SA Evaluation Project

Brief Project Description
Project Progress Report
Preliminary Survey Results

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Project Description
The purpose of the evaluation is to increase our understanding of how SA helps its members and how it expands to serve additional people. The evaluation has two components: organizational expansion and leader development and member engagement and change.

Organizational Expansion and Leadership Development: This component of the evaluation has tracked the activities of the Mental Health Association in Michigan and the organizational leaders from Schizophrenic’s Anonymous as they work towards both strengthening and expanding the current organizational leadership, as well as, establishing and maintaining new SA leaders and groups in Michigan. The goal of this aspect of the evaluation is to create longitudinal “pictures” of the SA organization and the SA leadership core and to identify factors that facilitate the maintenance and growth of the organization over time.

Member Engagement and Change: This component of the evaluation examines individual members experience in SA. The goal of this second component of the evaluation is to describe the experiences of SA members, to identify factors that facilitate their engagement in the groups, and to identify areas of change attributable to group participation. Interviews and the survey of existing group members will be used to create a context for understanding members experience and to explore constructs hypothesized to promote engagement and change within a larger sample (e.g. referent power, experiential knowledge). In addition, questions regarding the outcomes of participation will be addressed by using intensive descriptive and ethnographic interviews.

Research Questions
Organizational Expansion and Leadership Development: The following research questions will be addressed:
1. How does SA start new groups?
2. What factors facilitate the establishment of new groups?
3. How does SA develop new leaders?
4. What factors do SA leaders experience as important in engaging and supporting them as leaders?

Member Engagement and Change: The following research questions will be addressed:
1. How does SA engage new members?
2. What impact does involvement in SA have on new members?
3. How do SA members’ personal stories change as a result of involvement in SA
Research Methodology

The evaluation employs a quantitative/qualitative research design for both components of the evaluation. Organizational expansion and leadership development is being examined using a case study methodology. Data collection strategies include: tracking expansion and leadership development activities, tracking the development of new groups, observation of meetings and activities, and interviews with new and experienced SA leaders. The interviews with SA leaders will provide a context for understanding the experience of new leaders and for comparing leaders recruited through the new expansion activities to those who have moved up through participation in the SA organization. These data collection strategies will yield descriptive data about the processes of starting new groups and of how new members start to establish a commitment to their groups.

Member engagement and change is being studied through a combination of research strategies, including: 1) survey data collected from all SA leaders and members 2) longitudinal interviews of members of two newly established SA groups; and 3) interviews with SA members and leaders who have been involved with SA for varying periods of time.

By focusing on these two components we hope to gain a better understanding of how SA expands it's program to new communities as well as the impact that SA has on both the leaders and members of the organizations.

Project Update

In March of 1998, we will have completed two years of the three year evaluation. During this time, the activities of the MSU researchers have primarily focused on collecting survey data, tracking the organizational expansion and leadership development activities and conducting in-depth interviews with SA members and leaders. The focus of the remainder of the second and third year will be primarily on finishing the in-depth interviews with SA leaders and members and on data analysis. We will also continue to track the organizational expansion activities during this period. Attached to this project description are a brief progress report and a preliminary summary of the survey results.

MHABOARD WPD
November 16, 1997
SA Evaluation Project: Progress Report

Organizational Expansion & Leadership Development

This component of the evaluation has tracked the activities of the Mental Health Association in Michigan and the organizational leaders from Schizophrenic’s Anonymous as they work towards both strengthening and expanding the current organizational leadership, as well as, establishing and maintaining new SA leaders and groups in Michigan. To date, the MSU researchers have been involved in the following activities:

1. Developing protocols for tracking leader activities and for interviewing leaders regarding their organizational and group development activities.
2. Developing a protocol for tracking the MHAM expansion coordinator’s activities regarding expansion and leadership development.
3. Conducting 15 interviews with MHAM expansion coordinator to discuss SA expansion efforts and leadership development. All interviews are audio-taped and are being transcribed.
4. Observing 7 key organizational activities related to expansion and leadership development including: 3 meetings with Community Mental Health Centers, 2 picnics, and 2 leadership conferences.
5. Attending 13 SA Group Consciousness Meetings where core SA organizational leaders discuss expansion efforts and leadership development.
6. Collecting MHAM and SA organizational documents (i.e. correspondence, newsletters) related to organizational expansion and leadership development.
7. Creating “pictures” of the SA organization in the form of organizational maps, network maps, organizational charts and qualitative description based on data collected through 8 formal interviews, observations of group meetings and other events.

