



National Resource Center on Homelessness and Mental Illness

Consumer Involvement and Empowerment

February 2004

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are \$.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

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Policy Research Associates, Inc., under contract to the Center for Mental Health Services

Consumer Involvement

Order #: 10401

Authors: Ahern, L., Fisher, D.

Title: **Personal Assistance in Community Existence: A Recovery Curriculum.**

Source: Lawrence, MA: National Empowerment Center, 2001. (Video/Manual: 90 minutes/34 pages)

Abstract: This package includes a PACE/Recovery guide with references and a video lecture featuring: the Empowerment Model of Recovery; PACE/recovery principles; Recovery research; and How people recover. PACE is based on the underlying principle that people recover from what is known as mental illness through voluntary forms of assistance directed by the individuals themselves. The cornerstone of this assistance is the development of trusting relationships, which in turn allows people to (re)capture their dreams and enables them to (re)gain a valued social role. In an easy to follow format, the authors review the principles of recovery which have emerged from the latest research, and illustrate how the Empowerment Model of Recovery provides both those giving and those receiving assistance with an optimistic vision of their future, and give ways to apply PACE principles in any setting where people are recovering (authors).

Available From: National Empowerment Center, 599 Canal Street, Lawrence, MA 01840, (800) POWER2U, www.power2u.org.

Order #: 10387

Authors: Ahern, L., Fisher, D.

Title: **Personal Assistance in Community Existence: PACE.**

Source: Lawrence, MA: National Empowerment Center, 2001. (Newsletter: 7 pages)

Abstract: This newsletter focuses on the Personal Assistance in Community Existence (PACE) model, an alternative to the PACT model. PACE is based on the underlying principle that people recover from what is known as mental illness through voluntary forms of assistance directed by the individuals themselves. The cornerstone of this assistance is the development of trusting relationships, which in turn allows people to (re)capture their dreams and enables them to (re)gain a valued social role. The articles in this newsletter describe the PACE model of recovery based on research carried out by the National Empowerment Center and others. The model describes the process of how people are labeled mentally ill and recover (authors).

Available From: National Empowerment Center, 599 Canal Street, Lawrence, MA 01840, (800) POWER2U, www.power2u.org.

Order #: 13087

Authors: Allness, D., Knoedler, W.

Title: **National Program Standards for ACT Teams.**

Source: Iowa City, IA: The Iowa Consortium for Mental Health, 2003. (Unpublished Paper: 34 pages)

Abstract: According to the authors, a number of second and third generation studies have shown that ACT programs have not achieved a similar degree of positive outcomes as the original PACT research. Typically lack of strong fidelity to the ACT model is the demonstrated contributor to poorer results. This new version of the National Program Standards for ACT Teams not only provides minimum standards for program operation but it also provides brief descriptions of the rationale for many of the ACT requirements which have been difficult for providers and administrators to understand and implement. In addition, the ACT Standards have been modified to emphasize that ACT is a client-centered, recovery-oriented service delivery model. The authors assert that client empowerment, involvement, and choice are fundamental to the principles and operation of individualized, collaborative, and effective ACT service delivery (authors).

Available From: The Iowa Consortium for Mental Health, The University of Iowa College of Medicine, Psychiatric Research 1-400 MEB, Iowa City, IA 52242, (319) 353-5436, <http://psych.iupui.edu/ACTCenter/NationalPACTStandards.pdf>

Consumer Involvement

Order #: 11498

Authors: Anthony, W.

Title: **Toward a Vision of Recovery for Mental Health and Psychiatric Rehabilitation Services.**

Source: Boston, MA: Center for Psychiatric Rehabilitation, Sargent College of Allied Health Professionals, Boston University, 1994. (Videotape: 29 minutes)

Abstract: The purpose of this video is to inform people about the need for a recovery vision and to stimulate an analysis of the implications of a recovery vision for mental health practitioners and system planners. This video can operate as a preservice and inservice vehicle for initiating group discussion about the implications of a recovery vision for service providers, researchers, administrators, families, and most importantly, consumers/survivors (author).

Available From: Boston University Center for Psychiatric Rehabilitation, 940 Commonwealth Avenue West, Boston, MA 02215, (617) 353-3549, www.bu.edu/cpr. (COST: \$85/purchase).

Order #: 6927

Authors: Bassman,R.

Title: **The Mental Health System: Experiences From Both Sides of the Locked Doors.**

Source: Professional Psychology: Research and Practice 28(3): 238-242, 1997. (Journal Article: 5 pages)

Abstract: The author discusses how his personal experiences with the mental health system led to his own advocacy work concerning the importance of self-help and empowerment programs in promoting recovery. The author addresses the importance of educating psychologists on the benefits of working together with people recovering from psychiatric disabilities. Personal experiences can provide a valuable resource for anyone who attempts to aid individuals struggling to deal with and recover from mental illness. The author discusses the issues of empowerment and choice in recovery, and the importance of providing person-centered rather than program-centered services.

Order #: 10750

Authors: Bazelon Center for Mental Health Law.

Title: **Partners in Planning: Consumers' Role in Contracting for Public-Sector Managed Mental Health and Addiction Services.**

Source: Washington, D.C.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 1998. (Monograph: 104 pages)

Abstract: This monograph discusses the need and approaches for consumer involvement with the development of mental health and addiction treatment systems. Currently, most states have contracted for mental health and/or drug and alcohol addiction managed care at some level. Nineteen of them have implemented managed care plans targeted specifically at individuals with mental illness or drug or alcohol addiction who are the traditional population of the public mental health and substance abuse systems. Only a few of them have allowed adequate consumer involvement in contract design. Consumers need to be involved from the planning stage on to ensure that when the public agency contracts for services, the contract responds to their needs and protects their rights. Consumers also need to know what they want, why they want it and how to ensure that the managed care arrangement will provide it (authors).

Available From: Bazelon Center for Mental Health Law, 1101 15th Street NW, Suite 1212, Washington, DC 20005, www.bazelon.org.

Consumer Involvement

Order #: 8288

Authors: Bjorklund, R.W., Pippard, J.L.

Title: **The Mental Health Consumer Movement: Implications for Rural Practice.**

Source: Community Mental Health Journal 35(4): 347-359, 1999. (Journal Article: 13 pages)

Abstract: The authors state that developing consumer-oriented programs for rural areas presents a major challenge for practitioners and policymakers. The mental health consumer movement, a successful urban creation, has yet to fully impact rural practice and be of benefit to individuals with severe and persistent mental illness. Rural mental health professionals face unique challenges and opportunities in utilizing rural strengths to foster consumer participation in the design and implementation of service delivery. The authors address the unique barriers facing rural communities and propose a self-help model as a service delivery alternative (authors).

Order #: 11727

Authors: Boote, J., Telford, R., Cooper, C.

Title: **Consumer Involvement in Health Research: A Review and Research Agenda.**

Source: Health Policy 61: 213-236, 2002. (Journal Article: 24 pages)

Abstract: This paper critically reviews the state of our knowledge on the issue of consumer involvement in health research, and maps out a research agenda. The authors discuss definitions of the consumer, consider why consumer involvement is believed to be important to health research, and trace the development of the policy. This paper also analyzes the epistemological and methodological implications of the policy, discusses the various levels of consumer involvement in research, and outlines the objections to the policy that have been put forward by clinicians and researchers (authors).

Order #: 5583

Authors: Bureau, B.

Title: **Empowerment and Transformation Literature for Mental Health Consumers, Psychiatric Survivors, and Community Members.**

Source: Lawrence, MA: National Empowerment Center, 1994. (Bibliography: 8 pages)

Abstract: This bibliography consists of abstracts describing about 80 journal articles, reports, and books concerning the mental health consumers movement, empowerment, and community life.

Available From: National Empowerment Center, 599 Canal Street, Lawrence, MA 01840, (800) POWER-2-U, www.power2u.org.

Order #: 8851

Authors: Campbell, J.

Title: **How Consumers/Survivors are Evaluating the Quality of Psychiatric Care.**

Source: Evaluation Review 21(3): 357-363, 1997. (Journal Article: 7 pages)

Abstract: In the past decade, mental health consumers have increasingly become involved in evaluating the quality of psychiatric care and applying sophisticated data strategies to affect system reform. Through multi-stakeholder partnerships, they have identified outcome indicators, collaborated in the development of a mental health report card, and designed and conducted consumer self-report surveys on satisfaction and needs and preferences for housing and supports. Key activities of consumers/survivors in the field of evaluation include: the formation of multi-stakeholder assessment teams; the definition of the consumer perspective through focus groups and concept-mapping pilots; and research on coercion, personhood, recovery, and empowerment (author).

Consumer Involvement

Order #: 2851

Authors: Carling, P.J.

Title: **Return to Community: Building Support Systems for People with Psychiatric Disabilities.**

Source: New York, NY: Guilford Publications, 1994. (Book: 348 pages)

Abstract: In this book the author discusses the unhealthy aspects of current approaches to providing mental health services. The author points out that participation in mental health treatment and in the formal service system too often becomes the dominant set of activities in the lives of many people with psychiatric disabilities. This is often counterproductive, if the goal is to help such people achieve full community participation and become productive members of society. The author recommends a new system of care that includes the provision of supportive housing, consumer employment and education, client and family member involvement, and programs based on the concept of self-help (author).

Available From: Guilford Publications, 72 Spring Street, New York, NY 10012, (212) 431-9800, www.guilford.com. (COST: \$24.00) (ISBN 0-89862-323-5)

Order #: 6259

Authors: Casanova, R.

Title: **Each One Teach One. Up and Out of Poverty, Memoirs of a Street Activist.**

Source: Willimantic, CT: Curbstone Press, 1996. (Book: 260 pages)

Abstract: This book chronicles the author's struggle out of poverty, homelessness and drug addiction to find dignity and purpose in his life. Through his own dramatic awakening, this Black, Puerto Rican activist ultimately finds his answer in helping other people. The book's vivid cast of characters and intimate descriptions of Harlem and other urban areas, underlies the profound sense that no matter what your circumstance, you can use your past experience to help others. The author's personal perspective is a message of hope for the future and for the possibility of self-sufficiency and self-empowerment for each individual (author).

Available From: Consortium Book Sales & Distribution, 1045 Westgate Drive, Suite 90, St Paul, MN 55114-1065, (800) 283-3572, www.cbsd.com. (COST: \$22.95) (ISBN: 1-880684-37-3)

Order #: 10739

Authors: Center for Mental Health Services.

Title: **Anti-Stigma Kit.**

Source: #Error

Abstract: The Substance Abuse and Mental Health Services Administration's Center for Mental Health Services has developed an Anti-Stigma Kit. The kit contains a poster with the message "Know me as a person, not by my mental illness," a fact sheet that includes stigma do's and don'ts, and brochures on hurtful words, mental illness and work, and children's mental health. The kit is intended to encourage the use of positive images about people with mental illness.

Available From: SAMHSA's National Mental Health Information Center, (800) 789-2647, www.mentalhealth.samhsa.gov.

Consumer Involvement

Order #: 10413

Authors: Center for Mental Health Services.

Title: **Spring to Action: A National Mental Health Symposium to Address Discrimination and Stigma (Meeting Findings).**

Source: Rockville, MD: Center for Mental Health Services, 2001. (Conference Summary: 84 pages)

Abstract: This meeting was the result of a conversation discussing the power of words to heal or harm. CMHS partnered with On Our Own of Maryland, Inc. to create an opportunity to address discrimination and stigma. This symposium resulted from the collaboration of a national committee including consumers, family members, advocates, mental health professionals, and academicians who were determined to create a conference that "walked the talk" and gave voice to divergent views and provided a forum for establishing common ground in the arena of discrimination and stigma. The hope was to inspire action to create positive public awareness to support wellness, recovery, and inclusion (authors).

