

**Schizophrenics Anonymous Evaluation Final Report:
Organizational Expansion and Leadership Development**

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Project Description and Goals

The purpose of this evaluation was to increase our understanding of how Schizophrenics Anonymous (SA) helps its members and how it expands to serve additional people. The evaluation had two components: a) an examination of member engagement and change and b) an exploration of SA's organizational expansion and leader development. In seeking to support the development of mutual-help organizations, it is important to understand both how these organizations expand and how they develop and support the internal leadership they need to function. This final report describes our findings concerning SA's organizational expansion and leadership development.

Organizational Expansion and Development

The goal of this component of the evaluation was to document SA's expansion and identify factors that facilitate or create barriers to SA's organizational growth and development. SA's collaboration with the Mental Health Association of Michigan (MHAM) has been an integral part of its development. We were therefore interested in examining SA's growth and change since the founding of the first group in 1985 and exploring how collaboration with the MHAM has impacted this development.

In order to do this we tracked the expansion of SA groups in Michigan from 1985 to 1998 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. In order to document the opening and closing of groups in Michigan, we reviewed all relevant SA documents; conducted in-person and telephone interviews with SA leaders, group facilitators, and MHAM staff; and attended relevant SA meetings and events. From these various sources of information we have developed a time line of SA group development in Michigan. In order to understand the factors that have influenced this development, we have also developed a historical time line of SA's relationship with the MHAM and identified other key events that have been influential in the organization's development (See Appendix A for a more detailed description of the study design). Using this information we were able to address the following questions.

Question 1: What was the history of the development of SA and their relationship with the MHAM?

Early Group and Organizational Development

Key events in the development of the relationship between SA and MHAM are summarized in Table 1. The seed for an alliance between SA and the MHAM was planted in 1984 when Joanne Verbanic¹ (the eventual founder of SA) wrote a letter to the executive director

¹Joanne Verbanic, the founder of SA, is the only real name used in this report. With her permission, we used her real name because of the public and prominent role

of the MHAM requesting an opportunity to work as a volunteer. She explained the circumstances:

In 1984 I had my last major hospitalization. And that's when I found the spiritual part of my life. And my psychiatrist diagnosed me as recovered....I knew what it was like to be so bad and so sick and I knew what it was like to be well. And I wanted to share that experience....I had no idea of starting a group. I thought I'd just stuff envelopes. After a few meetings [with the executive director of the MHAM], I shared my story and my experiences...and he asked me to work on the issue of stigma. And then in 1985, I was asked to appear on national TV [the Sally Jesse Raphael Show] with Dr. E. Fuller Torrey and I went public to help erase the stigma.

In addition to the public speaking, Joanne also started serving on the MHAM board of directors. Soon after “going public,” Joanne decided to start a self-help group. She used her own money to run an advertisement in the Detroit Free Press newspaper stating that she was starting a self-help group for persons with schizophrenia. Two men responded to the ad. The first meeting occurred at a public park in the summer of 1985 and subsequent meetings occurred around tables at a local restaurant. Even though Joanne had gone public with her illness, the group decided that they should maintain the anonymity of group members in the Alcoholics Anonymous tradition. They decided to name the group Schizophrenics Anonymous (SA). When the colder Autumn weather came, the executive director of the MHAM suggested that the group start meeting in the board room at the MHAM office building on Sunday afternoons when the offices were not being used. One of the members of this first group recalled his thoughts about the executive director's trust in SA during this time:

The whole time, he was taking a real risk. He's giving us the keys to the building....Here we have, you know, 15, 20 people with this illness which has got a bad rep and as the months and years pass, things are being handled relatively, pretty responsibly.

With the assistance of the MHAM, Joanne worked to publicize this first group. She recruited the help of a MHAM staff member to help her write a pamphlet describing the SA group and the MHAM paid for the printing. Joanne used her own money to mail the pamphlets to all of the psychiatrists in the Detroit telephone book. She continued to speak publicly about schizophrenia and used those opportunities to talk about the new SA group. Attendance at the SA meeting was sporadic during the first year, but after several local TV appearances and newspaper articles featuring Joanne and the SA group, attendance grew and became more stable.

This first SA group remained the only SA group for two years. Driven by a desire to reach out to more persons with schizophrenia, several members of this original group started new groups in nearby communities. From the latter half of 1987 through 1989, eight new SA

she has played in the development of SA.

groups were started. This initial expansion did not stray far from SA's original roots. All but one of these new groups met at a location within 30 miles of the first group's meeting place and all but two of groups were started by members of the first SA group. Like the first SA group, mental health consumers served as the group leaders (though one group leader had assistance from a mental health service provider). The new groups met in a variety of settings: four met in community mental health centers, one met at a hospital, and three met in other types of community settings (e.g., church).

In 1987, Joanne approached the staff on a psychiatric hospital ward about doing an introductory presentation to the patients. Concerned about patient confidentiality, the hospital refused to let Joanne do the presentation on the ward and suggested she provide a video presentation. The MHAM provided the financial support to produce a video presentation. As Joanne described, this was an important event in the development of SA's partnership with the MHAM:

I asked [the executive director of the MHAM], I didn't know. I was nervous because I knew it would cost a lot of money and we had no money and were just the one group until '87....And I said, 'What would you think if I did and video and it cost \$3,000?' I wanted it professionally done. And he liked the idea...we had to prove to him that people with schizophrenia could have their own group. You know what I mean? He was society, and most people in society think people with schizophrenia can't do anything. You know, they're vegetables. So he bought into the situation.

During these early years Joanne was the prime mover behind SA, working to see the groups become available to more people with schizophrenia. As SA began to grow she continued to lead the original group and established herself as SA's organizational leader. As organizational needs arose, a larger SA leadership group began to form. Most of the other group leaders had stayed in regular contact with other members of the original group. They began to hold periodic meetings to discuss issues related to leading SA groups and to collectively write and edit the organization's first publication. Those attending called these gatherings "Group Consciousness Meetings." They became SA's organizational leaders. Joanne recalled the development of this leadership group in spiritual terms:

You know how God works. People just come to your life. You know, I believe in serendipity and things like that. Bill comes to a meeting, he hears about it. And Bill said, 'When I came to SA is when I knew this is where I belonged.' I had no idea he had talents to write. And then Janine, [another] group leader, said we need to, you know, we just had a mimeograph sheet of paper with the steps [SA's six-step program] on it, on a little pamphlet. We needed to get a booklet or something....So I suggested to Bill and his eyes lit up....And so we met for eight months in Group Consciousness Meetings every two weeks, and they weren't just leaders...Then Bill and I all along, I mean, I never dreamed that, I didn't think in the beginning of a national group, but how God works through you!

Bill described the amount of cooperation among SA members involved in these efforts:

Joanne approached me about being the project manager of writing the booklet. And I said yeah....early on, I had the idea, well, I like writing and eventually this program is gonna need somebody to write and so...That was a whole project, getting the booklet together. A lot of people were involved. We met every two weeks....And I would do drafts and have discussions and I would tape the discussions, take it home, and write drafts and Ted wrote some very important parts....And then basically, then, I would go back or Ted would come back with what we had written. It was kind of a group process. We were in charge of getting the words in shape, but there were a lot of people involved in the ideas....Jill was there. There was Missy and Jack and Ned, who isn't around anymore. There would be about five or six people at a meeting. Celia was there....Some people would come once and they'd say their piece and never come again. I would say that in all, there was probably ten [people].

After finishing the SA booklet in latter part of 1988, Bill assume the responsibility for editing a newsletter for SA. Initially the newsletter was going to be a single issue publication, but with the approval of other members, Bill continue to edit and write most of the copy for a newsletter that is published twice a year.