Case Study of the Start-up of Two Groups: This aspect of the study will provide an in-depth longitudinal look at the start-up experience of two SA groups. The goal of these case studies is to describe the experiences of new members of the group, to identify factors that facilitate their engagement in the groups, and identify areas of change attributable to group participation. To date, the MSU researchers have documented the group’s progress by engaging in the following activities:

1. Conducting 2 telephone interview with the agency host personnel.
2. Conducting intensive, in-person interviews with the group leaders and the group members.
3. Conducting brief weekly interviews with the group leader to track the groups progress including attendance.

Member Engagement and Change
This aspect of the evaluation examines individual members experience in SA. The interviews and the survey of existing group members will be used to create a context for understanding members experience and to explore constructs hypothesized to promote engagement and change within a larger sample (e.g. referent power, experiential knowledge). In addition, questions regarding the outcomes of participation will be addressed by using intensive descriptive and ethnographic interviews.

*Member and Leader Surveys:* Year 1 of the evaluation focused on the collection of survey data from all existing SA groups in Michigan. These activities included the following:

1. Developing and piloting member and leader surveys.
2. Visiting 19 SA groups throughout the state of Michigan, as well as the SA leadership retreat, in order to administer 185 surveys.
3. Checking, entering and analyzing the survey data.
4. Generating reports based on the survey results for the Flinn Family Foundation, the 1997 SA Leadership conference, and the Mental Health Association.
5. Writing and submitting a scholarly paper for publication based on the survey results.

*Interviews with Existing SA Members and Leaders:* This aspect of the evaluation involves conducting 1 ½ to 3 hour interviews with a cross-section of 30-50 SA members and leaders. To date, the MSU researchers have completed 45 member and leader interviews and have been involved in the following activities:

1. Developing a sampling procedure to sample members from the 19 groups in Michigan that were included in the survey data collection.
2. Calling and visiting 13 SA groups to explain the interview protocol and to obtain consent to contact group members interested in participating.

*Summary of progress:* To date, the MSU researchers have collected and conducted preliminary analysis of the survey data and created reports for use by the Mental Health Association and SA based on these survey results. A scholarly paper has also been submitted for publication based on this same survey. In addition, the majority of in-depth interviews have been completed (44/50) and the tracking of organizational expansion activities continues as an ongoing process. As we move into the third year of the evaluation, the MSU researchers will focus on the analysis of the in-depth interviews with members and leaders and on data collected to explore the organizational expansion of SA.

PMHABOAR.WPD
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SA Evaluation Survey: Preliminary Results

The general purpose of the survey was to increase our understanding of who attends SA and how SA helps its members.

Procedure for Survey Data Collection

Survey data collection involved multiple steps. First, a list of all SA groups in Michigan was procured from MHAM. Second, a letter was drafted and mailed to all SA leaders and facilitators in Michigan outlining the purpose of the study, explaining survey collection procedures, and requesting voluntary participation. To protect confidentiality, SA leaders and facilitators were instructed to call MHAM if they did not want a member of the research team to contact them. No SA groups indicated a preference not to be called, therefore, a member of the research team contacted each SA group leader and facilitator by phone to further explain the study, answer questions, and discuss participation. Finally, for each group who agreed to participate, a date was chosen for a MSU researcher to arrive at the beginning or end of the SA meeting to administer surveys. SA members who chose not to participate in the study were free to leave before the researcher arrived. For groups with a small membership (<6) one researcher visited the group and for groups with a large membership (>6) two or three researchers visited the group. Research team members were responsible for reading the informed consent form aloud, distributing and collecting the surveys, answering questions, assisting those in need of help completing the survey, and providing a $3 payment for study participation.

Survey Sample

Survey data was collected from 19 of 23 SA groups in Michigan. Of the four groups not included in data collection one group declined participation, one group was dropped from the sample due to traveling distance and two groups were in hospital or forensic settings where we were unable to get permission to invite the group to participate. Data was also collected at an annual SA leadership conference, which included a number of SA leaders and potential members from around the country.

Surveys were collected from 170 SA participants (133 SA members and 37 SA leaders) for an overall response rate of 96% of those invited to participate in the study. This represents a response rate of 94% (130/138) of those present at the SA meetings where data collection took place and 100% (32/32) of those invited to participate at the conference. Fourteen surveys were not included in the final data analysis due to missing data or uninterpretable responses, yielding a final sample of 156 participants (120 members and 36 leaders).

Survey Description

A 50 item survey explored some of the mechanisms hypothesized to facilitate change within self-help groups, as well as, who attends SA and how SA helps members.
Results

The following information is based on the responses of 156 SA participants (120 members and 36 leaders).

Who attends SA?

**Member Demographics:** Sixty-four percent of the SA members surveyed were male. Their average age was 40 years old with a range from 19 to 68. The majority were white (66%) and never married (68%). Fifty-three percent had graduated from high school and an additional 22% had a college or graduate degree. Most (88%) were diagnosed with schizophrenia (78%) or schizo-affective disorder (10%). Almost all members (93%) had been hospitalized for psychiatric reasons, with a mean of 5 hospitalizations. The majority (81%) were either unemployed (69%) or in sheltered employment (11%) and were receiving disability benefits (76%). Thirty-five percent of the members lived independently in their own home or apartment.