Order #: 8643

Authors: Center for Mental Health Services.

Title: **Projects for Assistance in Transition from Homelessness (PATH) 1999 Exemplary Program Initiative: Columbiana County Counseling Center -- Lisbon, OH.**

Source: Rockville, MD: Center for Mental Health Services, 2000. (Program Description: 2 pages)

Abstract: The Projects for Assistance in Transition from Homelessness (PATH) program was created under the McKinney Act. Using formula grants, the PATH program funds the 50 States, the District of Columbia, Puerto Rico, and four U.S. Territories to support service delivery to individuals with serious mental illnesses, as well as individuals with co-occurring substance use disorders, who are homeless or at risk of becoming homeless. The Exemplary Program Initiative identifies innovative practices funded through the PATH program. This document briefly describes the Columbiana County Counseling Center. Begun in 1994, the Center serves a primarily rural community through outreach done exclusively by consumers.

Order #: 10136

Authors: Center for Mental Health Services.

Title: **Recovering Your Mental Health: A Self-Help Guide.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2001. (Guide: 32 pages)

Abstract: This publication identifies activities and strategies that people may use to help manage their own illnesses and services. This booklet is intended to support and enhance the nationwide focus on self-help for and recovery from mental health problems. It offers practical steps that people need to keep in mind as they work on their own recovery. It is based on the extensively-reported day-to-day experiences of people with psychiatric symptoms, and how they get well and stay well (authors).

Available From: SAMHSA's National Mental Health Information Center, (800) 789-2647, www.mentalhealth.samhsa.gov.

Consumer Involvement

Order #: 13131

Authors: Center for Mental Health Services.

Title: **Action Planning for Prevention and Recovery.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2001. (Guide: 38 pages)

Abstract: This guide is part of a series of self-help guides for people with mental health disabilities. This series offers practical and positive advice on topics ranging from making friends to developing a wellness lifestyle to reducing the effects of trauma. The guides offer specific information guided by an understanding of consumer self-help issues and are intended to enhance the quality of life for people from a variety of backgrounds. This guide gives simple, low-cost ideas for maintaining and supporting mental health, such as developing a "Wellness Toolbox" and a daily maintenance plan, and identifying and dealing with trigger factors for stressful situations (authors).

Available From: SAMHSA's National Mental Health Information Center at P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: 13132

Authors: Center for Mental Health Services.

Title: **Dealing With the Effects of Trauma.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2001. (Guide: 31 pages)

Abstract: This guide is part of a series of self-help guides for people with mental health disabilities. This series offers practical and positive advice on topics ranging from making friends to developing a wellness lifestyle to reducing the effects of trauma. The guides offer specific information guided by an understanding of consumer self-help issues and are intended to enhance the quality of life for people from a variety of backgrounds. This guide discusses the difficulties in dealing with and overcoming upsetting, frightening, and traumatic events, and offers ways to heal and feel better on a daily basis (authors).

Available From: SAMHSA's National Mental Health Information Center at P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: 13133

Authors: Center for Mental Health Services.

Title: **Developing a Recovery and Wellness Lifestyle.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2001. (Guide: 48 pages)

Abstract: This guide is part of a series of self-help guides for people with mental health disabilities. This series offers practical and positive advice on topics ranging from making friends to developing a wellness lifestyle to reducing the effects of trauma. The guides offer specific information guided by an understanding of consumer self-help issues and are intended to enhance the quality of life for people from a variety of backgrounds. This guide talks about ways people can take charge of their lives, whether it's taking a course, eating less fast food, obtaining good health care, or getting enough exercise (authors).

Available From: SAMHSA's National Mental Health Information Center at P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Consumer Involvement

Order #: 13130

Authors: Center for Mental Health Services.

Title: **Speaking Out for Yourself.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2001. (Guide: 38 pages)

Abstract: This guide is part of a series of self-help guides for people with mental health disabilities. This series offers practical and positive advice on topics ranging from making friends to developing a wellness lifestyle to reducing the effects of trauma. The guides offer specific information guided by an understanding of consumer self-help issues and are intended to enhance the quality of life for people from a variety of backgrounds. This guide explains how people with emotional or psychological disorders can advocate effectively for themselves and become their "own best champion" (authors).

Available From: SAMHSA's National Mental Health Information Center at P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: 1019

Authors: Chamberlin, J. and Rogers, J.A.

Title: **Planning a Community-Based Mental Health System: Perspective of Service Recipients.**

Source: American Psychologist 45(11): 1241-1244, 1990. (Journal Article: 4 pages)

Abstract: Two former patients, long-term activists in the self-help movement, combine to provide a consumer perspective on planning mental health systems. Separately, each author notes current system problems, the need for new services -- including self-help -- and the opportunities provided by the Comprehensive Mental Health Services Act (P.L. 99-660) for meaningful change.

Order #: 2647

Authors: Chamberlin, J., Rogers, J.A., Sneed, C.S.

Title: **Consumers, Families, and Community Support Systems.**

Source: Psychosocial Rehabilitation Journal 12(3): 91-106, 1989. (Journal Article: 15 pages)

Abstract: According to the authors, the community support system (CSS) concept is based upon the principles of consumer involvement and empowerment. In recent years, consumers and families have become powerful forces for change in the mental health system and have advocated for the development of CSSs. This article traces the growth of the consumer movement, discusses the role of self-help in CSSs, and presents the perspective of consumers and families regarding the CSS concept (authors).

Order #: 8014

Authors: Chinman, M.J., Lam, J.A., Davidson, L., Rosenheck, R.

Title: **Comparing Consumer and Nonconsumer Provided Case Management Services for Homeless Persons with Serious Mental Illness.**

Source: Journal of Nervous and Mental Disease 188(7): 446-453, 2000. (Journal Article: 8 pages)

Abstract: This article compares the outcomes of services provided by case managers who are mental health system consumers and case managers who are not consumers. The study focused on the first two cohorts that entered the ACCESS program, a five-year demonstration program funded by the Center for Mental Health Services in 1994. The associations between the type of case manager and clinical outcomes were measured at three time points (baseline, three months, and 12 months). Although there were significant effects of time for almost every outcome measure (clients improved over time), there were no significant interaction of time and case manager type. Staff age, race, or gender did not significantly alter the pattern of these result. Given that services provided by consumers and nonconsumers were associated with equivalent clients outcomes, the authors state that the present study shows the ability of consumers to provides mental health services as members of a case management team.

Consumer Involvement

Order #: 3160

Authors: Cohen, M.B.

Title: **Overcoming Obstacles to Forming Empowerment Groups: A Consumer Advisory Board for Homeless Clients.**

Source: Social Work 39(6): 742-749, 1994. (Journal Article: 8 pages)

Abstract: This article discusses efforts to develop an empowerment-oriented consumer advisory board in a New England agency serving homeless and low-income clients. The agency provides information, referral, housing assistance, case management, and support groups services in addition to operating a breakfast soup kitchen. The objective of the advisory board is to increase the influence of clients in the agency and in community decision making. Obstacles to the implementation of the board are discussed, and strategies for overcoming organizational resistance to social action-oriented empowerment groups are explored (author).

Order #: 8589

Authors: Conner, A., Ling, C.G., Tuttle, J., Brown-Tezera, B.

Title: **Peer Education Project with Persons who have Experienced Homelessness.**

Source: Public Health Nursing 16(5): 367-373, 1999. (Journal Article: 6 pages)

Abstract: This paper describes an unconventional health education project implemented by nurse practitioners in a nurse-managed clinic serving persons who are homeless. The nurse practitioners perceived that there were a number of potential barriers to providing health education to the homeless patients. The project was successful in preparing peer educators. Other indicators of the success of the project included increased empowerment, self-esteem, dignity, hope, self-confidence, and community participation of the peer educators (authors).

Order #: 2799

Authors: Cook, R.V. and Whitman, G.B.

Title: **Helping Ourselves To Our Share: Private Funding Sources for Mental Health Consumers Self-Help Organizations.**

Source: Rockville, MD: Center for Mental Health Services, 1994. (Directory: 173 pages)

Abstract: This directory is designed to help mental health consumer self-help organizations seek and obtain grants from private funders--foundations, corporations, and religious funders. Part I contains advice, tips, and strategies useful in submitting funding proposals. Part II is a list of 115 community, corporate, private, and religious funding organizations that have indicated interest in receiving proposals from mental health consumer self-help groups (authors).

Consumer Involvement

Order #: 11882

Authors: Corrigan, P.W., Calabrese, J.D., Diwan, S.E., Keogh, C.B., Keck, L., Mussey, C.

Title: **Some Recovery Processes in Mutual-Help Groups for Persons with Mental Illness; I: Qualitative Analysis of Program Materials and Testimonies.**

Source: Community Mental Health Journal 38(4): 287-301, 2002. (Journal Article: 14 pages)

Abstract: This paper is the first in a series that examines recovery processes that may account for the significant improvements in quality of life and related factors with regard to mutual-help programs. In Study 1, a content analysis was completed on one dimension of the written program for GROW, a mutual-help program with more than 40 years of experience. Thirteen reliable recovery processes emerged from this analysis; most prominent among these was to "be reasonable" and to "decentralize from self by participating in community." In Study 2, the recovery processes that emerged from this analysis of one aspect of GROW's written program were applied to 22 written testimonies made by Growers. Results of this analysis again showed being reasonable and decentralizing from self by participating in community were essential processes in this mutual-help program. Analysis of the personal testimonies also showed accepting one's personal value as an important element in the GROW program (authors).

Order #: 8385

Authors: Curtis, L.C., Hodge, M.

Title: **Old Standards, New Dilemmas: Ethics and Boundaries in Community Support Services.**

Source: Psychosocial Rehabilitation Journal 18(2): 13-33, 1994. (Journal Article: 21 pages)

Abstract: The authors state that the advent of community support services, with its strong consumer-oriented philosoph and non-traditional, often quite public methods of delivering services, challenges some of the lines that have traditionally been drawn between "professional" and "unprofessional" behavior. While traditional codes of ethics provide a great deal of guidance, sometimes they do not adapt well to the unique nature of progressive community supports services. This challenge is compounded by the changing nature of community support services, partnership and empowerment as values components of helping relationships, social and community integration as a desired service outcome, and consumers. This article explores some of these dilemmas and offers guidelines for consideration when making decisions regarding service ethics and relationship boundaries in community support services. (authors)

Order #: 6127

Authors: Deegan, P.E.

Title: **Coping With Voices: Self Help Strategies for People Who Hear Voices that are Distressing.**

Source: Lawrence, MA: The National Empowerment Center, 1995. (Guide: 23 pages)

Abstract: The purpose of this self help guide is to teach specific techniques that enable a person to gain control over or eliminate voices that are distressing. The author explains that finding, strengthening and using one's own voice will diminish "the voices". Various coping, relaxation, and aversion methods are described.

Available From: The National Empowerment Center, 599 Canal Street, Lawrence, MA 01840, (800) 769-3728, www.power2u.org.

Consumer Involvement

Order #: 11831

Authors: Deegan, P.E.

Title: **Recovery: The Lived Experience of Rehabilitation.**

Source: Psychosocial Rehabilitation Journal 11(4): 11-19, 1988. (Journal Article: 9 pages)

Abstract: This paper distinguishes between recovery and rehabilitation. The author asserts that psychiatrically disabled adults do not "get rehabilitated" but rather they recover a new and valued sense of self and purpose. The author also states that through the recovery process they become active and responsible participants in their own rehabilitation project. The experiences of a psychiatrically disabled woman and man are discussed. Recommendations for creating rehabilitation environments that facilitate the recovery process are also given (authors).

Order #: 7237

Authors: Dixon, L., Hackman, A., Lehman, A.

