

Schizophrenics Anonymous Evaluation Final Report: Organizational Expansion and Leadership Development

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Executive Summary

The goal of this component of the evaluation was to document SA's expansion and explore how SA's collaboration with the Mental Health Association of Michigan (MHAM) has influenced its organizational growth and development. In order to do this we tracked the expansion of SA groups in Michigan from 1985 to 1998, interviewed SA leaders and MHAM staff, and followed the activities of the MHAM and the organizational leaders from SA as they worked towards establishing and maintaining new SA groups in Michigan.

The story of SA's expansion and development is a complex one. This executive summary highlights some of the key events and issues involved in that story. It does not come close to capturing the subtleties and complexities of SA's development however. We would strongly encourage anyone who is interested in how SA and the MHAM have worked together to help SA expand and the implications this has had for SA to read the full report.

Expansion of SA

- ❑ There has been a tremendous growth in the number of SA groups in Michigan since the founding of the first SA group in 1985. Over the fourteen year period from 1985 to 1998, a total of 60 SA groups operated in the state. Twenty-one of these groups were active in 1998.
- ❑ The increased level of the MHAM's involvement with SA (and the accompanying increases in external funding) were associated with larger numbers of new SA groups being established in Michigan. Although SA has had a relationship with the MHAM since its founding, this relationship became more extensive in 1990. Since that time, the MHAM has helped SA to respond to requests for information and assistance, identify and access resources, disseminate information, plan organizational expansion, and develop mechanisms for leader support. As a result, between 1990 and 1998 at least 51 new SA groups were established. While many of these groups eventually closed, the number of ongoing groups more than tripled during this period.
- ❑ Although there was an overall increase in the number of SA groups from 1985 to 1998, as the number of new groups has increased the number of groups that close has also increased. A total of 38 SA groups closed between 1985 and 1998.
- ❑ The range of survival times for SA groups in Michigan (N=59) was two months to 160 months, with a median survival time was 34.0 months. There is a high rate of group

closings during their first three years of existence, with groups lasting more than three years having a much slower rate of closings.

- ❑ Groups led by a consumer were more likely to survive longer than groups led by professionals (or jointly led by professionals and consumers).

Impact of the Partnership with the MHAM on the Expansion of SA

In order to understand the impact of the partnership between SA and the MHAM we compared the characteristics of SA groups started before (1985-1989) and after (1990-1998) the MHAM's increased involvement with SA. It appears that the nature of SA's expansion changed considerably as a result of the increased involvement of the MHAM.

- ❑ Before 1990, all but one SA group was located in the metropolitan Detroit area. Between 1990 and 1998 more than half (58%) of the new groups were in communities more than 30 miles away from the original SA group and more than one-fourth (29%) of the new groups were over 100 miles away. By 1998 there had been SA groups held in 25 different counties in the state of Michigan.
- ❑ Before 1990 groups were established in three types of settings including four non-service community settings (e.g., a church), four community-based service settings (i.e., Community Mental Health Centers), and one hospital inpatient unit. Between 1990 and 1998 SA groups were started in a wider variety of settings including: non-service related community locations, staff supported apartments, consumer-run drop-in centers, clubhouses with professional mental health staff, community mental health centers, hospitals inpatient units, and prisons or forensic centers.
- ❑ While SA groups became available to a wider variety of persons with schizophrenia, there was also an increased involvement with the traditional mental health system. Between 1990 and 1998 a greater percentage of groups were started in community-based service settings (57%) and in institutional settings (32%) than had been the case with early groups.
- ❑ There was also an increase in professional involvement in the leadership of new SA groups. Before 1990, only one of the nine groups (13%) had a professional involved in the leadership. After 1990, 39% of the groups used professional providers as SA group leaders.
- ❑ Finally, from 1990 on SA group leaders were less likely to be developed from within the organization. Between 1985 and 1989, most of the new SA groups (78%) were started by individuals who were centrally involved in the SA leadership or had been a member of an SA group. In contrast, between 1990 and 1998 only 27% of the new SA groups were started by individuals who were involved in the central leadership of SA or had been a member of an SA group. Sixty-one percent of the new leaders had never attended an SA

meeting prior to becoming a SA group leader

Impact of the Partnership with MHAM on the Organizational Development of SA

Based on interviews with SA leaders we were able to identify changes in the SA organization that occurred following the increased involvement of the MHAM.