**Leader Demographics:** Sixty-six percent of the SA leaders surveyed were female. Their average age was 42 years old with a range from 21 to 66. The majority were white (78%) and never married (61%). Fifty percent had graduated from high school and an additional 44% had a college or graduate degree. Most (86%) were diagnosed with schizophrenia (63%) or schizo-affective disorder (23%). Almost all leaders (97%) had been hospitalized for psychiatric reasons, with a mean of 6 hospitalizations. The majority (63%) were either unemployed (60%) or in sheltered employment (3%); 64% were receiving disability benefits. More than half of leaders (67%) lived independently in their own home or apartment.

**Comparison of Members and Leaders:** SA leaders and members differed significantly in terms of their sex, living situation, and educational attainment. While the majority of members were men (64%), leaders were more likely to be women (56%). SA leaders were more likely to live independently (67%), while SA members (61%) were more likely to live with family members (22%) or in supervised (27%) or institutional settings (12%). Almost all SA leaders had finished high school (94%) and many had earned a college or graduate college degree (44%). In contrast, 25% of SA members had not completed high school and only 22% had a college or graduate degree.

How involved are members and leaders in SA?

**Involvement of Leaders in SA:** The length of time of membership in SA for ranged from 1 month to over 12 years. Thirty-one percent of SA leaders had been a member of SA for one year or less, 19% had been members for between 1-2 years, 8% had been members for 2-3 years, 42% had been members for more than 3 years. The majority of SA leaders attend SA meetings regularly (78%) about once a week (70%) or more than once a week (8%). A smaller percentage of SA leaders attend two to three times a month (17%) or about once a month or less (6%).
Involvement of Members in SA: The length of time of membership in SA for ranged from 1 month to 12 years. Fifty-seven percent of SA members had been members for one year or less, 17% had been members for between 1-2 years, 13% had been members for 2-3 years, 13% had been members for more than 3 years. The majority of SA members attend SA meetings regularly about once a week (55%) or more than once a week (13%). A smaller percentage of SA members attend two or three times a month (17%) and about once a month or less (15%).

In what ways do SA participants (members and leaders) find SA helpful?

♦ 73% of SA participants reported that attending SA helped them (“a fair amount” or “a lot”) in the management of the symptoms of their illness.
♦ 83% of SA participants reported that SA helped them (“a fair amount” or “a lot”) to learn more about schizophrenia.
♦ 72% of SA participants reported that SA helped them (“a fair amount” or “a lot”) to feel less alone.
♦ 68% of SA participants felt that SA helped them (“a fair amount” or “a lot”) to make friends and improve their social life.

Whom do SA participants (members and leaders) look to for different types of help?

There are many possible sources of help that individuals can draw on depending on the issue or problem that is being addressed. SA participants viewed the helping roles of SA and professionals somewhat differently.

♦ Most SA participants viewed mental health professionals as the people best suited to help them with medication (84%) and symptom management (65%).
♦ Most SA participants viewed other SA members and leaders as the best source of support when they wanted to talk to someone about what it is like to have schizophrenia (66%).
♦ Many SA participants viewed other SA members and leaders as the people best able to provide support when they were feeling lonely and isolated (34%).

Do SA participants (members and leaders) feel they have a lot in common with one another?

Referent Power: The survey explored whether or not SA participants feel they have a sense of identification with other SA members and leaders. This sense of identification has been identified as a potential change mechanism in self-help groups. Our results indicate that many SA participants have a strong sense of identification with fellow SA participants.

♦ 46% of the SA participants had a strong sense of identification (“a fair amount” or “a lot”) with other SA members.
♦ 51% of the SA participants had a strong sense of identification (“fair amount” or “a lot”) with other SA leaders.
32% of the SA participants had a strong sense of identification ("a fair amount" or "a lot") with their primary therapist.

Do SA participants (members and leaders) value the knowledge and expertise of fellow participants?

**Expert Power:** The survey explored whether or not SA members and leaders value the expertise and knowledge of fellow SA participants. The results indicated that the majority of SA participants feel other SA members and leaders have valuable expertise to share.

- 79% of SA participants valued the expertise and knowledge of other SA leaders "a lot" or "a fair amount".
- 65% of SA participants valued the expertise and knowledge of other SA members "a lot" or "a fair amount".

