive to individuals' day-to-day needs as they define them. Continued development of this type of alternative service should be encouraged.

Persons coping with severe mental illness benefit from a variety of community supports and resources. Strategies that encourage consumer involvement, ownership, and control help to provide diversity of services and to empower the consumer. Our efforts, as professionals, to provide community services can be enhanced by (a) supporting diversity of service and resource options, both inside and outside of the professional mental health system; (b) developing services that are responsive to individuals needs as they define them; and (c) facilitating the process of consumer choice in selecting resources options.

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