Title: **Consumers as Staff in Assertive Community Treatment Programs.**

Source: Administration and Policy in Mental Health 25(2): 199-208, 1997. (Journal Article: 10 pages)

Abstract: Assertive community treatment (ACT) teams and ACT variants, with their emphasis on rehabilitation and support in the client's natural environment, have hosted consumer-professional collaborations. The authors discuss one such program in which an ACT program for homeless mentally ill adults employed consumer advocates (CAs). CAs were found to have a service profile similar to other staff. Further, there is suggestive evidence that the employment of CAs created a more positive attitude toward persons with mental illnesses. Issues of role definition, boundaries, support with supervision, and the importance of CAs' experiences with mental illness are discussed (authors).

Order #: 2543

Authors: Dixon, L., Krauss, N., Lehman, A.

Title: **Consumers as Service Providers: The Promise and Challenge.**

Source: Community Mental Health Journal 30(6): 615-634, 1994. (Journal Article: 20 pages)

Abstract: This article describes the experience of an experimental Assertive Community Treatment (ACT) Team employing two full-time consumer advocates (CAs). The program was designed to provide services to homeless people with serious mental illnesses. The authors discuss some of the questions concerning consumer employment in the mental health field including: (1) What is the role of the CA? (2) What are the boundaries between CAs and patients and the implications of these boundaries for the potential effectiveness of CAs? (3) What supervision should the CA have and with whom? and (4) What is the impact of the CA's individual experience with mental illness on their work? Examples are presented of both the clinical contribution of CAs and how the importance of addressing the above questions became evident in the work of the team. The authors contend that CAs are extremely important team members; however, an ongoing dialogue between consumers and professionals is essential to operationalize this important collaboration (authors).

Consumer Involvement

Order #: 12023

Authors: Dixon, L., McFarlane, W.R., Lefley, H., Lucksted, A. Cohen, M., Falloon, I., Mueser, K., Miklowitz, D., Solomon, P., Sondheimer, D.

Title: **Evidence-Based Practices for Services to Families of People with Psychiatric Disabilities.**

Source: Psychiatric Services 52: 903-910, 2001. (Journal Article: 8 pages)

Abstract: This article discusses family psychoeducation. It is an evidence-based practice that has been shown to reduce relapse rates and facilitate recovery of persons who have mental illness. A core set of characteristics of effective psychoeducation programs has been developed, including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills. Unfortunately, the use of family psychoeducation in routine practice has been limited. Barriers at the level of the consumer and his or her family members, the clinician and the administrator, and the mental health authority reflect the existence of attitudinal, knowledge-based, practical, and systemic obstacles to implementation. Family psychoeducation dissemination efforts that have been successful to date have built consensus at all levels, including among consumers and their family members; have provided ample training, technical assistance, and supervision to clinical staff; and have maintained a long-term perspective (authors).

Order #: 8462

Authors: Doyle, L.

Title: **The Big Issue: Empowering Homeless Women through Academic Research?**

Source: Area 31(3): 239-246, 1999. (Journal Article: 8 pages)

Abstract: This article discusses academic research as a means of empowerment for people in marginalized groups, using the examples of homeless women. Issues connected to the position of the researcher in relation to both the agencies dealing with homeless people and the homeless women themselves are discussed. Many agencies have underlying ideologies and overt practices that reinforce hierarchical relations and certain gendered expectations. The article considers the difficulties this creates when working with one's own, and also discusses the social relations of conducting empowering doctoral research (author).

Order #: 11483

Authors: Doyle-Pita, D. Ellison, M. L., Farkas, M., Bleecker, T.

Title: **Exploring Personal Assistance Services for People with Psychiatric Disabilities.**

Source: Journal of Disabilities Policy Studies 12 (1): 2-9, 2001. (Journal Article: 7 pages)

Abstract: This article explores the concept of personal assistance services (PAS) applied to people with psychiatric disabilities through a study of state policy, a secondary analysis of existing data on PAS for all disability populations, and a needs assessment conducted with consumers of mental health services. Findings indicate that some state programs include this population among the other disability groups or eligibility criteria used. Further, administrators tended to confuse PAS with rehabilitation and case management. A majority of consumers surveyed considered PAS to be potentially very helpful in their daily lives. They also valued having direct control over the assistant. The services they most frequently reported as needing included transportation, emotional support, help with negotiating social service agencies, and hands-on assistance with household needs. A unique agenda for psychiatric PAS calls for a combination of the delivery of the above services within a context of consumer control (authors).

Consumer Involvement

Order #: 2652

Authors: Fisher, D.B.

Title: **Health Care Reform Based on an Empowerment Model of Recovery by People With Psychiatric Disabilities.**

Source: Hospital and Community Psychiatry 45(9): 913-915, 1994. (Journal Article: 3 pages)

Abstract: The author describes a recovery model for people with serious mental illnesses. The model encourages patient empowerment by emphasizing consumer-defined goals, liberty, self-control of symptoms, peer support, elimination of discrimination, and provision of adequate material and social supports. The author contends that to make this model applicable to health care reform, public education to fight stigma will be required, as well as the end of involuntary interventions in the name of treatment. Also required will be the further development of services run by survivors-consumers and other alternatives to psychiatric hospitalization, as well as increased involvement of survivors-consumers in decisions related to their treatment. In addition, to promote empowerment of people with mental health problems, health care reform should include affordable, universal coverage without exclusions for preexisting high-risk conditions, and parity of mental health benefits with other benefits (author).

Order #: 2741

Authors: Fisher, D.B.

Title: **A New Vision of Healing as Constructed by People with Psychiatric Disabilities Working as Mental Health Providers.**

Source: Psychosocial Rehabilitation Journal 17(3): 67-81, 1994. (Journal Article: 14 pages)

Abstract: In this article, the author describes the experiences that he and other individuals recovering from psychiatric disabilities undergo working in the mental health system. According to the author, although consumers can make unique contributions at all levels of service provision, working as providers can also create conflicts between the values of empowerment and the disempowering values of the system (author).

Order #: 6261

Authors: Fisher, D.B.

Title: **Self-Managed Care. You Too Can Heal Your 'Mental Illness'.**

Source: Lawrence, MA: National Empowerment Center, 1996. (Manual: 10 pages)

Abstract: The author describes his personal experience of recovering from schizophrenia in this self-help manual. Discussion includes: an explanation of self-managed care; the self-managed care values the author lives by; strategies helpful in healing his "mental illness"; and how to connect and harmonize with people.

Available From: National Empowerment Center, 599 Canal Street, Lawrence, MA 01840, (800) POWER-2-U, www.power2u.com. (Cost: \$10.00)

Order #: 7411

Authors: Fisher, D.B., Long, A.

Title: **Consumers Working as Providers: Improving Quality and Reducing Costs.**

Source: Lawrence, MA: The National Empowerment Center, Inc., 1997. (Videotape: 61 minutes)

Abstract: This video examines using consumers as providers as a way to reduce costs and promote recovery. The video uncovers many areas in which consumers as providers may be beneficial to treatment. Topics covered include: cost savings in hiring people recovering from psychiatric disabilities; two recovery case examples; hiring and supporting people in recovery; facilitating transition from group therapy to peer support; and discussion of opportunities and challenges in hiring people in recovery (authors).

Available From: National Empowerment Center, Inc., 599 Canal Street, Lawrence, MA 01840, (800) POWER-2-U, www.power2u.com. (COST: \$49.00)

Consumer Involvement

Order #: 8633

Authors: Fisk, M., Rowe, M. Brooks, R., Gildersleeve, D.

Title: **Integrating Consumer Staff Members Into a Homeless Outreach Projects: Critical Issues and Strategi**

Source: Psychiatric Rehabilitation Journal 23(3): 244-252, 2000. (Journal Article: 9 pages)

Abstract: In this article, clinical and consumer staff members describe their experiences employing formerly homeless persons with mental disorders and/or substance abuse disorders on a federally funded homeless outreach team. The authors identify three challenging issues that emerged: 1) disclosure of disability status; 2) client-staff member boundaries; and 3) workplace discrimination. The authors then propose three strategies to ease the integration of consumer staff members into their work positions in clinical projects: 1) education and training of agency staff members; 2) individual supervision; and 3) distinguishing between when it is necessary to make reasonable accommodations for consumer staff members from when their work responsibilities need to be modified (authors).

Order #: 11583

Authors: Fitzpatrick, C.

Title: **A New Word in Serious Mental Illness: Recovery.**

Source: Behavioral Healthcare Tomorrow (11)4: 1-6, 2002. (Journal Article: 6 pages)

Abstract: This article highlights the history and vision of recovery from mental illness with characteristics of illnesses, definitions of recovery and contributing perspectives from clinicians and consumers. As mental illnesses become better understood, new medications are discovered, and consumers of mental health services gain greater traction in the field, discussions increasingly are focusing not on coping with serious mental illness, but on recovering from it.

Order #: 11653

Authors: Francis, L.E., Colson, P.W., Mizzi, P.

Title: **Beneficence vs. Obligation: Challenges of the Americans with Disabilities Act for Consumer Employment in Mental Health Services.**

Source: Community Mental Health Journal 38(2): 95-110, 2002. (Journal Article: 16 pages)

Abstract: Involvement of mental health service consumers in the provision of mental health services is a growing model in community mental health. It is, however, a complicated issue, made ever more so by the passage of the Americans with Disabilities Act. In this ethnographic case study, the authors seek to explore the changes one social services agency has made to adjust to the requirements of the ADA and the impact of these changes on their consumer employees. Their results indicate potential for positive progress as a result of the ADA, but also unexpected pitfalls as organizational cultures change as well (authors).

Order #: 12641

Authors: Frese, F.J., Davis, W.W.

Title: **The Consumer-Survivor Movement, Recovery, and Consumer Professionals.**

Source: Professional Psychology: Research and Practice 28(3): 243-245, 1997. (Journal Article: 3 pages)

Abstract: This article presents a brief history of the consumer-survivor movement in the United States, including the basis for various viewpoints within that movement. The authors describe the concept of recovery that has arisen primarily from within the consumer movement and how it offers an important perspective for mental health providers. Also described is the impact of stigma and discrimination, which are especially destructive when they come from mental health providers. The authors also explore the importance and utility for consumers to have mental health providers who themselves have experienced a serious mental illness (authors).

Consumer Involvement

Order #: 11226

Authors: Frese, F.J., Stanley, J., Kress, K., Vogel-Scibilia, S.

Title: **Integrating Evidence-Based Practices and the Recovery Model.**

Source: Psychiatric Services 52(11): 1462-1468, 2001. (Journal Article: 7 pages)

Abstract: Consumer advocacy has emerged as an important factor in mental health policy during the past few decades. Winning consumer support for evidence-based practices requires recognition that consumers' desires and needs for various types of treatments and services differ significantly. The authors suggest that the degree of support for evidence-based practices by consumer advocates depends largely on the degree of disability of the persons for whom they are advocating. Advocates such as members of the National Alliance for the Mentally Ill, who focus on the needs of the most seriously disabled consumers, are most likely to be highly supportive of research that is grounded in evidence-based practices. On the other hand, advocates who focus more on the needs of consumers who are further along their road to recovery are more likely to be attracted to the recovery model. Garnering the support of this latter group entails ensuring that consumers, as they recover, are given increasing autonomy and greater input about the types of treatments and services they receive. The authors suggest ways to integrate evidence-based practices with the recovery model and then suggest a hybrid theory that maximizes the virtues and minimizes the weaknesses of each model (author).

Order #: 7349

Authors: Geller, J.L., Brown, J.M., Fisher, W.H., Grudzinskas, A.J., Manning, T.D.