During this period the MHAM had an informal, but supportive relationship with SA. Besides providing space for a group meetings and social events, the MHAM paid for the production of the SA pamphlets, booklets, videos, and newsletters. As the publication projects became more involved, the MHAM started donating staff time to assist in these productions.

Perhaps most importantly for SA's expansion, the MHAM was positioned to provide members with opportunities to speak at public events and to the media about schizophrenia and about SA. These opportunities to publicize SA led to a pivotal event in SA's development. In April, 1989 an article appeared in the popular magazine, Cosmopolitan, on the topic of schizophrenia. The article not only featured SA's founder and her story of recovery, but also published a telephone number and address for Schizophrenics Anonymous—the telephone number and address of the MHAM in Southfield, MI. The Cosmopolitan article elicited a large number of calls and letters requesting information and support for starting SA groups. Both the MHAM and the SA group leaders recognized SA's limits for responding to this sudden demand and Joanne requested that MHAM devote staff time to respond to requests for information.

This event was pivotal because it marked the point when SA started to share the responsibilities for developing new groups with MHAM staff. SA retained its independent status (i.e., SA would not become one of MHAM's programs) and the MHAM retained ownership of SA's trademark used in its publications. It was decided that programmatic decisions would continue to be made by SA's founder and other SA leaders who attended the Group Consciousness Meetings. MHAM staff members, however, assumed responsibility for responding to information requests and assisting with the development of new groups and new leaders. While SA maintained its independence with regard to the content of its program, this marked the beginning of a partnership between SA and the MHAM that would influence the

future development of SA.

Formalization of the Partnership Between SA and the MHAM

Following the publicity that SA received in the Cosmopolitan article, the MHAM began devoting an increasing amount of staff time and resources to SA related activities. The increased involvement of MHAM staff produced pressure for the MHAM to find external funding to pay for staff time and for publication development and office supplies. The MHAM began to seek external grant funding to support their SA related activities. Starting in 1990, the MHAM began to receive external grants targeted to the expansion of SA groups within Michigan.

Starting in 1990 they received three annual grants of \$7,000 from United Way. In 1992 they received a three-year grant of \$39,000 from the Michigan Department of Community Health. This money was part of a block grant from the National Institute of Mental Health. After the block grant ended the Michigan Department of Community Health continued this funding for two more years. The Metro Health Foundation also provided a two one-year grants starting in 1993. During this time, several smaller grants (\$500 to \$5000), primarily from pharmaceutical companies, were also secured. These grants allowed the MHAM to devote more staff time to assisting SA with responding to requests for information and to help mental health service consumers and professional providers start new SA groups.

Starting in 1996, the Flinn Family Foundation awarded MHAM a three-year grant of nearly \$300,000 to developed new groups in Michigan, to build leadership skills among SA group leaders and members, and to evaluate these efforts. Because of the larger amount of this award, the MHAM was able to assign the majority of one full-time professional staff member's time and part-time clerical support to the development of SA's organization.

The influx of external funding created both the capacity and the demand for a more proactive expansion approach on the part of SA and the MHAM. Prior to this funding influx in 1990, SA had expanded primarily through a process of internal leadership development. As members developed leadership skills and a desire to reach out to others with schizophrenia they started their own SA groups. With the increased involvement of the MHAM, a combination proactive-reactive expansion strategy was developed. Potential locations for new SA groups were identified either through the expression of outside interest or the targeting of geographic locations where there was no SA group. For the most part leaders emerged or were sought from outside of the organization. They were supplied with information and materials in order to start a SA group. In partnership with the MHAM, SA began a new period of rapid group expansion and organizational development.

Question 2: How has SA expanded to serve new members?

Starting of New SA Groups

Figure 1 graphs the cumulative growth of SA groups from 1985 until 1998. The number

of groups that were started, closed², and ongoing during each year is summarized in Table 1. There has been a tremendous growth in the number of SA groups in Michigan since the founding of the first SA group in 1985. In 1998 there were 21 active SA groups in Michigan. Over the fourteen year period from 1985 to 1998, a total of 60 SA groups operated in the state (and perhaps as many as four more groups for which we could not verify a definite start date)³.

SA groups have been started many different ways. Unfortunately, we do not know how or why many of the groups were started (n=25, 42%). We have information on how and why the group started for 58% (n=35) of the SA groups. These groups were started for the following reasons:

- 1) The group branched off from another group for a variety of reasons (e.g., because the original group had become too big, part of the group wanted a smoking or nonsmoking option, the meeting time was inconvenient for some members, the location was not accessible for some members, n=11).
- 2) Interest in starting a group was sparked at a conference or presentation about SA (e.g., AMI conference, SA leadership conference, presentations given by Joanne Verbanic or the MHAM staff member, n=11).
- 3) The leader was seeking personal satisfaction, fulfillment, or desired to make a contribution. (n=5).
- 4) The leader was nominated to start a group by a case manager, clubhouse manager, or staff member at a hospital (n=5).

Table 1 presents the number of SA groups that were started, closed and ongoing each year from 1985 through 1998. It also presents significant events in the MHAM's involvement with SA and the external funding they received to support these activities. It appears from the tabulation of new groups in Table 1, that the increases in the level of the MHAM's involvement

² A group was considered closed if there were no meetings during the entire year.

³It is important to note that SA and MHAM also responded to many requests from beyond Michigan's borders for assistance with starting new SA groups. And in the latter years of this study (1997, 1998), an increasing amount of MHAM staff time was devoted to supporting SA group development outside of Michigan.

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 beginning, this relationship became more extensive in 1990 when SA and MHAM received funding from the United Way to support and expand the number of SA groups in the state of Michigan. 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 mechanism 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.

It is important to point out that, while this study focused on the development of SA in Michigan, SA has also experienced a large national expansion. In several states (e.g., Ohio, Connecticut) local networks of multiple SA groups have developed. The MHAM has devoted a great deal of time and effort to responding to requests for information from outside of Michigan and to supporting out-of-state leaders. Some of these leaders have become key figures in the SA central leadership.

Closing of SA Groups

Although there has been an overall increase in the number of SA groups from 1985 to the present, it is important to point out that as the number of new groups has increased the number of groups that close has also increased (see Table 1). A total of 38 SA groups closed between 1985 and 1998, all after 1990.

Because over half of the Michigan SA groups eventually closed and because all the group closings occurred after 1990, we conducted survival analyses⁴ to determine whether MHAM's increased involvement and the increased use of professional leaders and professional service settings for SA groups affected how long the groups survived. The dependent measure for the

⁴ Survival analysis is a family of statistical tools that can be used to model the timing of a discrete change. The analysis is appropriate for predicting the length of time an SA group is operating because this statistical modeling technique can be used for predicting change events (i.e., group closing) even if the event has yet not occurred for a substantial number of groups.

analysis was the amount of time between the start date and the closing date scaled in months⁵. The predictor variables for these analyses included (a) whether the group start date was before or after the MHAM's increased its involvement in 1990, (b) the type of setting where the group met, and (c) the type of group leader.⁶

The range of survival times for the entire sample of 59 SA groups was two months to 160 months. The median survival time was 34.0 months. The results revealed a high rate of group closings during their first three years and that groups lasting more than three years had much slower rate of closings. The results of the survival analyses (summarized in Table 2) indicate the wide variability of SA group survival times. The comparison of groups led by consumers vs. groups led by professionals revealed a statistically significant difference: groups led by a consumer were more likely to survive longer than groups led by professionals (or jointly led by professionals and consumers). The comparison between groups that started before and after 1990 revealed a trend level finding ($p = .16$), suggesting that the early groups (those started between 1985 and 1989) had longer median survival periods.