- ❑ A professional staff member of MHAM took over responsibility for many administrative, expansion, and leadership development activities. The MHAM office became the place where all inquiries about starting SA groups were received and addressed. Efforts to generate funding, initiate new groups, and to develop ways to support existing leaders were now initiated from the MHAM. In essence, while the SA members continued to control the SA program (i.e., the structure and content of the meetings), the MHAM was now responsible for the administration of SA's organizational development.
- ❑ SA leaders came to count on the MHAM staff member and greatly appreciated the role he played in the organization.
- ❑ SA moved from a collective to a more bureaucratic structure and the leadership role of SA members became less well defined.
- ❑ The SA organization had greater administrative consistency, increased administrative capacity, and an increased capacity to respond to requests for information about SA and for assistance in starting SA groups. The assistance provided by the MHAM has allowed SA to expand rapidly and to respond to the growing local, national, and international interest in SA.
- ❑ These changes have not been without costs for the organization, however. Some SA leaders have experienced a decreased sense of ownership and control and concern about an increased professional presence in SA. There is also some concern that SA has focused too much on group development and not enough on supporting existing groups.

Leadership Development and Support

The greatest challenge for SA and the MHAM is to continue to facilitate SA's growth, while at the same time, enhancing internal leadership development, supporting existing leaders, and promoting feelings of member ownership and control. We interviewed leaders regarding the factors that facilitated and acted as barriers to running their SA groups.

- ❑ The most important thing that leaders felt facilitated their ability to lead their groups was the support of others. This included co-leaders, Central SA, the MHAM, professionals, and other SA groups. Leaders also appreciated the flexibility they had to adapt the SA

program to their groups' needs.

- ❑ There were several barriers that leaders experienced in running their SA groups. Some of these were logistical (i.e., accessibility, financial resources) and others were related to the challenges of being a leader and running a group (i.e., unclear expectations, difficult group dynamics, personal stress, lack of attendance). Finally, some leaders expressed that they felt a lack of support in running their groups.
- ❑ As the SA organization has grown, there has been an increased need for more formalized mechanisms of leadership development and support. SA and the MHAM have worked together to develop many mechanisms for supporting leaders and encouraging leadership development. These have included: monthly Group Consciousness Meetings, SA leadership publications (The Group Leader Circular and The Schizophrenia Update), the SA Annual Leadership Conference, the Group Leaders Liaison Project, the Pen Pal Project, yearly planning sessions, formal leadership training sessions, leadership training materials (e.g., manuals, video), and a variety of Internet-based support and information activities.

In summary, the collaboration between SA and the MHAM is probably best viewed as mutually beneficial. SA needed assistance in responding to interest in SA and wanted to develop more groups to better address the needs of persons with schizophrenia. Partnership with the MHAM has enabled them to better meet these goals. The partnership also served the MHAM's goals of serving the interests of persons with mental health problems and of advocating for less stigmatized images of persons with schizophrenia. At the same time, it appears that with all that was gained in this mutually beneficial partnership, some things were lost. The MHAM's grant-funded efforts focusing on group development may have detracted from SA's efforts to support existing groups. Increased professional involvement in SA groups may have also hindered group sustainability. In addition, some of SA's organizational leaders expressed regrets about their feelings of less control and less involvement. To date the story of SA's relationship with the MHAM is one of increasing cooperation and involvement. It is likely that the relationship between the two organizations will continue to evolve. If this partnership is to continue to be mutually beneficial, it seems vitally important that the issues of group sustainability and of leaders' loss of control and involvement be sufficiently addressed. SA and the MHAM are working hard to address these issues.