Title: **A National Survey of "Consumer Empowerment" at the State Level.**

Source: Psychiatric Services 49(4): 498-503, 1998. (Journal Article: 6 pages)

Abstract: This article discusses a national survey conducted to determine the extent of consumer empowerment in the public mental health system. A questionnaire was sent to mental health authorities in all U.S. states and territories asking whether consumer empowerment or responsibility was defined in statutes, regulations, or policies and whether consumers or family members were employed in offices of the authority. The extent of a state's consumer empowerment had no relationship to the state's mental health budget. A significant positive relationship was found between the extent of empowerment and the size of the state's population and the quality of its mental health services. The authors state the results indicate that mental health authorities need to make a greater commitment to the achievement of such empowerment if it is to become a meaningful part of government involvement with mental health services (authors).

Order #: 8205

Authors: Glasser, N.

Title: **Giving Voice to Homeless People in Policy, Practice, and Research.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 23 pages)

Abstract: This paper discusses consumer involvement in programs that serve homeless people. Consumer involvement in programs has been growing in the past ten to fifteen years, and there is a growing body of literature that supports the benefits of consumer involvement on the programmatic, policy, and administrative levels. Research also finds that consumers can perform as well as non-consumer staff and are especially skilled at engaging potential clients. The author reviews the literature on consumer involvement and provides numerous examples of consumer-run programs and organizations. The author concludes with recommendation for increasing consumer involvement in policy, practice, and research.

Consumer Involvement

Order #: 12653

Authors: Hodges, J., Markward, M., Keele, C., Evans, C.

Title: Use of Self-Help Services and Consumer Satisfaction with Professional Mental Health Services.

Source: Psychiatric Services 54(8): 1161-1163, 2003. (Journal Article: 3 pages)

Abstract: This article discusses a study done to test the hypothesis that users of mental health self-help services would be more satisfied with professional mental health services than clients who did not use self-help services. According to the article, findings provide support for the idea that the use of self-help services encourage appropriate use of professional services. The authors assert that the study provided evidence that self-help and traditional mental health services can function complementarily with each other (authors).

Order #: 11876

Authors: Howard, P.B., El-Mallakh, P.

Title: Training Consumers to Collect Data in Mental Health Services System Evaluation Research.

Source: Journal of Psychosocial Nursing 39(5): 32-39, 2001. (Journal Article: 8 pages)

Abstract: In this article, the authors describe The Consumer Satisfaction Research Associate Training Program, which was designed for the education and supervision of recovered consumers who collected data during four studies at three psychiatric hospitals. The educational program had didactic and laboratory components. Consumer research associates collected quantitative and qualitative data using a survey tool for face-to-face interviews. The article discusses participant recruitment and management of confidential records, which were included in the role. The authors assert that data collected by research associates from consumers who are in treatment can enhance the validity and trustworthiness of satisfaction surveys. The authors also state that nurses can plan an important role in the research process by serving as staff resources for consumers who collect data in various service system settings (authors).

Order #: 8853

Authors: Jorgensen, J., Schmook, A.

Title: Offices of Consumer Affairs: A Pathway to Effective Public Mental Health Services.

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 2000. (Manual: 43 pages)

Abstract: In this article, the authors state that one of the most effective strategies for ensuring that consumers have a voice in public mental health policymaking, planning, and service provision is to establish an Office of Consumer Affairs (OCA) within a state mental health agency. Twenty-six states currently have an OCA. This manual is designed to encourage state mental health agencies to establish OCAs, to explain their purpose and functions, and to provide guidance on how to go about creating an office and hiring an OCA director. The manual can also serve as a guidebook for new OCA directors and their staff and provide information for assessing the office's effectiveness.

Available From: National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nasmhpd.org/ntac.cfm.

Consumer Involvement

Order #: 2514

Authors: Kaiser, K.R., Koch, J.R., Martinez, J.M.

Title: **Housing and Support Service Preferences of Individuals with Severe Mental Illness in Virginia.**

Source: Richmond, VA: Department of Mental Health, Mental Retardation and Substance Abuse Services, 1992. (Report: 72 pages)

Abstract: This report on consumer housing and support service preferences indicates that most respondents preferred accommodations which maximize their privacy and independence, while at the same time meet their basic needs. The report recommends more consumer operated alternatives, additional opportunities for income, as well as a flexible and individualized response to consumer housing and service needs. In addition, it recommends the incorporation of consumer input in the development and planning of services, and the need for further research on: (1) the impact of frequent moves on consumer rehabilitation and; (2) how to enable consumers to obtain and keep housing.

Available From: Department of Mental Health, Mental Retardation and Substance Abuse Services, PO Box 1797, Richmond, VA 23218, (804) 786-3921, www.dmhmrzas.state.va.us.

Order #: 5990

Authors: Kaufmann, C.L.

Title: **The Self-Help Employment Center: Some Outcomes from the First Year.**

Source: Psychosocial Rehabilitation Journal 18(4): 145-162, 1995. (Journal Article: 18)

Abstract: The Self Help Employment Center project was designed to test the effects of peer support and self help in conjunction with professional vocational rehabilitation services on employment for people with serious mental illness. This article describes a study in which 161 individuals were randomly assigned to either an experimental or a control group. Those in the experimental group received services at the Self Help Employment Center. Those in the control group continued with their customary community service. Outcomes measured in intervals of six months included: (1) time to first job;(2) average hourly wage; and(3) vocational rehabilitation status. Results from the first year of follow-up assessments indicated significant improvement in vocational rehabilitation at twelve months for consumers receiving the Employment Center Services. Implications for the incorporation of peer supports and self help group activities in professional vocational rehabilitation programs are discussed (author).

Order #: 11311

Authors: Kewman, D.G.

Title: **Advancing Disability Policy: Opportunities and Obstacles.**

Source: Rehabilitation Psychology (46)2: 115-124, 2001. (Journal Article: 9 pages)

Abstract: This article highlights opportunities for psychologists to advance disability policy. Obstacles discussed include disabling attitudes, lack of knowledge, and financial interests. The article calls for increased involvement of consumers in research design and greater emphasis on research related to social participation and environmental accommodation for persons with a disability. The need for advocacy in promoting adequate research funding and informing policymakers regarding research findings is emphasized. Continued efforts are needed to broaden psychology training to include more content regarding the social and environmental aspects of a disability. Active recruitment into psychology training programs of students with a disability can enhance these efforts. The development of psychological interventions in collaboration with consumer-run organizations is a useful model. Public policies related to reimbursement for services will require continued advocacy (authors).

Consumer Involvement

Order #: 7039

Authors: Knight, E.L.

Title: A Model of the Dissemination of Self-Help in Public Mental Health Systems.

Source: New Directions for Mental Health Services 74: 43-51, 1997. (Journal Article: 9 pages)

Abstract: This article discusses the origins of self-help and begins by providing an understanding of four forms of self-help: mutual support, advocacy, consumer/survivor run services, and coping. The author then looks at examples of the five different strategies by which self-help in public mental health systems has been disseminated. These strategies include: intensive strategies that show the efficacy of the model, extensive strategies of outreach to as many people as possible, and the process of legitimation through research and development, symbolic dissemination, and flanking strategies.

Order #: 8114

Authors: Lecomte, T., Wilde, J.B., Wallace, C.J.

Title: Mental Health Consumers as Peer Interviewers.

Source: Psychiatric Services 50(5): 693-695, 1999. (Journal Article: 3 pages)

Abstract: Although consumers are increasingly hired as mental health workers, they typically fulfill demanding jobs such as case managers. This article examines the performance and job satisfaction of 18 consumers with serious mental illness who were hired for less demanding work -- to conduct highly structured interviews with their peers. The consumers completed interviews with 243 peers. Only one interviewer was unable to perform the work. Ninety percent of the interviews were completed satisfactorily. The interviewers reported increased skills and knowledge, improved self-assurance, and feelings of pride. Results of the study suggest that a wide range of consumers can perform structured treatment tasks (authors).

Order #: 8885

Authors: Leff, H.S., Campbell, J., Gagne, C., Woocher, L.S.

Title: Evaluating Peer Providers.

Source: In Mowbray, C.T., Moxley, D.P., Jasper, C.A., and Howell, L. (eds.), Consumers as Providers in Psychiatric Rehabilitation. Columbia, MD: International Association of Psychosocial Rehabilitation Services, 1997. (Book Chapter: 14 pages)

Abstract: This chapter examines the issue of evaluating peer providers in mental health services. The authors suggest that future evaluations of peer providers should couple traditional evaluation methods with participatory approaches to evaluation that include peer providers and the consumers they serve in the evaluation process. The authors believe that using this approach will result in evaluations that empower peer providers and consumers, and overcome peer provider and consumer resistance to evaluation. The remainder of the chapter is divided into two parts. The first discusses a desired evaluation process, combining participatory approaches and traditional evaluation methods. The second presents a conceptual model of evaluation content for guiding future study of the effectiveness of peer providers.

Consumer Involvement

Order #: 5659

Authors: Lieberman, H.J., Forbes, J., Uttaro, T., Sarkis, L.

Title: Using Needs Surveys to Foster Consumer and Family Empowerment.

Source: Administration and Policy in Mental Health 23(4): 357-360, 1996. (Journal Article: 4 pages)

Abstract: The authors explain that despite extensive efforts of mental health advocacy groups and the increasing commitment from all levels of government to consumer empowerment policies, it is still rare for mental health providers to integrate both consumers and families into their decision-making processes. This article describes the experience of a comprehensive mental health care agency with a survey collaboratively implemented by the agency, its consumers, and their families. The results show a considerable range in the priority assigned to different items by both consumers and families (authors).

Order #: 12715

Authors: Linhorst, D.

Title: Conditions for Empowering People with Severe Mental Illness.

Source: Social Service Review 77(2): 279-305, 2003. (Journal Article: 26 pages)

Abstract: In this article, the authors identify seven conditions that must be present for people with severe mental illness to participate in empowerment. Some conditions are internal to the person, such as having controlled psychiatric symptoms and decision-making skills, while others are a function of the mental health system. The authors apply the conditions to an analysis of empowerment at the public psychiatric hospital, and conclude with roles of mental health clinicians, administrators, and policy makers in creating conditions for empowerment (authors).

Order #: 11905

Authors: Linhorst, D.M., Hamilton, G., Young, E., Eckert, A.

Title: Opportunities and Barriers to Empowering People with Severe Mental Illness Through Participation in Treatment Planning.

Source: Social Work 47(4): 425-434, 2002. (Journal Article: 10 pages)

Abstract: This qualitative study reviewed documents and conducted focus groups with clients and staff of a public psychiatric hospital to identify barriers to empowerment and the conditions that must be present for client empowerment to occur through treatment planning. The conditions for empowerment were based on both psychological and organizational factors. The author suggests that for empowerment to occur, clients need psychiatric stability and decision-making skills (authors).

Order #: 28

Authors: Long, L., Van Tosh, L.

Title: Program Descriptions of Consumer-Run Programs for Homeless People with a Mental Illness (Volume II).

Source: Rockville, MD: National Institute of Mental Health, 1988. (Report: 15 pages)

Abstract: This report describes programs that are led by mental health consumers and operate on a self-help model. The information contained here was gathered in site visits to eight of the programs and to one of the programs in development, and telephone interviews with the others. The programs described here include a drop-in center, an advocacy and public education program attached to a drop-in center, a self-help group organizing program, an entitlement transitional residence, and a food distribution program (authors).

Available From: National Institute of Mental Health, 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892, (301) 443-4513, www.nimh.nih.gov.

Consumer Involvement

Order #: 29

Authors: Long, L., Van Tosh, L.