For 61% (23/38) of the groups that closed we have information about why the group closed. These groups closed for the following reasons: (a) lack of attendance ($n=9$), (b) change in leadership or the leader no longer being able to run the group ($n=9$), (c) difficulty with transportation to group meetings ($n=3$), (d) the hospital where the group met was closed or reorganized ($n=3$), (e) group closed after changing locations ($n=2$), (f) group began using another format and was no longer an SA group ($n=2$), and (g) group experienced a lack of support from Cental SA ($n=1$)⁷.

Summary

With the assistance of the MHAM, SA has experienced a period of rapid expansion. Between 1990 and 1998, at least 51 new SA groups were established in a variety of locations and settings throughout the state of Michigan. Although there was a great expansion in SA groups during this time, over half of these groups eventually closed. In trying to understand when and

⁵ Because the scaling for the survival time variable was in months (not years), only groups for which we could confidently identify the start and closing dates within six months were included. One of the 60 groups was dropped because the closing date could not be determined. Therefore the analyses were based on 38 groups that closed (four groups closed during 1998) and 21 groups that had not yet closed. For the groups that had not closed by the end of 1998, the group survival time was the amount of time between the start date and December 31, 1998.

⁶Group comparisons in survival were estimated using the Kaplan-Meier method and the Log Rank test of group differences.

⁷There may have been more than one reason given for why a group closed.

why groups closed, it appears that three years is a critical age for the groups. If they survive past this point, they are more likely to keep going. Groups that were led by consumers lasted significantly longer than groups that had a professional leader. Groups that started prior to 1990 also had a longer average survival time than those started between 1990 and 1998.

Question 3: How has SA's collaboration with MHAM influenced its growth and development?

Impact of the Partnership on the Expansion of SA

To examine how the development of the partnership between SA and the MHAM may have impacted the establishment of new SA groups, we examined the geographic location, the meeting setting, and the type of group leader for each of the new groups. We compared groups started before 1990 (1985-1989) to those started between 1990 and 1998. Before 1990, all but one of the new groups established were in close proximity of the first SA group and all but two were started by mental health service consumers who had been a member of the first SA group. After 1990 (when MHAM staff started assisting in group development), new SA groups started in communities further away from the first group, in a greater variety of settings, and with the assistance of more professional service providers. More than half (58%) of the new groups established between 1990 and 1998 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. This expansion greatly increased the accessibility of SA groups throughout the state. From 1985 to 1989 SA groups were held in only 4 counties, most of which were in the metropolitan Detroit area (i.e., Oakland, Wayne, Washtenaw, Iosco). By 1998, there had been SA groups held in 25 different counties in the state of Michigan. As noted above, at this same time SA was experiencing a large national expansion.

In addition to starting groups in new geographic areas, there was a shift in the types of settings where groups were established. As noted in Figure 1, the first nine groups were established in three types of settings including four community (non-service) settings (e.g., a church), four community-based service settings (i.e., Community Mental Health Centers), and one hospital inpatient unit. This meant that most members were people who lived in the community and had access to transportation to get to groups. Between 1990 and 1998 SA groups were started in a wider variety of settings including: non-service related community locations (n=6), staff supported apartments (n=2), consumer-run drop-in centers (n=7), clubhouses with professional mental health staff (n=9), community mental health centers (n=13), hospitals inpatient units (n=11), and prisons or forensic centers (n=6). While this made SA groups available to a wider variety of persons with schizophrenia, it also resulted in an increased involvement with the 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 (1985-1989). This shift in settings is statistically significant (Chi^2 (2 df) = 6.75, $p < .05$).

There was also a change in the type of leaders used in new SA groups before and after 1990. Figure 2 shows the 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. This difference was not statistically significant (Chi^2 (1 df) = 2.05). In addition, 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%, $n=7/9$) 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% (14/51) 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 (31/51) had never attended an SA meeting prior to becoming a SA group leader⁸.

In summary, following the increased involvement of the MHAM there was a large increase in the number of SA groups started in Michigan. Not only were there more groups, but their availability spread from the Detroit metropolitan area throughout the state. Groups were also available in a far greater variety of settings. The expansion provided groups in a variety of community settings, as well as, residential settings and both long-term and short-term mental health and forensic institutions. The rapid expansion and increased availability of SA was accompanied by a shift in the types of settings and leaders used to start these new groups. In the early years, the majority of SA groups met in non-service community settings and were led by consumers, most of whom had previously been members of another SA group. As the organization expanded the majority of groups began meeting in mental-health service related settings and professional involvement in the leadership of the group became a common thing. For those groups that were run by consumers, it was far less likely that the leader was involved in the central leadership of SA. In fact, the majority of new leaders had never even attended an SA meeting prior to leading their first meeting.

Prior to 1990, SA expanded slowly from within. For the most part, new groups were started by members of the original SA group who felt they were ready to lead their own group. With the exception of one group that met in a mental health institution, the groups all met in community settings close to the original group. Some of these were non-service settings and other were mental health service settings (e.g., CMHCs). Those groups in CMHCs tended to be unaffiliated with those services however. For example, one group met in a CMHC after hours when there were no staff members or clients present. Although there was little formal structure to the organization, SA leaders were in close contact with each other and provided a strong support system for one another.

⁸ For 6 groups we did not have any information on who the leaders were.

After 1990 SA's expansion increased dramatically. There were more groups available, in a wider variety of settings and geographic areas. With this expansion came a clear increase in the involvement of SA with more traditional mental health services and providers. In addition it led to an increase in leaders who did not know other SA leaders and who were located far from the center of SA activities in the Detroit metropolitan area. Not surprisingly, with this rapid expansion and decreased availability of informal leadership support, there was an increase in the closing of SA groups.

Impact of the Partnership on the Organizational Development of SA

SA leaders and the MHAM staff members were interviewed starting in 1996 regarding the organizational structure and leadership of SA. They were asked to describe the structure of SA, the leadership roles, and their experiences as SA leaders. By 1996, the organizational structure of SA had changed in several ways from its early informal roots. The organization within Michigan had grown considerably, having opened 41 new groups between 1990 and 1996. Joanne Verbanic, SA's founder, was still leading SA's first group and continued to be the most influential leader in SA. A professional staff member from the MHAM was devoting most of his time to SA's development, however and had taken on responsibility for many administrative, expansion, and leadership development activities. The MHAM office had become 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.

While SA members and leaders still had an important voice in the organization, the nature of their leadership contribution began to change. The Group Consciousness Meetings remained a primary avenue for member input and involvement in the organization. They now occurred nearly every month and were facilitated by the MHAM's staff member. Key leaders also provided informal input regarding organizational decisions. In addition, the MHAM contracted with a few SA leaders to assist the MHAM staff member in a variety of capacities.

By the time of the first organizational interviews in 1996, all of the SA organizational leaders acknowledged the MHAM staff member's increased role in coordinating SA's development. Other SA leaders had come to count on him and greatly appreciated the role he played.

He's the whole ball of wax....the all around organizer of...SA....the facilitator.

[He's] the coordinator...the most influential person...the hub of SA...the leader, who works with Joanne and Bill.

He is our unity and strength. He keeps it together. We look to him for support....He keeps it all organized.

He is the main person and the information conduit...He developed the organizational capacity for SA.

He is our guiding light. We rely on him for organizing actual stuff. Glad he is there to help keep it going. His role is as a facilitator in helping to get things done, organized and on track. He is very flexible and understanding, so positive.

SA had clearly moved from a collective to a more bureaucratic structure. As one member described it:

[The MHAM staff member] would be the chief administrative officer, Joanne would be the chief executive officer and primary decision maker, Wendy would be like the executive assistant or the chairman of the board of directors - who ever it is who does the administrative work and would answer to [the MHAM staff member]. The Group Consciousness Meeting would be like the board of directors.