**What predicts the perceived helpfulness of SA?** To the extent that participants had a sense of identification with fellow participants, and/or valued the knowledge and expertise of other participants they were more likely to find their experience in SA to be more helpful. Length of membership in SA was also related to perceived helpfulness.
The Two Components of the SA Evaluation Study

ORGANIZATIONAL EXPANSION & LEADERSHIP DEVELOPMENT: This component involves tracking the activities of the MHAM and the organizational leaders from SA as they work towards both strengthening and expanding the current organizational leadership, as well as, establishing and maintaining new SA leaders and groups in Michigan.

Organizational Expansion

♦ Tracking the expansion activities of MHAM staff
♦ Tracking the expansion activities of SA leaders
♦ Tracking the development and participation of new groups
♦ Interviews with staff at the new group sites
♦ Observations of organizational activities and meetings

Leadership Development

♦ Monitoring organizational leadership development and support activities
♦ Interviewing new and existing SA leaders

MEMBER ENGAGEMENT AND CHANGE: This component examines individual members experience in SA and constructs hypothesized to promote engagement and change within a larger sample (e.g. referent power, experiential knowledge).

♦ Intensive case study of two new SA groups
♦ Surveying existing SA members
♦ Interviewing existing SA members
Who attends SA?

SA serves a broad spectrum of individuals, including those who live and work independently, those who live and work in supervised or sheltered settings, and those residing in mental health or forensic institutions.

*Gender, age, and ethnicity:*
  ♦ 60% of SA members were male
  ♦ Average age of 41 years with a range from 19 to 68 years
  ♦ 69% of SA members were white
  ♦ 26% were African-American and 6% were of other ethnicities

*Education:*
  ♦ 52% of SA members graduated from high school
  ♦ 27% have an associates, bachelors or advanced degree

*Marital Status:*
  ♦ 67% of SA members have never been married
  ♦ 11% are currently married
  ♦ 23% are divorced, separated or widowed

*Employment:*
  ♦ 67% of SA members were not currently employed
  ♦ 9% were in sheltered employment
  ♦ 13% worked part-time and 7% worked full-time
  ♦ 3% were retired
  ♦ 73% reported that they were receiving disability benefits

*Living Situation:*
  ♦ 44% lived in their own apartment or house
  ♦ 20% lived with family members
  ♦ 24% lived in a supported setting such as a group home
  ♦ 9% lived in a hospital or forensic center.
Psychiatric History

Diagnosis:

♦ 70% of SA members reported a diagnosis of schizophrenia
♦ 13% reported a diagnosis of schizo-affective disorder
♦ 9% reported a diagnosis of manic depression
♦ 3% reported a diagnosis of depression

History of Hospitalizations:

♦ SA members experienced an average of 5 hospitalizations
♦ 91% of SA members were hospitalized for psychiatric
♦ 39% were hospitalized 1-3 times
♦ 30% were hospitalized 4-7 times
♦ 22% were hospitalized 8 or more times
In what ways do members find SA helpful?

Members report that SA is helpful to them regarding many issues related to schizophrenia. The majority of members report that attending SA has helped them to manage their symptoms, increase their knowledge about schizophrenia, combat feelings of loneliness, and make friends and improve their social life.

♦ 73% of SA members reported that attending SA helped them ("a fair amount" or "a lot") in the management of the symptoms of their illness.

♦ 83% of SA members reported that SA helped them ("a fair amount" or "a lot") to learn more about schizophrenia.

♦ 72% of SA members reported that SA helped them ("a fair amount" or "a lot") to feel less alone.

♦ 68% of SA members felt that SA helped them ("a fair amount" or "a lot") to make friends and improve their social life.
Whom do SA members look to for different types of help?

Members view the helping roles of SA and professionals differently. Members tend to view professionals as the best equipped to help them with medication and symptom management. Fellow SA members, on the other hand, were viewed as best equipped to help when they are feeling lonely or want to talk to someone who understands what it is like to have schizophrenia. This finding is consistent with SA’s goal to provide support in conjunction with professional services.

♦ 84% of SA members viewed mental health professionals as the people best suited to help them with medication.

♦ 65% of SA members viewed mental health professionals as the people best suited to help them with symptom management.

♦ 66% of SA members viewed other SA participants as the best source of support when they wanted to talk to someone about what it is like to have schizophrenia.

♦ 34% of SA members viewed other SA participants as the people best able to provide support when they were feeling lonely and isolated.
To the extent that members experience a sense of commonality and identification with other SA members and/or view fellow members as having valuable knowledge and expertise, they are more likely to find their experience in SA helpful.

**Do SA members feel they have a lot in common with one another?**

- 74% of SA members reported having “a fair amount” or “a lot” in common with other SA members.

- 73% of SA members reported having a “fair amount” or “a lot” in common with other SA leaders.

**Do members value each others knowledge and expertise?**

- 82% of SA members valued the expertise and knowledge of other SA members “a fair amount” or “a lot”.

- 83% of SA members valued the expertise and knowledge of other SA leaders “a fair amount” or “a lot”.