Title: **Consumer-Run Self-Help Programs Serving Homeless People with a Mental Illness (Volume III).**

Source: Rockville, MD: National Institute of Mental Health, 1988. (Report: 80 pages)

Abstract: This volume describes consumer-run self-help programs for homeless people with mental illnesses. Several of these programs are described. These programs challenge many of the common assumptions about the capabilities of the client population. Some parts of the mental health system have begun to recognize the abilities of former clients, while clients themselves have organized to provide services, at first to each other and now to homeless people with mental illnesses. Consumer-run programs for the homeless have grown from the mental health self-help movement, but they depart from traditional self-help models. Changes that occur when self-help groups become self-help programs are discussed. Challenges to the success of the programs are enumerated, and suggestions are made that might help the programs succeed over the long run (authors).

Available From: National Institute of Mental Health, 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892, (301) 443-4513, www.nimh.nih.gov.

Order #: 27

Authors: Long, L., Van Tosh, L.

Title: **An Annotated Bibliography on Self-Help and Homeless People with a Mental Illness (Volume I).**

Source: Rockville, MD: National Institute of Mental Health, 1988. (Report: 13 pages)

Abstract: This document is the first of a three-volume series concerning consumer-run self-help programs for homeless persons with mental illnesses. This volume provides a literature review of reports on self-help programs.

Available From: National Institute of Mental Health, 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892, (301) 443-4513, www.nimh.nih.gov.

Order #: 6272

Authors: Lovell, A., Cohn, S.

Title: **What Does 'Choice' Mean in a Client-Centered Psychiatric Rehabilitation Program for Individuals with Severe Mental Illness Who Are Homeless?**

Source: Evaluation Bulletin 3(4): 1995. (Newsletter: 2 pages)

Abstract: The authors describe an anthropological substudy that aimed to understand how the notion of "choice" was constructed, conceptually and practically, in the everyday operations of an experimental program. Comparisons with findings from a companion qualitative study of standard treatment addressed the question of whether the client-centered program philosophy and components actually differed from those of existing services. The study makes clear that no level of empowerment of client-centeredness allows absolute choice. The authors explain that programming, stereotyping and other practices tied to economic inequality and the accompanying stigmatization of certain social groups place limits around client choices. The authors conclude that these larger processes must be addressed if empowerment and choice are to become meaningful.

Consumer Involvement

Order #: 11779

Authors: Lyons, J.S., Cook, J.A., Ruth, A.R., Karver, M., Slagg, N.B.

Title: **Service Delivery Using Consumer Staff in a Mobile Crisis Assessment Program.**

Source: Community Mental Health Journal 32 (1): 33-40, 1996. (Journal Article: 8 pages)

Abstract: This article investigates consumer service delivery in a mobile assessment program designed to assist people who are homeless with severe psychiatric disorders. Consumer and non-consumer staff were generally comparable. Results suggest that consumer staff engaged in more street outreach and were less often likely to certify their clients for psychiatric hospitalization. In sum, consumer staff appear to provide a valuable contribution to this form of service delivery (authors).

Order #: 11703

Authors: MacDonald-Wilson, K., Nemec, P.B., Anthony, W.A., Cohen, M.R.

Title: **Assessment in Psychiatric Rehabilitation.**

Source: Bolton, B. (ed), Handbook of Measurement and Evaluation in Rehabilitation 3rd edition. Gaithersburg, MD: Aspen Publications, 2001. (Book Chapter: 26 pages)

Abstract: This article examines psychiatric rehabilitation assessment as the first step in the psychiatric rehabilitation process. The authors look at the variations among psychiatric rehabilitation, and explore different approaches to setting up residential, vocational, educational and/or social goals consumers want to achieve, as well as developing the skills and supports they need to reach these goals. The article describes different structures to various psychiatric rehabilitation programs around the country (authors).

Order #: 11064

Authors: Magura, S., Laudet, A.B., Mahmood, D., Rosenblum, A., Knight, E.

Title: **Adherence to Medication Regimens and Participation in Dual-Focus Self-Help Groups.**

Source: Psychiatric Services 53(3): 310-316, 2002. (Journal Article: 6 pages)

Abstract: This article examines the associations between attendance at self-help meetings, adherence to psychiatric medication regimens, and mental health outcomes among members of a 12-step self-help organization specifically designed for persons with both chronic mental illness and a substance use disorder. Consistent attendance at Double Trouble in Recovery (DTR) meetings was associated with better adherence to medications regimens after baseline variables that were independently associated with adherence were controlled for. Three baseline variables were associated with adherence: living in supported housing, having fewer stressful life events, and having a lower severity of psychiatric symptoms. In addition, better adherence was associated with a lower severity of symptoms at one year and no psychiatric hospitalization during the follow-up period (authors).

Order #: 3386

Authors: Marin, M.V. and Vacha, E.F.

Title: **Self Help Strategies and Resources Among People at Risk of Homelessness: Empirical Findings and Social Services Policy.**

Source: Social Work 39(6): 649-657, 1995. (Journal Article: 9 pages)

Abstract: Very little is known about self-help strategies and resources that exist among poor households and their role in the prevention of homelessness. This study examines the characteristics of homeless people who stay with their friends and relatives. It also examines their relationships with those who house them. Survey data revealed differences in the helping strategies and resources of those who double up. The respondents' gender, race, presence of children, and dependence on public assistance appear to influence the opportunities to double up with friends or relatives. Recommendations are made to enhance the living conditions among doubled-up households so they may continue to serve as a foundation in the prevention of homelessness (authors).

Consumer Involvement

Order #: 11343

Authors: Matrix Research Institute.

Title: **Employment Brochure Series on Mental Illness and Work: Self-Help and Empowerment: You Are In Charge.**

Source: Philadelphia, PA: Matrix Research Institute, 2001. (Brochure: 6 pages)

Abstract: This brochure explains the idea of consumer empowerment, and provides suggestions for how consumers can take charge of their own rehabilitation process. This includes tips for how consumers can make sure that their support team helps them do what they want to do, and respects their right to make decisions for themselves. This Brochure Series is designed to provide information to help people with psychiatric disabilities determine whether working is right for them, and to help them be successful if they do decide to work (authors).

Order #: 2739

Authors: McLean, A.

Title: **Empowerment and the Psychiatric Consumer/Ex-Patient Movement in the United States: Contradictions, Crisis and Change.**

Source: Social Science Medicine: (In Press) 1994. (Journal Article: 19 pages)

Abstract: According to the author, in recent years, the psychiatric consumer/ex-patient movement has succeeded in gaining support for alternative programs based on a philosophy of consumer empowerment. In this article, the author presents results from an ethnographic study of one such alternative program, called "The Quad," and attempts to explain the discrepancy between the program's philosophy of empowerment and its actual practices. Utilizing this data, the consumer literature, and interviews with consumer leaders nationwide, the author identifies discrepancies between the terms "empowerment" and "consumer empowerment," and the social barriers imposed by the local structural conditions under which the program operated (author).

Order #: 2070

Authors: Mental Health Self-Help Clearinghouse.

Title: **Becoming A Not-For-Profit Organization: An Introductory Guide.**

Source: Albany, NY: Mental Health Self-Help Clearinghouse, 1992. (Guide: 11 pages)

Abstract: This brief introductory guide was designed especially for self-help groups interested in becoming non-profit organizations. It begins with an introduction and proceeds to cover five main topics: developing by-laws, forming a board of directors, applying for incorporation, applying for tax exemption and selecting insurance coverage.

Available From: The National Mental Health Consumers' Self-Help Clearinghouse, 1211 Chestnut Street, Suite 1207, Philadelphia, PA 19107, (800) 553-4KEY, www.mhselfhelp.org.

Consumer Involvement

Order #: 9133

Authors: Mental Illness Education Project, Inc.

Title: **Reach One, Teach One: The Peer Educators Project in Action.**

Source: Brookline Village, MA: The Mental Illness Education Project, Inc., 2000. (Videotape: 25 minutes)

Abstract: This video features people with psychiatric conditions gathering together to share their practical knowledge and experience, helping each other take steps toward recovery. They candidly discuss real-life stresses such as finding housing, navigating the mental health system, and returning to work. Two peer educator groups are shown: Recovery Workbook Group, which helps people with a psychiatric condition develop practical skills needed to rebuild their lives, and Double Trouble in Recovery Group, a twelve-step group for people dealing with alcohol or drug addiction as well as a mental illness. At the end of the tape, clinicians and administrators discuss how peer education benefits the mental health system as a whole (authors).

Available From: The Mental Illness Education Project, Inc., P.O. Box 470813, Brookline Village, MA 02447, (617) 562-1111, www.miepvideos.org. (COST: \$39.95 - \$89.95).

Order #: 8210

Authors: Missouri Institute of Mental Health Coordinating Center.

Title: **Consumer-Operated Services Program: Effective Leadership Using Telecommunications.**

Source: St. Louis, MO: Missouri Institute of Mental Health Coordinating Center, 1999. (Guide: 58 pages)

Abstract: This guide is designed to assist consumer employees in the mental health services become acquainted with telecommunication technologies that are increasingly used in demonstration, research, and policy initiatives. The guide provides a number of definitions, detailed descriptions, and frameworks for using various advanced communication technologies.

Available From: Missouri Institute of Mental Health, 5400 Arsenal Street, St. Louis, MO 63139, (314)644-8787.

Order #: 7843

Authors: Mowbray, C.T., Moxley, D.P., Collins, M.E.

Title: **Consumers as Mental Health Providers: First-Person Accounts of Benefits and Limitations.**

Source: The Journal of Behavioral Health Services and Research 25(4): 397-411, 1998. (Journal Article: 15 pages)

Abstract: Project WINS (Work Incentives and Needs Study), a hybrid case management-vocational program for individuals with severe mental illness, used consumers as peer support specialists (PSSs) to supplement professional roles. Semistructured interviews were conducted with PSSs about 12 months after their employment ended. They identified substantial personal benefits specific to consumer-designated roles (e.g., a "safe" employment setting with accommodations) and general benefits from employment. Problems described were just as numerous, encompassing attitudes toward assigned peers and costs to their own well-being. Critical commentary addressed program operations (structure, supervision, and training needs) and problems in the mental health system. The authors discuss the changed sense of self that service provider roles can create for consumers and suggest that mental health administrators provide anticipatory socialization for this service innovation throughout their agencies and ongoing supports for consumers in their new roles (authors).

Consumer Involvement

Order #: 2125

Authors: Mowbray, C.T., Tan, C.

Title: **Consumer-Operated Drop-In Centers: Evaluation of Operations and Impact.**

Source: Journal of Mental Health Administration 20(1): 8-19, 1993. (Journal Article: 12 pages)

Abstract: This evaluation study focused on six consumer-operated drop-in centers, each established for at least two years. These centers served a combined total of 1,445 consumers and were funded as demonstration projects by the Michigan Department of Mental Health. Structured interviews of consumer-users of these centers indicated that the program was meeting its funding intentions of serving people with serious mental illness and of creating an environment promoting social support and shared problem solving. Levels of satisfaction were uniformly high; there were few differences across centers (authors).

Order #: 1653

Authors: Mowbray, C.T., Tan, C.

Title: **Evaluation of an Innovative Consumer-Run Service Model: The Drop-In Center.**

Source: Innovations & Research 1(2): 19-24, 1992. (Journal Article: 6 pages)

Abstract: This article describes the development and operation of demonstration projects designed to implement consumer-run drop-in centers. Results focus on the extent to which the centers meet programmatic expectations, collecting retrospective satisfaction and impact assessments from participants, and examining differences in operations across the six centers studied. The evaluation found that the centers were meeting their mandates to provide acceptance, social support, and problem-solving assistance. The intended target population of persons with serious mental illness was being served. High levels of satisfaction were found, as well as participants feeling that they actually ran their centers (authors).