As a result, the leadership role of SA members became less well defined. This is evident in the MHAM staff member's description of the "SA leadership core":

It's never been defined. And it's kind of loose but it's referring to the people that have input or offer input into decisions...the Group Consciousness Meeting... that's probably the closest thing to that leadership core right now. I'd say anybody who has come to a group consciousness meeting is part of that leadership core. Those are people who have expressed interest in providing input in the process.

This new structure has had a variety of influences on the SA organization. It has provided SA with a much needed consistency, helping the leaders to overcome feelings of discouragement and burnout.

He is our guiding light. We rely on him for organizing actual stuff. [I am] glad he is there to help keep it going....He is flexible and understanding and so positive.

There are 2.5 million people [in the U.S.] with schizophrenia and there are so many people out there that need help....And so Bill and I starting thinking...how are we going to distribute? It was just Bill and I mostly.... You know, it seemed like it was Bill and I all the time that had all the responsibility. And Ted too...you get burned out. You can't do everything, you know. 'Cause things change in your life, like my granddaughter and my son and my health, Bill's health, Ted's health. We gotta keep this going on. We gotta have people to take over.

The MHAM's involvement has also helped SA to develop a greater administrative capacity.

It was good for the administration of the program because [the MHAM staff member]

had administrative skills that I never wanted to have....And it became more of a polished organization because really, we used to laugh that the organizational file system of SA existed within Joanne's purse... She had, you know, a bunch of stuff in a big purse....It was very disorganized. There was no administrative capacity for SA. [The MHAM's] contribution pretty early was to develop administrative capacity for SA.

Finally, the involvement of the MHAM has given SA a greater response capacity. It has enabled SA to respond to the high level of interest and requests for information about SA. Between January, 1992⁹ and December, 1997 staff at the MHAM provided written responses and/or literature to 752 individuals and organizations in Michigan, the rest of the United States, and around the world. In addition, they answered an untold number of inquiries by phone. SA could never have responded to this level of interest on their own.

As one leader pointed out, this has been particularly true with groups outside of Michigan:

One of [the MHAM staff member's] real accomplishments has been to coordinate the development of the out-of-state groups and include their leaders in a sort of cadre of SA leadership. It's not just a Detroit area thing anymore, as it was in 1991 or so.

This administrative relief and enhanced capacity to respond to inquiries has not come without costs for the organization however. Interviews with SA group and organizational leaders revealed some mixed feelings about the MHAM's increasing responsibility for managing SA's expansion and development. Some leaders lamented about the increased size and the more hierarchical structure of SA:

I was worried it was getting too big time....I was concerned, there was kind of a group [of us who] were kind of pining for the early days, I guess. Kind of, there was less, maybe it was less polished. Still more of that old idealism...

SA [has turned] into a paperwork nightmare. [In the past we] didn't need pamphlets or manuals....The purpose (of SA) is to help one another....The contract for liaisons/the group leader manual all of these things are scary, intimidating....SA is bogged down with paperwork.

One leader noted a loss of control and the lower sense of ownership:

The group consciousness meeting was nothing but [the MHAM staff member] reporting to the rest of us what he's doing and what he's going to do. There's no real involvement....I wonder why I go sometimes. Sometimes I'm angry when I leave the meetings. Like when a meeting comes, I try to go because I want to be involved and I'm

⁹In 1992 the MHAM started to keep copies of all correspondence they sent out concerning SA.

interested. But then when I leave, I think what did I come here for?

When we got together and wrote that blue book and nobody from the Mental Health Association helped us with that except for funding. You know. And there was a big group of people working on it. I mean, right now there's very few people [involved].

Other leaders were concerned about the increased professional presence in SA:

[The MHAM] likes to deal with professionals. And this is supposed to be a self help support group and professionals have never had the illness and the grass roots, the consumers are the ones that should be starting groups and leading them... Professionals can't always help as well as someone who has been there.

More people should be involved....there should be a feeling of empowerment and ownership....There should be less professional involvement and more consumer empowerment....This idea is not well articulated and not well understood in SA now.

There was also concern expressed about focusing too much on group development and not enough on supporting existing groups:

In a relatively short period of time, we doubled the number of groups in Michigan... But...I began losing interest in organizing [groups]....I had a feeling, if I set up new groups, then you should be really focusing on really beefing up the groups that already exist and as these groups would begin to flourish, the groups we already have set up, then the word would get around and groups would just be all over the place....I was really interested in what's happening to the people who are in the groups right now.

Summary

Following the increased involvement of the MHAM, the SA organization became more bureaucratic and less collective in its structure. The MHAM took over many administrative and development tasks that had previously been handled by SA's organizational leaders. As a result, the organization had greater consistency, increased administrative capacity, and an increased response capacity. 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 decreased sense of ownership and control and an increased professional presence. There is also some concern that, in its efforts to respond to inquiries about SA and to make SA available to as many people as possible, SA has focused too much on group development and not enough on supporting existing groups. The future challenge facing SA and the MHAM is to find ways that the MHAM can continue to provide the much needed and appreciated administrative assistance to SA, while maximizing internal leadership development and members' sense of ownership of

the organization.

Developing Leadership and Increasing Leader Support and Involvement

The greatest challenge facing SA (and any mutual-help or voluntary association) is the development of strong organizational leadership. While SA can depend on the MHAM to fulfill many administrative functions, ultimately SA's ability to start and maintain groups rests on the development of an adequate number of group and organizational leaders. This is particularly challenging in an organization where many members and leaders are very sensitive to stress and may, at times experience debilitating symptoms. In this section of the report we examine factors that leaders report facilitate and create barriers to their ability to run their SA groups. We also describe SA and the MHAM's efforts to develop and support group and organizational leaders.

Question 1: What do SA leaders feel has facilitated their ability to run their SA groups?

In order to help SA continue to develop ways to support its leaders it is important to understand what the leaders think facilitates and acts as a barrier to group development. We conducted seventeen in-depth interviews with SA leaders within the state of Michigan. The interviews were content analyzed to identify factors that facilitate and act as barriers to group maintenance and development. The issues that were identified are presented below. In a few cases the quotes have been paraphrased in order to protect the identity of individuals. However, care has been taken to make sure that any changes made in the original quote have not changed the sentiment of the quotation.

The most important thing that leaders felt facilitated their ability to lead their group 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.

Having a Co-Leader or Assistant Group Leader

Some leaders found co-leaders (i.e., two leaders who equally share responsibility for leading the group) or assistant group leaders helpful in leading their groups.

As an assistant leader, I got some experience which helped me on later.

He greed to be my assistant leader so that we could try to get this group started and so that I could have someone to bounce ideas off of.

Observing or Attending Other Groups

Some group leaders identified that observing or attending other SA groups or other

closely related groups allowed them to gain feedback about their group and to ask questions and get ideas about how to handle situations in their group.

Well, it is always good to learn. To go to different groups and to learn different techniques.

[Many] leaders at first, were trained [by attending] the Sunday group.

Receiving Support from Central SA/MHAM

Another source of help and support emanates from Central SA. Central SA is instrumental in providing literature and resources which outlines the beliefs, philosophy, and structure of an SA meeting.

It's sponsored by MHAM and it has literature...it is quite extensively organized and that helps to get the things we need.

The support from Southfield (was helpful).

It's run by the members of the group and they are supported by the structured format...the literature...the principals...the goals.

I have just sort of been there [at the group] and brought these audio tools [tape of Joanne speaking about SA].

Receiving Professional Support

Another thing that was identified by leaders as helpful in leading their group is professional support. Some group leaders utilize their own personal social workers and therapists as sources of support, referral, resources, and networking.

I brought a lot of people when I first was coming over here and the case managers and leaders all have pushed it, recommended it to their clients.

I used my doctor as support when I was stressed about the group or wasn't receiving the support I needed in group.

Having Flexibility in How to Structure and Run the Group

Some leaders felt that it was important that the SA program allows for flexibility and individuality in structuring and running a group in order to meet the specific group's needs.