Order #: 11697

Authors: Mueser, K.T., Corrigan, P.W., Hilton, D.W., Tanzman, B., Schaub, A., Gingerich, S., Essock, S.M., Tarrier, N., Morey, B., Vogel-Scibilia, S., Herz, M.I.

Title: **Illness Management and Recovery: A Review of the Research.**

Source: Psychiatric Services 53 (10): 1272-1284, 2002. (Journal Article: 13 pages)

Abstract: In this article, the authors discuss the concept of recovery from psychiatric disorders and then review research on professional-based programs for helping people manage their mental illness. The authors also discuss the implementation and dissemination of illness management programs from the perspectives of mental health administrators, program directors, people with psychiatric illnesses and family members (authors).

Order #: 2462

Authors: National Coalition for Community Living and Michigan State University Long Term Training Project.

Title: **Lodge Programs: A National Directory.**

Source: East Lansing, MI: The National Coalition for Community Living and Michigan State University Long Term Training Project, 1993. (Directory: 90 pages)

Abstract: This directory contains a listing of Fairweather Lodges located in Alaska, Arkansas, Connecticut, Idaho, Louisiana, Michigan, Minnesota, New York, Ohio, Pennsylvania, Texas, Washington, Wisconsin, and Ontario, Canada. Fairweather Lodges are self-governing communities of individuals with mental illnesses, which form, first, in the hospital and then move into a house out of which they direct a business. The business, usually service-based, generates income, which may be supplemented by disability payments or other funding.

Consumer Involvement

Order #: 11216

Authors: National Consumer Supporter Technical Assistance Center.

Title: **How to Develop and Maintain a Consumer Advisory Board.**

Source: Alexandria, VA: National Consumer Supporter Technical Assistance Center, 2001. (Manual: 19 pages)

Abstract: The purpose of this booklet is to walk the reader through the steps for establishing and maintaining a healthy consumer advisory board. For the purposes of this booklet, a consumer advisory board is an ancillary body that provides its organization with guidance on questions relevant to consumers. Any mental health organization can establish such a body. Creating and maintaining an advisory board can be a demanding process. Advisory board members need to be recruited and trained. They must understand their purpose as a group and they must remain motivated to meet their group goals. This booklet serves as a guide to assist with all of these aspects of creation and maintenance.

Available From: National Mental Health Association, 2001 N. Beauregard Street, 12th Floor, Alexandria, Virginia 22311, (800) 969-NMHA , www.ncstac.org/content/materials/cab.pdf.

Order #: 1577

Authors: Nikkel, R.E., Smith, G., Edwards, D.

Title: **A Consumer-Operated Case Management Project.**

Source: Hospital and Community Psychiatry 43(6): 577-579, 1992. (Journal Article: 3 pages)

Abstract: The idea that patients and former patients might be involved in service delivery has become increasingly popular in recent years. Once viewed as an expression of patient protest without clinical merit, self-help services are now, at least in some places, accepted and endorsed by mental health planning authorities. This paper describes the approach of one consumer-operated case management project, the community survival program of Mind Empowered, Inc., a social service agency based in Portland, Ore. The project uses many principles characteristic of other assertive case management programs but differs from them in that it is staffed entirely by people who are recovering from major mental illnesses (authors).

Order #: 12055

Authors: Noordsy, D., Torrey, W., Mueser, K., Mean, S., O'Keefe, C., Fox, L.

Title: **Recovery from Severe Mental Illness: An Intrapersonal and Functional Outcome Definition.**

Source: International Review of Psychiatry 14(4): 318-326, 2002. (Journal Article: 9 pages)

Abstract: The goal of this article is to put forward usable and measurable definitions of recovery to allow evaluation of recovery to become a routine outcome measure in clinical research. The authors merged their previous definitions, broke them down into measurable components, and attempted to craft a definition that can serve research, clinical care and consumer education. The three criterion of recovery as defined by the authors are hope, taking personal responsibility, and getting on with life (authors).

Consumer Involvement

Order #: 8735

Authors: Novotny, K.M.

Title: **Experts in Their Own Lives: Emphasizing Client-Centeredness in a Homeless Program.**

Source: Policy Studies Journal 28(2): 382-401, 2000. (Journal Article: 20 pages)

Abstract: This article presents a case study of a homeless organization in Burlington, Vermont, that is dedicated to the principles of client-centeredness. Originated by psychologist Carl Rogers as a therapeutic philosophy, this approach has been applied in numerous social service and organizational settings. For this Vermont agency, client-centeredness practice entails the promotion of client empowerment and the responsible use of staff authority. Client participation in homeless programming is defined as one tool that may facilitate both client autonomy and a balance of staff-client power. Clients, staff, and administrators of this agency were interviewed to help explain the philosophy and practice of client-centeredness, as well as pitfalls of the approach. Hypotheses and future questions for research are also suggested (authors).

Order #: 11633

Authors: Onken, S.J., Dumont, J.M., Ridgway, P., Dornan, D.H., Ralph, R.O.

Title: **Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators.**

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 2002. (Report: 92 pages)

Abstract: This report is Phase One of a multi-phase collaboration of State Mental Health Agencies (SMHAs), recovery experts, and independent sponsors that are working to develop indicators for assessing the performance of state and local mental health systems and providers. The specific aim of this first installment is to increase knowledge about what facilitates or hinders recovery from psychiatric disabilities. This report is intended to serve as a building block for more research and increased understanding of how people recover so that mental health professionals, policy makers, and consumers can work together toward the ultimate goal of all persons with mental illnesses - getting better. It has immediate application, however, in sensitizing policy makers, professional and direct service staff, consumer leaders, and program administrators, planners, and evaluators as to the necessary components for recovery facilitating mental health services and systems (authors).

Available From: National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, ntac@nasmhpd.org, <http://www.nasmhpd.org/ntac>.

Order #: 2092

Authors: Penney, D.

Title: **Preliminary Thoughts on Best Practices for Establishing State Offices of Consumer/Ex-Patient Affairs**

Source: Montgomery, AL: National Association of Consumer/Survivor Mental Health Administrators, 1993. (Report: 10 pages)

Abstract: This document is the product of a meeting to gather and synthesize information to provide guidance for state mental health commissioners who are considering establishing offices of consumer/ex-patient affairs. Topics covered include recruitment practices, retention practices, organizational issues and the "double bind" of being both a bureaucrat and a systems change advocate (author).

Consumer Involvement

Order #: 11322

Authors: Prescott, L.

Title: **Consumer/Survivor/Recovering Women: A Guide for Partnerships in Collaboration.**

Source: Delmar, NY: Women, Co-Occurring Disorders and Violence Study Coordinating Center, Policy Research Associates, 2001. (Report: 65 pages)

Abstract: The information presented in this document is a synthesis generated through individual and collective efforts to integrate C/S/R women at three levels: the 14 sites; the Coordinating Center; and the federal multi-site steering committee meetings, which convene approximately every three months. When possible, the qualitative data provided is supported by, and combined with, existing literature on the subject. This guide does not represent a compendium of answers, but rather reflects recommendations based on current work being done in the field. It is hoped that the ideas, strategies, and recommendations in this document will be further refined for future application in programs committed to the principles of C/S/R integration (author).

Available From: Women, Co-Occurring Disorders and Violence Study Coordinating Center, Policy Research Associates, 345 Delaware Avenue, Delmar, NY 12054, (518)439-7415, www.wcdvs.com.

Order #: 11875

Authors: Ralph, R.O.

Title: **How to Involve Consumers in Research and Demonstration Evaluation Projects.**

Source: Portland, ME: Edmund S. Muskie Institute of Public Affairs, University of Southern Maine, 1994. (Unpublished Paper: 8 pages)

Abstract: This paper, which was presented at the Ohio Program Evaluator's Group Evaluation Exchange Conference in Columbus, examines the failure of institutions to clearly state the roles, activities and payment of consumers in projects. The author asserts that although institutions have encouraged the involvement of mental health consumers in research and demonstration evaluation projects, they have fallen short in expressing the reasons why they are valuable as participants. The author states that the purpose of this paper is to provide some perspectives and suggestions as to how, when and where to include and involve mental health Consumers in research and demonstration projects (author).

Order #: 11939

Authors: Ralph, R.O.

Title: **Review of Recovery Literature: A Synthesis of a Sample of Recovery Literature 2000.**

Source: Portland, ME: Edmund S. Muskie School of Public Service, University of Southern Maine, 2000. (Report: 35 pages)

Abstract: This paper reviews the different types of literature on recovery in mental health, both published and unpublished, and provides examples of each type. It begins with a brief review of the origins of the concept of recovery in mental health and continues with some definitions of recovery. Types of recovery literature are described, with illustrations of each category. A summary of what was learned, as well as conclusions drawn from the content of literature, are included. Recommendations for further study are suggested by the author. (author).

Available From: Edmund S. Muskie School of Public Service, University of Southern Maine, 96 Falmouth Street, P.O Box 9300, Portland, ME 04101, (207) 780-4430, <http://muskie.usm.maine.edu>.

Consumer Involvement

Order #: 706

Authors: Ridgway, P.

Title: **Coming Home: Ex-Patients View Housing Options and Needs.**

Source: Washington, DC: Center for Community Change, 1988. (Report: 34 pages)

Abstract: This report summarizes the proceedings of a national housing forum that was convened by the Center for Community Change Through Housing and Support, University of Vermont, and the Center for Psychiatric Rehabilitation at Boston University. The meeting brought together a small group of ex-patients and consumers from across the country who are active in advocating for, or assisting, other ex-patients to find and maintain housing and the supports they need. The purpose of the meeting was to examine problems and solutions in meeting the housing and support service needs of people with psychiatric disabilities, from a consumer's perspective. Included among forum participants were several individuals who have experienced homelessness and are active in self-help programs for homeless persons with mental illness (author).

Available From: Center for Community Change, ATTN: Jamaal Ferguson, 1000 Wisconsin Avenue, NW, Washington, DC 20007, (202) 339-9338, www.communitychange.org.

Order #: 3033

Authors: Riessman, F. and Carroll, D.

Title: **Redefining Self-Help: Policy and Practice.**

Source: Indianapolis, IN: Jossey-Bass Publishers, 1995. (Book: 220 pages)

Abstract: This book reviews shifts in the self-help movement as consumers of services become the providers. Highlighting the success of thousands of self-help groups, the authors offer professionals and nonprofessionals a new paradigm, one that views people with problems as resources. Earlier discussions of concepts such as self-determination, decommodifications, consumer as producers, and the helper therapy principal are updated. In addition, developments that have transformed the study and practice of self-help over the past two decades are examined (authors).

Available From: Jossey Bass Publishers, 10475 Crosspoint Blvd., Indianapolis, IN 46256, 877-762-2975, www.josseybass.com.

Order #: 6826

Authors: Rogers, E.S., Chamberlin, J., Ellison, M.L., Crean, T.

Title: **A Consumer-Constructed Scale to Measure Empowerment Among Users of Mental Health Services.**

Source: Psychiatric Services 48(8): 1042-1047, 1997. (Journal Article: 6 pages)

Abstract: The authors developed and field tested a scale to measure the personal construct of empowerment as defined by consumers of mental health services. A 28-item scale to measure empowerment was tested on 271 members of six self-help programs in six states. Results show empowerment was related to quality of life and income but not to the demographic variables of age, gender, ethnicity, marital status, education level, or employment status. Empowerment was inversely related to use of traditional mental health services and positively related to community activism. The findings set a framework for a clearer understanding of the imprecise and overused concept of empowerment. The authors contend that the scale demonstrated adequate internal consistency and some evidence for validity (authors).

Consumer Involvement

Order #: 8832

Authors: Rogers, E.S., Palmer-Erbs, V.

Title: **Participatory Action Research: Implications for Research and Evaluation in Psychiatric Rehabilitation.**

Source: Psychosocial Rehabilitation Journal 18(2): 3-12, 1994. (Journal Article: 10 pages)

Abstract: The authors state that the consumer/ex-patient movement has moved the field of psychosocial rehabilitation to new ground with respect to the consumers' role in service planning and evaluation. In a similar fashion, a methodology called Participatory Action Research (PAR) offers a paradigm for involving consumers in rehabilitation research and program evaluation efforts. The development of this paradigm is discussed as are the benefits and potential drawbacks to using this approach, the way in which PAR differs from traditional research, and the implications for policymakers, researchers, and evaluators (authors).

Order #: 11122

Authors: Rogers, S.

Title: **Fighting Stigma.**

Source: Philadelphia, PA: The National Mental Health Consumers' Self-Help Clearinghouse, 2002. (Guide: 9 pages)

Abstract: This article discusses myths that have become part of American folklore that contribute to stigma -- for example, that people with mental illness are violent and don't recover. To fight stigma, the two major messages to communicate are that these myths are false -- that statistics show that mental disorders account for a minuscule portion of the violence that afflicts American society, and that people with mental illness do recover, and return to their communities to lead productive lives. There are many ways to fight stigma and reject these stigmatizing myths. This publication offers suggestions for individuals and groups to fight stigma in their lives and communities.

Available From: The National Mental Health Consumers' Self-Help Clearinghouse, 1211 Chestnut Street, Philadelphia, PA 19107, (800) 553-4539, info@mhselfhelp.org, <http://www.mhselfhelp.org/pubs/fighting.html>. ALSO AVAILABLE IN SPANISH.

Order #: 1674

Authors: Rootes, L.E., Aanes, D.L.

Title: **A Conceptual Framework for Understanding Self-Help Groups.**

Source: Hospital and Community Psychiatry 43(4): 379-381, 1992. (Journal Article: 3 pages)

Abstract: The authors outline seven criteria for defining the self-help group and differentiating it from other types of groups, such as advocacy or support groups. Self-help groups are distinguished by their supportive and educational aims, focus on a single life-disrupting event, have a primary purpose of supporting personal change, are anonymous and confidential in nature, voluntary membership, member leadership, and an absence of a profit orientation. Eight basic principles underlying successful self-help groups are discussed, including the shared experience of members, their acceptance of responsibility for themselves, and their commitment to personal change (authors).

Consumer Involvement

Order #: 9623

Authors: Rosenfield, S.

Title: **Labeling Mental Illness: The Effects of Received Services and Perceived Stigma on Life Satisfaction.**

Source: American Sociological Review 62 (August): 660-672, 1997. (Journal Article: 12 pages)

Abstract: Labeling theory proponents and the theory's critics have different views of stigma and thus differ on the consequences of labeling for people with mental illness. The labeling perspective posits that because of stigma, official labeling through treatment contact has negative consequences for mental health consumers. In contrast, critics of labeling theory claim that stigma is relatively inconsequential. Instead, they argue that because labeling results in receiving needed services, it provides significant benefits. Thus far, no study has tested the relative positive and negative effects of labeling. The author compares the importance of perceived stigma versus the receipt of services for the quality of life of persons with chronic mental illness. Results show that both stigma and services received are significantly associated with quality of life, but in opposite ways (author).

Order #: 8148

Authors: Sabin, J.E., Daniels, N.

Title: **Public-Sector Managed Behavioral Health Care: III. Meaningful Consumer and Family Participation.**

Source: Psychiatric Services 50(7): 883-885, 1999. (Journal Article: 3 pages)

Abstract: This article, the third in a series about public-sector managed care, examines the role of consumers and families. The authors advocate involving families and consumers in state or county mental health authorities to influence policies, contribute to dialogue, and represent the consumer perspective. The article uses fieldwork in Massachusetts to give practical guidance based on the approach that is being applied by that public system (authors).

Order #: 1280

Authors: Salem, D.A.

Title: **Community-Based Services and Resources: The Significance of Choice and Diversity.**

Source: American Journal of Community Psychology 18(6): 909-915, 1990. (Journal Article: 7 pages)

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

Order #: 6819

Authors: Salzer, M.S.

Title: **Consumer Empowerment in Mental Health Organizations: Concept, Benefit, and Impediments.**

Source: Administration and Policy in Mental Health 24(5): 425-434, 1997. (Journal Article: 10 pages)

Abstract: This article proposes a framework for promoting consumer empowerment in mental health organizations. Consumer empowerment involves consumer participation in organizational decision-making, program development and evaluation, access to resources, and opportunities for consumers to develop and run services as well as to maintain personal dignity and integrity. The benefits include increased service innovation, responsiveness to changes in the market place, accountability, as well as the enhancement of quality of care, the protection of consumer rights, among others (author).

Consumer Involvement

Order #: 11097

Authors: Segal, S., Silverman, C.

Title: **Determinants of Client Outcomes in Self-Help Agencies.**

Source: Psychiatric Services 53(3): 304-309, 2002. (Journal Article: 5 pages)

Abstract: This study assessed the relationship between the outcomes of clients of client-run self-help agencies and attendance at the agency, satisfaction with agency, psychological disability, and organizationally mediated empowerment, that is, the provision of opportunities for clients to meaningfully participate in decisions about their care and the care of others in the agency. The outcomes assessed were independent social functioning, assisted social functioning, and personal empowerment. The significant ingredient promoting positive outcomes for clients of self-help agencies appears to be the provision of opportunities for clients to meaningfully participate in decisions about their care and the care of others in the organization (authors).

Order #: 5543

Authors: Segal, S.P., Silverman, C., Temkin, T.

Title: **Measuring Empowerment in Client-Run Self-Help Agencies.**

Source: Community Mental Health Journal 31(3): 215-227, 1995. (Journal Article: 13 pages)

Abstract: "Empowerment" connotes a process of gaining control over one's life and influencing the organizational and societal structures in which one lives. This article describes a study that defines and validates three measures: the Personal Empowerment Scale, the Organizational Empowerment Scale, and the Extra-Organizational Empowerment Scale. Measurement efforts are based on observational work, baseline interviews and six-month follow-ups in four client-run self-help agencies for persons who have serious mental illness. All three study scales demonstrated strong internal consistency and stability. They were sensitive to user changes over time and have construct validity (authors).

Order #: 1500

Authors: Segal, S.P., Silverman, C., Temkin, T.

Title: **Enabling, Empowerment and Self-Help Agency Practice.**

Source: Presented at the NIMH Division of Biometry & Applied Sciences Workshop on Consumer-Led Self-Help Services. Rockville, MD: Institute for Mental Health Services Research, 1990. (Presentation: 35 pages)

Abstract: During the past 15 years, there has been a tremendous growth in the number of self-help groups and organizations for mental health clients. In this paper, the authors discuss the self-help perspective on both problems with traditional mental health services and the need for client run services. Their goal is not to endorse the self-help perspective but to use it as the basis for forming research questions. Self-help agencies see their goal as empowerment on an individual, organizational, and societal level. They strive to accomplish this by helping clients get needed resources and develop coping skills; providing means of enhancing their self-concept and lessening the stigma of perceived mental disability; giving clients control in the agencies' governance, administration, and service delivery; and furthering client involvement in social policy-making (authors).

Consumer Involvement

Order #: 6995

Authors: Segal, S.P., Silverman, C., Temkin, T.

Title: **Program Environments of Self-Help Agencies for Persons with Mental Disabilities.**

Source: The Journal of Mental Health Administration 24(4): 456-464, 1997. (Journal Article: 9 pages)

Abstract: This article examines how program environments of self-help agencies are different from those of community mental health agencies. Using the Community-Oriented Program Environment Scale, leader expectations of ideal self-help agency environments were obtained from a national survey of 189 consumer-run agency heads, perceptions of actual environments from interviews with 310 self-help agency consumers, and perceptions of community mental health agencies from questionnaire responses of 779 consumers in 54 programs. The findings indicated that although self-help agencies show only modest differences from community mental health agencies on relationship and treatment characteristics, self-help agency consumers differ in their perceived control over program rules, a fact previously found significant in promoting positive outcomes (authors).

Order #: 2929

Authors: Segal, S.P., Silverman, C., Temkin, T.

Title: **Characteristics and Service Use of Long-Term Members of Self-Help Agencies for Mental Health Clients.**

Source: Psychiatric Services 46(3): 269-274, 1995. (Journal Article: 6 pages)

Abstract: This study examined the characteristics of long-term members of self-help agencies, managed and staffed by mental health clients. The study examined why long-term members sought help from these agencies, and how they differed from clients of community mental health agencies. Survey and assessment instruments were used to obtain information on the service utilization of 310 long-term agency members as well as on their resources, history of disability, functional status, psychological disability, and health problems. The self-help agencies served a primarily African-American population, many of whom were homeless. They had sought help from the self-help agencies primarily for resources such as food or clothing, for "a place to be." Obtaining counseling or help for substance or alcohol abuse was a less important reason for coming to the self-help agencies. A high proportion of the persons served by the self-help agencies in the study had a dual diagnosis of mental disorder and substance abuse. The self-help agencies provided their clients with material resources while community mental health agencies provided psychotherapeutic and medical care (authors).

Order #: 7803

Authors: Segal, S.P., Tomi, G., Silverman, C.J.

Title: **Health Status of Homeless and Marginally Housed Users of Mental Health Self-Help Agencies.**

Source: Health and Social Work 23(1): 45-52, 1998. (Journal Article: 8 pages)

Abstract: The study discussed in this article investigated the health status of 310 homeless and marginally housed people to determine the usefulness of mental health self-help agencies (SHAs) in addressing their physical health needs. The study compared self-reported health problems among users with similar reports and clinical assessments of other homeless or marginally housed populations. Findings indicate that frequencies of health problems among respondents were similar to those of other homeless or marginally housed groups and that the study group had a higher prevalence of HIV infection and tuberculosis than the general population. Because this hard-to-reach group actively seeks SHAs, these organizations may be uniquely suited to health outreach, education, testing and treatment (authors).

Consumer Involvement

Order #: 1055

Authors: Sherman, P.S., Porter, R.

Title: **Mental Health Consumers as Case Management Aides.**

Source: Hospital and Community Psychiatry 42(5): 494-498, 1991. (Journal Article: 5 pages)

Abstract: Mental health consumers with serious mental illness were trained for employment as case management aides in a psychiatric rehabilitation project in Denver. The project incorporated cooperative arrangements between the mental health system and vocational rehabilitation and occupational education agencies. The process used to recruit, select, train, and employ the consumer case management aides is described. Eighteen of the 25 trainees who began the training completed the program, and 17 moved on to employment as case management aides. At two-year follow-up, the 15 trainees who were still employed as case management aides had required a total of only two bed-days of psychiatric hospitalization since the training ended (authors).

Order #: 7330

Authors: Silver, T.

Title: **In-Service Training of Consumer Staff Members in Mental Health and Vocational Services.**

Source: Psychiatric Rehabilitation Journal 21(3): 284-286, 1998. (Journal Article: 2 pages)

Abstract: This article presents an outline of an in-service training program to enhance the skills of consumer staff members who were providing mental health and vocational services. The consumer trainees participated in the design, presentation, and evaluation of the program so that topics were relevant to their concerns and addressed their needs. The participants indicated they found the training to be helpful, but complained that the presentations were too short for the material that was covered. The author concludes that the program was a cost-effective training method.

Order #: 5656

Authors: Solomon, M.L., Cook, J.A., Jonikas, J.A., Kerouac, J.