Each group can decide between themselves just how their going to conduct their meetings.

[The SA program] gives you the freedom to make decisions.

Question 2: What do SA leaders feel are the main barriers to running and maintaining their SA groups?

There were several barriers that leaders identified. 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.

Problems with Group's Accessibility for Members and Leaders

One barrier identified by leaders is their group's accessibility both for themselves and their members. Some leaders reported that restrictive living situations, time of the group meeting, or a lack of transportation made it difficult for them or other members to attend.

These [the bus route and the time of day] were the two main problems.

Transportation is a problem for the mentally ill and working out schedules.

Lack of Financial Resources

Another barrier identified by leaders is the availability of financial resources. Most leaders reported that attaining financial support for purchasing literature, providing coffee and snacks for their group, and attending the conferences was difficult.

Little goodies and snacks are important but not all groups can afford them.

All of the literature, conferences and stuff are great. But not everyone can afford to spend [the money].

Uncertainty Regarding the Role of the Group Leader

Some of the group leaders had concerns regarding their role in the group and struggled with what was expected of them and whether or not they were fulfilling these expectations.

It's not knowing what is expected of me or what. It's like am I doing it right that causes me stress.

I had some feelings of being kind of confused about what the expectations were.

Difficult Group Dynamics

Another difficulty experienced by leaders is handling the dynamics of their group. Some leaders reported feeling uncomfortable with their groups because of a hostile or intimidating group member or because a group member has a problem that the leader is not knowledgeable about.

Sometimes somebody is having personal problems, they are out of control.

One [person] was talking about their sexual life and I said we don't talk about that.

The hardest job of all is being the enforcer when you've gotta evict someone from the group [for inappropriate behavior].

Lack of Attendance

In addition to things that impact attendance, such as accessibility, some leaders felt low attendance was a problem in forming a consistent, cohesive, and trusting group. They felt that this sometimes even made first timers less likely to return to another meeting.

Our group was still very small and not fully attended...it seemed as though we ought to disband.

Our group only has maybe 2 people show up. Sometimes I think new people come to the group and don't want to come back because it is just two [of us] sitting around.

When there are only the same 2 people you eventually don't have much to talk about. You need new people to share their experiences and give new ideas to the group.

I think the biggest problem is people just not showing up.

Leaders' Experience of Stress or Symptoms

Some leaders identified problems in their personal lives or their experience of symptoms as impacting their ability to lead their group.

I felt that I'm unable to operate that intensely.

I've been having stress lately myself so I have a tendency to put things [related to the group] off.

There were things happening in my personal life that were causing me stress and I couldn't lead the group anymore.

Lack of Support and Connection

Another barrier experienced by leaders is a lack of support and connection to other leaders and within their groups. This lack of support can lead to a feeling of increased stress for leaders, because they feel the group's survival rests on their shoulders alone.

I felt like I was doing all of the giving and I needed support myself.

I would like to know what other leaders are doing. Sometimes I feel like I am the only one. It would be good to talk to other people to see how they handle things.

If something happened to me...the group wouldn't have any leadership.

I didn't have anyone to rely on, to fill in.

I need for somebody to lead the group besides me.

Question 3: What is SA and the MHAM doing to increase leadership support and development?

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: Group Consciousness Meetings; leadership training sessions; SA publications (The Group Leader Circular, The Schizophrenia Update); the SA Annual Leadership Conference; the Group Leaders Liaison Project, the Pen Pal Project, yearly planning sessions, and a variety of Internet-based activities.

Group Consciousness Meetings

SA has always used the Group Consciousness Meeting as a means of involving leaders in organizational decision making. Historically, Group Consciousness Meetings were held when there were particular projects to work on (e.g., organizational literature). As one member described them:

The Group Consciousness Meeting used to be member run... For 3 years we ran them ourselves. They weren't like these firm agendas and they were mostly project oriented....They were usually work oriented... Group leaders would come from all over. They were generally very well attended.

In the early years of SA, Group Consciousness Meetings were also held periodically (every six months) in order to provide support to leaders. They were described as "a rap group" and as "a support group for the leaders to get connections, [so they] didn't feel so isolated."

Since 1992 Group Consciousness Meetings are held every month (excluding the month when the SA Annual Leadership Conference was held). The meetings are facilitated by the

MHAM staff member. They have taken on a more organized format. As one member described them, “When [the MHAM staff member] became involved it became more organized, more structured, we got an agenda.”

Participants describe these meetings as a mechanism for input about SA, a place to be updated about what is going on in the organization, and as a chance for leaders to get together.

A lot of decisions about the conference are made there...a lot of ideas about group development are born there.

Just getting together to talk periodically, socializing, to say hello and keep in touch. [The Group Consciousness Meeting] is a place where people who are interested in SA can gather to be updated on what’s going on.

Some participants feel that the role of the Group Consciousness Meeting as a decision making body has changed somewhat over the years. As one member described it:

The Group Consciousness Meeting doesn’t really affect the main flow of how things are done. I don’t know if that is bad... The Group Consciousness Meeting doesn’t have an impact on the movement of the organization.

Generally, six or seven people attend each meeting, including: the MHAM staff member, organizational SA leaders, former SA leaders, and at times, current out-of-state leaders. Starting in 1998, leaders from outside of the Michigan have been included in these meetings by conference call.

Leadership Training Sessions

SA leaders and MHAM staff have been conducting formal leadership training sessions since 1990. These sessions are intended to introduce new and potential leaders to the SA program, provide an overview of SA’s history and philosophy, demonstrate how an SA meeting runs, and outline the different types of support and technical assistance available from central SA. Leadership training sessions are held at least once a year at the Southfield office. In recent years they have also been held at the SA Annual Leadership Conference, at other mental health oriented conferences, and have been hosted in other states (e.g., New Jersey, New York).

Publications: The SA Group Leaders Circular and Schizophrenia Update

These SA publications are intended to provide leaders with information and suggestions that will help them run their groups. The SA Group Leaders Circular was started in 1992. This two-page, monthly newsletter is sent to SA leaders around the country. It is written by members of the SA central leadership and contains information pertinent to the experience of being an SA

leader, as well as updated information on schizophrenia and its treatment. The Schizophrenia Update was started as an educational supplement for members. This two-page newsletter contains information about issues such as the development of new medications, coping strategies, and a series on the role of hope in recovery. It is written by an SA leader and is distributed to leaders monthly along with The SA Group Leaders Circular.

SA Annual Leadership Conference

SA Annual Leadership Conferences have been held every year since 1995. The conference takes place every year in the Detroit area. It is intended for everyone involved in the leadership of SA (all current and prospective group leaders, co-leaders, assistant leaders, mental health professionals who act as SA group facilitators, and participants in the Group Consciousness Meetings). As described in the conference brochure, the conference is intended to provide an opportunity for leaders to share ideas, network with other leaders, work to enhance the program, strengthen their group, and to enjoy fellowship. The conference is also a time for SA leaders to provide feedback to Central SA about things that are working well and areas that need to be improved. SA leaders and potential leaders from Michigan and throughout the United States are encouraged to attend.

The Group Leaders Liaison Project

The goal of the Group Leader Liaison (GLL) Project is to establish a way to maintain regular contact with new, prospective, and existing SA groups. It is intended to decrease feelings of isolation experienced by some SA leaders by providing support and guidance around leadership and programmatic issues. The GLLs also provide SA with current information regarding the group (e.g., day and time, location) in order to facilitate keeping an up-to-date group list. Each SA group leader is linked with a designated GLL who contacts them approximately once a month. All GLLs are asked to sign a formal contract which delineates their responsibilities to SA, as well as the compensation rate for performing these responsibilities (\$75 per year for an existing group and \$125 per year for new or prospective groups). Recently, instead of financial compensation, GLLs were given computers and free Internet access in order to assist them in keeping in touch with central SA and with other SA leaders. By the spring of 1997 all out- of-state group leaders were matched with one of 15 GLLs. By the summer of 1997 all group leaders in Michigan had been linked to a GLL. One group leader who we interviewed expressed appreciation for the GLL, stating "It is a good idea that you have the state coordinators [GLLs]. I have already been in touch with her twice and she's helped me get some information."

The Pen Pal Project

The Pen Pal project is an informal mechanism to enhance connections and promote friendships between SA members who might otherwise be isolated. SA members were asked if they are interested in being connected to a pen pal and, if so, what their needs and basic demographic information was in order to make an appropriate match. Participants were recruited through the newsletter, a postcard sent through the mail to all leaders, and at the annual leadership conference. Those who responded were paired with another interested SA member

and each person is given the others' contact information. As of the Spring of 1997 at least 35 people had been connected with a pen pal.

Future Planning Sessions

The Future Planning Session is an opportunity for SA leaders to participate in brainstorming activities designed to help define the future vision of SA and to identify SA's strengths and challenges in order to facilitate organizational expansion. It is also an opportunity for new organizational leaders to learn about the history of SA and its current national expansion goals. The first Future Planning Session was held in 1998 at a hotel located in the Greater Detroit area. It lasted for two days and was attended by 17 participants (the MHAM staff member, the founder of SA, 4 Michigan leaders, 9 out-of-state leaders, and one member of the Michigan State University research team). Three other Michigan leaders were invited, but were unable to attend. At the conclusion of the Planning Session, the group identified a number of goals and tasks to work on over the next year.

Internet-Based Activities

Recently, SA has begun to use the Internet as a mechanism for increasing contact between leaders, facilitating access to Central SA, and increasing member involvement in the decision making process. In the Spring of 1998, the process was started by providing all Group Leader Liaisons (GLLs) with their own home computer and free Internet access in order to facilitate communication between GLLs and other GLLs, the GLL Coordinator, and Central SA. As one leader noted, "I am on the phone at least one hour with [the MHAM staff member], one time a week, but now with e-mail, at least before the fire before the computer melted, I was in contact with [him] twice a week."

In addition, the Internet has provided a way to get the word out about SA and to exchange information with persons interested in the organization or starting a group. As the MHAM staff member noted, "the Internet is becoming an avenue for more referrals. We're getting more people...it's not like we get five or ten every day, but we get a pretty constant inquiry from people....So we are able to follow up with people who have accessed information that way."

Finally, there are several on-line mutual help options available. There is a weekly SA meeting held on-line, as well as contact by personal e-mail. One of the SA leaders is also putting out a weekly "SA eletter" that is sent to 60 SA members and people interested in SA. As he described it:

I am now on the Internet quite a bit. [I] use it to stay connected with SA. [I've been] doing beginning work with [an] Internet support group and there are about ten of us currently. I think it's gonna change what we call a SA member- [there are a] group of people who haven't been to a SA meeting before, but only connected over the Internet.

Training Manuals and Materials

SA has developed a number of different training manuals and materials to facilitate the dissemination of information to new group leaders, as well as encourage the adherence to the SA program. These have included a Group Leader Liaison (GLL) Training Manual, a Leader Training Manual, a Start-Up Package, and a about how to start an SA group. The GLL Training Manual outlines the responsibilities of the GLL and provides a information on SA and other resources to assist the GLL in answering any questions that leaders might have. The Leader Training Manual provides more specific information about the elements of a meeting, steps for forming a group, etc. It is one of the items included in the Start-Up Package, which also includes a copy of the Blue Booklet and information on how to run a group, how to get publicity for your group, and how to secure financial support for your group.

Summary and Conclusions

Organizational Expansion

The impetus for an expanded partnership between Schizophrenics Anonymous (SA) and the Mental Health Association of Michigan (MHAM) was created soon after SA's founder and other SA group leaders made the decision to extend SA's program to other persons with schizophrenia. SA group members had started nine new groups before the MHAM intensified its involvement, but after several media events and publications featured SA's program, the demand for information and assistance grew beyond SA's capacity to respond. A more extensive partnership between SA and the MHAM developed, leading to a division of labor with SA retaining responsibility for the program content and with the MHAM assuming responsibility for administrative activities and for supporting new group development. The partnership also created pressure for the MHAM to solicit external funding to pay for staff time, travel, and materials needed to start new SA groups. Most of the early grants were targeted to start new groups in areas in Michigan where there were no existing groups.

These events and decisions represented an important set of changes for how new SA groups were established. First, the rate of growth of SA groups increased rapidly and accessibility of SA to persons in Michigan increased dramatically. SA groups were available in more geographic locations throughout the state. They were also available in more types of settings, increasing access to persons who were not living independently in the community and for those in institutions.

Second, the manner in which new groups started changed. The MHAM staff, not SA members, were now primarily responsible for starting new SA groups. New SA groups were starting because the MHAM staff were responding to requests for information and assistance or because the MHAM staff were actively soliciting interest for starting new groups. This was different from previous years when most of the new groups started because a member of the first SA group wanted to start their own group.

Third, SA was becoming increasingly involved with the mental health system. New SA groups were more likely to be started in settings controlled by mental health service providers, as opposed to community (non-service) settings. The new SA groups were also more likely to use service providers in SA group leadership roles.

While many new SA groups were established after the MHAM became more involved in 1990, most of these groups eventually closed. The data on group survival times, however, do not provide definitive answers to the question about whether the new group development strategies led to lower group survival times. The SA groups developed before the MHAM became involved in group development, on average, survived longer than SA groups developed with MHAM's assistance, but there was great variability of survival times and this trend was not statistically significant.

Overall, the survival analysis revealed that SA groups were most likely to close during their first three years and may need outside support during this start up period. It appears however, that this support can not be only from professionals. Groups led or co-led by mental health service professionals had lower survival times than groups led by SA members. There are many possible reasons why professional leadership may be associated with shorter group survival rates. It may be due to incompatibility between the ideologies and practices used by professionals and mutual-help organizations. Alternatively, professional involvement may lead to a decreased sense of member ownership. As many consumer advocates have argued, the presence of professionals may decrease consumer choice and control of the group (Chamberlin, 1990; Zinman, 1987), making it unlikely that members will move into leadership positions.

The rapid expansion of SA, the development of new leaders from outside the organization, and the geographic dispersion of SA groups has created a need to more formal mechanisms of leadership support. Being a member of an SA group prior to becoming a leader provides a natural training ground for leaders, as well as a close knit network of peers to provide support and encouragement to each other. As the organization has grown and spread over a greater distance, there are fewer natural mechanisms for internal leadership development and support. This increased need to support and develop leaders in a more formalized manner has created a challenge for SA. In an effort to increase the viability of groups, SA has developed a variety of leader support mechanisms, including: an annual leadership conference, leadership publications, future planning meetings, The Group Leader Liaison Program, The Pen Pal Project, training materials, formal training sessions, and Internet-based activities.

Changes in Organizational Processes

After several of the members of SA's first group decided to start new groups, they also embarked on the process of creating an organization that would support the

development and operation of new SA groups. At first the organization was informal and guided mostly by the efforts of a few people. While the leadership group was small, it was clearly identified and committed to the growth and maintenance of SA. There were few formal meetings, except for very specific purposes, like writing a program manual. There was no formal decision making process. The few leaders who were guiding the development and the work of SA's organization grew tired and at times were overwhelmed, especially after national media attention generated so much outside interest in starting SA groups.

The SA organizational leaders who played key roles in those early years greeted the MHAM's involvement with a sense of relief and anticipation. The MHAM brought to SA a feeling of consistency, greater administrative capacity and an increased ability to respond to requests for information about SA. The MHAM also had access to financial resources that would be needed for a broader expansion of SA. And as SA's founder stated, the efforts by the MHAM's staff members relieved her from the growing number of responsibilities associated with further group development.

Most of the SA leaders we interviewed acknowledged these advantages of the partnership with MHAM and most greatly appreciated the role that the MHAM staff member plays in supporting SA. Many also expressed some mixed feelings about other changes that had occurred within the organization. These included: (a) concern about the speeding rate of group development without sufficient focus on group support, (b) the increased presence of professional involvement in SA; and (c) the loss of control, involvement, ownership, and "idealism" among many committed SA leaders. These issues are to some extent a natural result of organizational growth and expansion. They may also reflect the inherent tensions that can occur between professionals and self-help group members when they collaborate on development of self-help groups (Powell & Cameron, 1991). It seems clear that with the MHAM's assistance, SA developed much faster than it would have otherwise. But it also appears that at least some of the SA leaders felt that their own role in SA's development was diminished and they were not sure how to remain involved in meaningful ways.

It is important to point out that this sense of disenfranchisement was not due to lack of effort on the part of the MHAM's staff person to maintain and increase SA leader's involvement in the organization. He is a person who fully understands and appreciates the ideology underlying mutual help and who works hard to involve SA members. In spite of these efforts, the development of an internal leadership core has not kept pace with the organizational need. There are several possible explanations for this.

One possibility is that the involvement of the MHAM staff person decreased the motivational press for involvement that occurs in underpopulated settings. The lack of sufficient people to do the needed work can act as a mechanism of empowerment in mutual-help settings, motivating members to take on new roles and develop new skills. The involvement of the MHAM, while relieving stress and preventing burnout of leaders, may also have decreased the press for this type of involvement.

Alternatively, institutional theory offers a potential system level explanation for our observations. According to institutional theory, organizations come to look like other organizations that they associate with because they are rewarded for doing so with increased resources and viability (Scott, 1995). As SA became more and more involved with the MHAM, it took on a more bureaucratic structure. It moved from a small, collective decision-making group to a more hierarchically structured organization with one person who was primarily responsible making many key decisions. This structure is very different from the volunteer-based, member-controlled structure that typifies most mutual-help organizations.

Conclusions

The partnership between SA and the MHAM developed in response to the needs expressed by SA's leadership--they needed help to respond to the interest and demand for more SA groups. They also believed that, in order to expand, they needed the administrative capacity that the MHAM could provide. The collaboration between SA and the MHAM is probably best viewed as "mutually beneficial". SA wanted more groups to better address the needs of persons with schizophrenia and, with the MHAM as a partner, they have been much better able to meet this goal. 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 however, 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 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. One possible means to this end is to create organizational roles and structures that provide SA leaders with more control and more resources for providing support to existing SA groups and for directing future efforts to expand SA's reach.

It is important to point out that it is difficult to isolate the impact of the partnership between SA and the MHAM from other organizational decisions and processes. SA had already started the process of expanding before 1990 as evidenced by the increased activity to develop new groups; institute more formal leadership structures (e.g., the group consciousness meetings); and create pamphlets, video presentations, program guides, and newsletters. Growth and changes in SA's organizational processes likely would have occurred even if MHAM had never become more involved. On the other

hand, because the MHAM had administrative capacity, was aligned with other mental health service providers, and was positioned to solicit grant funding, it is likely that many of the types of changes we observed were influenced by SA's close partnership with a more professionally oriented advocacy organization. The causal links between the MHAM's involvement and the nature of SA's expansion and development can never be established with certainty. Our efforts to understand the impact of this relationship, however, can help SA and the MHAM to continue their collaboration in a manner that maximizes both the expansion of SA to support more individuals with schizophrenia and the maintenance of member ownership and control that makes SA a mutual-help organization.

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Table 1
The Association between MHAM External Funding and Involvement with SA and the Development of SA Groups **in Michigan**

Year	Total Grant Amounts	Changes in MHAM's Involvement with SA	New Groups	Closed Groups	Ongoing Groups ¹
1985		1 st SA group starts meeting at MHAM Office.	1		1
1986					1
1987		Publishes SA pamphlet.	2		3
1988		Publishes SA booklet.	4		7
1989		Produces SA video presentation. Fields <u>Cosmopolitan</u> article inquiries.	2		9
1990	\$7,000	Part-time staff devoted for SA development.	5		14
1991	\$7,000		3	3	14
1992	\$21,500		4	3	15
1993	\$39,866	Staff time increased to work on SA group development. Convenes Group Consciousness Meetings	9	2	22
1994	\$41,624	Staff time increased to work on SA group Development (.50 FTE).	4	3	23
1995	\$18,400		9	4	28
1996	\$97,605	Staff time increased (1.00 FTE) to work on group and leadership development. Hires SA member part-time. Starts hosting annual leadership conference.	7	3	32
1997	\$99,169	Begins exploring national expansion strategies.	7	6	33
1998	\$98,592		3	10	26 ²
TOTALS			60	34 ³	

¹ A group was counted as ongoing if it met at any time during the year.

² Four of these groups closed at some point during 1998.

³ A total of 38 groups had closed by the end of 1998.

Table 2
 Comparisons of Michigan SA Group Survival Times

Comparison	Groups	Group Closings	Median Survival Time (months)	95% CI (Median)	Log Rank Test
Group Start Date					
1985-1989	9	8	48.0	27.7, 68.3	1.97
1990-1998	50	30	31.0	20.0, 42.1	
Group Meeting Setting					
Community	10	8	24.0	17.9, 30.12	.52
Community Service	31	19	36.0	28.6, 43.38	
Institution	17	10	34.0	18.34, 49.67	
Group Leader					
Consumer	36	21	36.0	21.6, 50.5	4.21*
Professional	20	14	26.0	8.5, 43.4	

*p < .05

Appendix A

Methods

The data for this part of the evaluation was collected through face-to-face interviews with SA group leaders, SA organizational leaders, and MHAM staff; telephone interviews with SA group leaders, face-to-face interviews with MHAM staff; review of archival data; and observations of key organizational events.

Interviews

Procedures for Recruiting Interview Participants

SA group leaders. SA group leaders were recruited to participate in the study as part of the overall recruitment of SA members for the larger evaluation. To establish contact with prospective groups and interviewees, a letter was sent to all SA group leaders in Michigan explaining the study and asking the leaders to call the MHAM if they did not want a member of the research team to contact them. At the time the interviews took place there were 26 active SA groups in Michigan. After eliminating 12 groups, due to lack of current attendance (N=3), driving distance (N=1), lack of use of SA program or principles and large size (N=1), location in an inpatient hospital or prison settings (N=5) or the group being on hiatus (N=2), a total of 14 groups were invited to participate in the study. Two of these groups declined to be contacted, for a group response rate of 86% (12/14). The leaders of each of the 12 SA groups were phoned and informed about the overall purpose of the study. They were asked whether they felt their group would be interested in participating. They were then asked to get permission from the group members for one of the research team members to visit the group to discuss the study. A member of the research team visited each group, explained the study, and invited members to fill out a "Consent to Contact Form" if they were interested in participating. At the time all group leaders consented to participate in the study. Initially, all of the leaders of these groups agreed to participate [14 group leaders from 12 SA groups (two groups had co-leaders)]. Two leaders (from the same group) subsequently refused participation. The final completion rate for leaders was 86% (12/14).

SA organizational leaders. In 1996, when data collection for this study began, we developed a method for identifying the SA members who had been most involved in SA's organizational development. After attending several meetings of SA's organizational leaders (called "Group Consciousness Meetings") and after informal discussions with leaders and MHAM staff, we generated a list of SA members who we had observed were involved in SA's organizational development efforts. As a way to check the reliability of our list of leaders, we asked these SA leaders who were the key SA members who were most involved in SA's organizational development efforts. There was strong agreement that there were four SA members who were the most involved in SA leadership at the time. Each of these SA members were or had been a SA group leader, regularly attended the Group Consciousness Meetings, and had been involved in organizational level decision making and activities. A fifth leader was

added later when she took a paid position working for the MHAM on SA activities.

Consent Procedures

Each participant signed one of three different consent forms, depending on their role within the SA organization. This formal consent form was signed by the participant prior to beginning the interview and after the participant had a chance to read it and the interviewer reviewed the important elements of anonymity, confidentiality, voluntary participation, and risks of participation. Before the interview commenced the participant was reminded that at any time during the interview he or she could refuse to answer specific questions or to discontinue participation in the study.

Procedures for Conducting Interviews

SA group leaders. The interviews were conducted with an emphasis on allowing individuals to tell their story within a semi-structured format in order to ensure that certain important aspects of their experiences were covered. The interview protocol consisted of four distinguishable sections: (a) the participant's story about their involvement in Schizophrenics Anonymous, including their leadership experience; (b) the participant's story of their mental illness; (c) questions concerning interpersonal relationships and social support; and (d) demographic information and mental health service utilization. Each section of the interview consisted of a number of questions with the most open-ended question starting the section, except in the case of section (d), which consisted of mostly closed ended demographic questions. Each question also had a list of pre-determined probes which were used if the participant did not touch on certain aspects of their experience within their story. However, the interviewers were not restricted to the predetermined probes and were allowed to develop their own probes based on the content and flow of the particular interview. Interviewers pursued meaning by asking the participants for examples of what they were describing or by asking additional questions to ensure that the interviewer and participant shared a common understanding of the phenomenon.

All the interviews were conducted in a setting of the participant's choice, which included: individuals' homes, restaurants, mental health agencies, or other community settings (e.g., library). Interviews were conducted by two graduate student both of whom had been involved with the larger evaluation study for at least one year at the time of the interviews. Interviewers took notes on the content of the interviews, as well as questions that arose during the interview. In addition, all interviews were audio taped. As participants addressed specific questions or probes they were checked off on the interview protocol to verify that they had been covered and would not need to be addressed again.

The interviews varied in length, with the shortest interview tape lasting 45 minutes and the longest interview tape lasting 6 hours. Often longer interviews were conducted in more than one session depending on the participant's preference. Two to three sessions were needed to complete an interview on many occasions. After each interview was completed the interview was transcribed verbatim. The transcription was then checked for accuracy by listening to the entire

interview tape and comparing the transcribed text with the spoken words. During this process all identifying information was removed from the transcribed document to maintain the anonymity and confidentiality of the participants.

SA organizational leaders. SA organizational leaders who were running a group at the time of the face-to-face interviews described above (N=7) were included in the face-to-face interviews. In addition, four organizational leaders participated in telephone interviews once in 1996 (N=4) and once in 1997 (N=4) regarding their perceptions of the leadership structure of SA. These interviews were structured, but open-ended and asked about their involvement as SA leaders and about views of SA's leadership structure and expansion.

MHAM staff. Between May, 1996 and March, 1999 we conducted 21 open-ended interviews with the MHAM staff member who had worked on SA's development since 1989. These interviews occurred every one to two months and covered his work with SA (e.g., current group and organizational development efforts). In addition we interviewed the director of the MHAM regarding the development of the MHAM's relationship with SA.

Review of Archival Data

SA literature (i.e., newsletters (SA Forum), letters written in response to inquiries for information, conference brochures, training manuals, grant proposals) were reviewed in order to better understand the expansion and leadership support activities.

All SA Forums were collected from the time of the first printing through the 1999 issue. This information was used to help verify group existence and to get a sense of different organizational activities.

All letters written in response to inquires for information about SA between 1992 and the end of 1997 were collected from the MHAM (either as a computer file or a paper copy) and then coded for (a) type of request (general information or expressed interest in starting a group); (b) recipient of letter (consumer, family member, individual professional, or organization); (c) date (year letter was sent); and (d) address of recipient. After all of the letters were coded, five percent of the letters were checked for coding accuracy and then they were entered into a SPSS database in order to facilitate analysis.

Conference brochures, training manuals, and grant proposals were read and reviewed for content in order to gain a fuller understanding of the goals, purpose, and activities of various organizational events and roles.

Attendance of Organizational Meetings and Events

Organizational meetings and events were attended in order to understand and stay up-to-date

on the expansion and leadership development activities. These events included the annual conferences, the planning session, the Group Consciousness Meetings, and presentations done by SA leaders and the MHAM.

At least one research team member attended all three of the annual conferences held during the time of the evaluation (1996-1998). One research team member attended the planning session held in 1998 and at least one research team member attended 23 out of 30 Group Consciousness Meetings held from Fall of 1996 through Spring of 1999. For each of these events, individual research team members took field notes which were later transcribed, formatted, and entered into NU*DIST, the qualitative analysis program. These documents were then included in the qualitative analysis described below and used to inform our understanding of the expansion and leadership development and support activities undertaken by the SA organization during the course of the evaluation.

Qualitative Analysis of Interview Data and Field Notes

The qualitative analysis used for exploring participants' experience began by condensing the interview transcripts into a manageable and meaningful format. First, the interview transcripts were transcribed verbatim and checked for accuracy. Then, they were formatted and imported into NU*DIST, a computer software package for qualitative research, which helps to facilitate data management, data reduction, and thematic content analysis. After all of the interviews and relevant documents were imported into NU*DIST, a cross-case analysis was used to explore aspects organizational expansion and leadership support and development. The purpose of this strategy is to identify and code themes of organizational expansion and leadership support and development that appear across cases (interviews and field notes).

One research team member, who was very familiar with the interviews, read each document and used a constant comparative method to arrive at the themes and categories. This involves "categorizing" or bringing together information units that look alike or feel alike in content until each unit of information has been examined and put with other units of information that are similar. A name was then assigned to each category and all subsequent units of information were then excluded or included in the category based on their fit. The categories were then reviewed by two other research team members and the meaning of the data was discussed.

Documenting Group Development

In order to track the development of new SA groups and document the number of active groups over time, we collected archival documents that made reference to the status of specific SA groups and we interviewed SA organizational leaders (including the founder of SA), MHAM staff, and SA group leaders. From these sources we collected information about each group's start date and closing date. We also determined (a) the type of group leader: whether the group was led by a professional service provider, a mental health service consumer, or co-led by a consumer and a provider; (b) the SA membership status of the group leader: whether or not the leader was involved in SA prior to starting a group, and (c) the type of setting where the group

met including: whether the setting was a community setting (i.e., drop-in centers that were not staffed by professional service providers, community centers, churches, and restaurants; community-based service settings that were staffed by professional service providers; or institutional settings such as hospitals and correctional institutions). Whenever possible we documented how the group started, any changes that occurred in the group, and why it closed.

Using all data sources, we identified 64 SA groups that operated between 1985 and 1998. Forty-two of these groups were active at some point between 1996 and 1998 when data collection took place. We able to interview 34 group leaders about their SA groups. For the remaining groups data was collected retrospectively from individuals who were familiar with the group (e.g., other SA group and organizational leaders, the MHAM staff member, and group facilitators) and from archival information. We considered data about these groups valid if it was confirmed by at least two independent sources of information. For four of the 64 groups, we were not able to confidently determine the year in which the group started and stopped, so we did not include them in our data analysis or description. We were unable to verify with confidence the groups setting for one group and the type of group leader for four groups. Information on membership status of SA leader, why the group started and why it closed was available for some of the groups.

To determine each group's proximity to the MHAM office (site of the SA's original group's meeting), we collected driving miles estimates from the AutoPilot travel plan website (www.freetrip.com).