Title: **Positive Partnerships: How Consumers and Nonconsumers Can Work Together As Service Providers.**

Source: Chicago, IL: Thresholds National Research and Training Center, 1994. (Manual: 86 pages)

Abstract: This manual was created to address some of the major issues that arise in hiring mental health consumers as service providers in the mental health field. It is intended for both consumer-staff and nonconsumer staff to raise awareness about issues that may arise when consumers and nonconsumers work together to provide mental health services. It is intended for use in psychosocial rehabilitation programs, mental health centers, clubhouses, partial hospitalization programs, inpatient programs, residential facilities, drop-in centers, and self-help groups. Some discussion topics include: advantages of hiring consumers as service providers; stigma and other barriers to consumer empowerment; changing status and perceptions of the transition to consumer service provision; managing mental illness among consumer service providers; consumer rights under the Americans with Disabilities Act (ADA); and how agencies can create a comfortable work environment. AVAILABLE FROM: National Research and Training Center on Rehabilitation and Mental Illness, 104 S. Michigan Ave., Ste. 900, Chicago, IL 60603, (312) 422-8180.

Consumer Involvement

Order #: 10534

Authors: Solomon, P., Draine, J.

Title: **One-Year Outcomes of a Randomized Trial of Consumer Case Management.**

Source: Evaluation and Program Planning 18(2) 117-127, 1995. (Journal Article: 11)

Abstract: Intensive case management service provided by a mental health consumer team of case managers based in a consumer self-help organization was compared to the services of a team of nonconsumer case managers based in a community mental health center. It was hypothesized that the clients assigned to a consumer team of case managers would have the same outcomes as clients assigned to a team of nonconsumer case managers with regard to behavioral symptomology, a variety of clinical and social outcomes and quality of life for persons served. Ninety-one clients with serious and persistent mental illness were interviewed at baseline and after one year of service. Using a hierarchical block regression analysis for one year outcomes, it was found that these outcomes did significantly differ for the clients of the two teams. The differences lay in less satisfaction with mental health treatment and less contact with family members among clients served by consumer case managers.

Order #: 10524

Authors: Solomon, P., Draine, J.

Title: **Satisfaction with Mental Health Treatment in a Randomized Trial of Consumer Case Management.**

Source: Journal of Nervous and Mental Disorders 182:179-184, 1994. (Journal Article: 6)

Abstract: It was hypothesized that the clients assigned to a consumer team of case managers, because they share similar life experiences interacting with the mental health system, would have greater satisfaction with mental health treatment than clients assigned to a team of nonconsumer case managers. Ninety-one clients with serious and persistent mental illness randomly assigned to consumer and nonconsumer case management teams were interviewed after one year of service. While clients served by a consumer team of case managers were less satisfied with mental health treatment, personal characteristics of individual case managers were more important in explaining differences in satisfaction with treatment than whether the client was served by the consumer or nonconsumer team.

Order #: 6701

Authors: Spaniol, L., Gagne, C., Koehler, M. (eds).

Title: **Psychological and Social Aspects of Psychiatric Disability.**

Source: Boston, MA: Center for Psychiatric Rehabilitation, 1997. (Book: 585 pages)

Abstract: This book provides a solid foundation for understanding the human experience of mental illness-- the impact that both the illness and the helping systems can have on an individual, as well as the impact society in general can have on a person struggling to recover from mental illness. It broadens traditional thinking about psychiatric disability and the provision of services-- offering new strategies to help encourage and sustain recovery, and renewed hope that people with psychiatric disabilities can learn to cope successfully with their disabilities and lead fulfilling lives. Chapters include: the recovery process; the experience of recovery; coping and adaptation; the family; the helping culture; self-help; barriers to recovery; and advocacy and empowerment.

Available From: Boston University Center for Psychiatric Rehabilitation, 940 Commonwealth Avenue West, Boston, MA 02215, (617) 353-3549, www.bu.edu/cpr. (COST: \$44.95) (ISBN: 1-878512-06-4)

Consumer Involvement

Order #: 12065

Authors: Spaniol, L., Wewiorski, N.J., Gagne, C., Anthony, W.

Title: **The Process of Recovery from Schizophrenia.**

Source: International Review of Psychiatry 14(4): 327-336, 2002. (Journal Article: 10 pages)

Abstract: In this article, longitudinal analysis was conducted with individuals participating in rehabilitation to identify themes associated with improvement in functioning and subjective experience. Twelve individuals with a diagnosis of schizophrenia or schizoaffective disorder were randomly selected from a just concluded two-year study of psychiatric rehabilitation. Each individual was followed for an additional four years. Every four to eight months each person participated in a semi-structured, audio taped interview about his or her current life experiences. These tapes were evaluated independently by three assessors for themes and phases that emerged from these life experiences. The qualitative analysis characterized the process of recovery as having phases, dimensions, indicators, and barriers to recovery. This empirically derived description of the process of recovery, from the perspective of people who are experiencing it, can be used to generate research hypotheses for future studies to further our understanding and to promote recovery from schizophrenia (authors).

Order #: 1828

Authors: Stephens, C.L., Belisle, K.C.

Title: **The "Consumer-as-Provider" Initiative.**

Source: Journal of Mental Health Administration 20(2): 178-182, 1993. (Journal Article: 5 pages)

Abstract: This paper reviews some of the conventional wisdoms that shape the way the "consumers-as-providers" effort is being conceptualized. The authors feel there is a risk of perpetuating myths, misconceptions, and distinctions between providers and consumers that hinders the humanizing, normalizing, integrating, and reforming of community mental health services. This paper is an examination of some of the hypotheses that frame discussion of the role of consumers in the mental health work force (authors).

Order #: 12881

Authors: Stromwell, L., Hurdle, D.

Title: **Psychiatric Rehabilitation: An Empowerment-Based Approach to Mental Health Services.**

Source: Health and Social Work 28(3): 206-213, 2003. (Journal Article: 8 pages)

Abstract: Psychiatric rehabilitation is a framework for providing services to people with mental illness that encourages adaptive community functioning in all life domains. Despite its well-established inclusion in community mental health treatment programs, psychiatric rehabilitation has received little attention in the discipline-specific social work literature. The philosophical base of psychiatric rehabilitation is built around the principles of empowerment, competence, and recovery. Its goal of promoting adaptive community functioning is consistent with social work values and contemporary social work practice models. This article provides an overview of the history, philosophy, and services components of psychiatric rehabilitation and analyzes its compatibility with social work. Further integration of psychiatric rehabilitation and social work services is suggested (authors).

Consumer Involvement

Order #: 9617

Authors: Substance Abuse and Mental Health Services Administration (SAMHSA).

Title: **Consumer/Survivor-Operated Self-Help Programs: A Technical Report.**

Source: Rockville, MD: SAMHSA, 2001. (Report: 91 pages)

Abstract: This document is a retrospective review of the mental health consumer/survivor self-help movement and, specifically, the findings and recommendations from these innovative demonstration projects. This is the first comprehensive documentation of the experiences of consumers/survivors in designing and operating their own self-help programs (authors).

Available From: SAMHSA's National Mental Health Information Center, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: 13046

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Illness Management and Recovery.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. The Illness Management and Recovery program strongly emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives. The information and skills taught in the program include recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and symptoms, and getting needs met in the mental health system (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42490, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: 13049

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Family Psychoeducation.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. Family Psychoeducation involves a partnership among consumers, families and supporters, and practitioners. Through relationship building, education, collaboration, problem solving, and an atmosphere of hope and cooperation, family psychoeducation helps consumers and their families and supporters to learn about mental illness, master new ways of managing their mental illness, reduce tension and stress within the family, provide social support and encouragement to each other, focus on the future, and find ways for families and supporters to help consumers in their recovery (authors).

Available From: SAMHSA's National Mental Health Information Center, PO Box 42490, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Consumer Involvement

Order #: 2346

Authors: Van Tosh, L.

Title: **Working For A Change: Employment of Consumers/Survivors in the Design and Provision of Services For Person Who Are Homeless and Mentally Disabled.**

Source: Rockville, MD: Center for Mental Health Services, 1993. (Report: 31 pages)

Abstract: This report represents the efforts of a group of current and past consumers of mental health services to articulate the importance of involving them in the design and delivery of services to people who face the challenges of mental illness and homelessness. The report is a product of a federally-funded research demonstration project in Baltimore where an Assertive Community Treatment Team (ACT) with consumers playing an integral role in providing mental health services was developed. Major employment trends that contribute to increasing their participation in the field are discussed. In addition, relevant policy issues and recommendations for future consumer involvement in the delivery of mental health services are presented (author).

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: 677

Authors: Van Tosh, L.

Title: **The Training and Employment Project: Overview, Curriculum, and Summary Report.**

Source: Philadelphia, PA: Project OATS, 1989. (Program Description: 15 pages)

Abstract: Information is provided on a successful demonstration effort using self-help approaches to train persons who are mentally ill, homeless, or both to work in social service and advocacy agencies that serve mentally ill and/or homeless persons. The Final Summary Report included among the materials provides information on the program design and client outcomes and findings from questionnaires administered to employers and program participants. Also included is a schedule of classroom training.

Available From: Project OATS, 311 South Juniper Street, Room 902, Philadelphia, PA, 19107, 735-2465.

Order #: 2487

Authors: Van Tosh, L.

Title: **Consumer/Survivor Involvement in Supportive Housing and Mental Health Services.**

Source: The Housing Center Bulletin 3(1): 1-6, 1994. (Newsletter: 6 pages)

Abstract: This article summarizes the role of consumer/survivor self-help groups in affecting change in the mental health system and in operating service programs. In supportive housing development, consumer/survivor involvement is particularly appropriate in four areas: planning and program design; services implementation; evaluation; and policy development. The author contends that organizations that serve consumers must understand that consumer/survivor involvement is both just and pragmatic and should be initiated with care and commitment.

Consumer Involvement

Order #: 1015

Authors: Van Tosh, L.

Title: **Final Report and Evaluation of Outreach, Advocacy and Training Services for the Mentally Ill Homeless (Project OATS).**

Source: Philadelphia, PA: Project SHARE, 1990. (Report: 200 pages)

Abstract: This is an evaluation of Project OATS, a consumer-run program to train homeless mentally ill individuals for employment as outreach workers. Feedback from agency providers, advocates, and governmental officials is presented on the role of consumers in the mental health workforce. The design, implementation and results of the program, are described in detail.

Available From: Project SHARE, 311 South Juniper Street, Room 902, Philadelphia, PA 19107, 735-2465, www.homelessphila.org.

Order #: 8878

Authors: Van Tosh, L., Ralph, R.O., Campbell, J.

Title: **The Rise of Consumerism.**

Source: Psychiatric Rehabilitation Skills 4(3): 383-409, 2000. (Journal Article: 27 pages)

Abstract: The authors state that consumerism in mental health began in protest against inhuman treatment received in psychiatric hospitals. It continues today in consumer involvement in a wide array of venues. Consumers are still involved in advocating against inhumane and harmful treatment and in advocating for effective mental health services that are provided with dignity and respect. Consumers are also involved in providing support and sustenance for each other in both informal and formal ways: in mutual self-help and in the provision of consumer-operated services. They are also involved in designing, conducting, and participating in research; and in participating in policy making bodies at the local state, and federal levels. This article outlines the many ways in which consumers have been and continue to be involved in impacting mental health treatment, research, and policy (authors).

Order #: 1272

Authors: Wagner, D. and Cohen, M.B.

Title: **The Power of the People: Homeless Protesters in the Aftermath of Social Movement Participation.**

Source: Social Problems 38(4): 543-561, 1991. (Journal Article: 19 pages)

Abstract: Research on homelessness and recent social movement literature have focused little attention on protest movements among the homeless and very poor. Indeed, most writing in this area concludes that this population is disempowered and disenfranchised. In this article, the impact of a "tent city" protest on homeless participants is analyzed through an ethnographic study based on interviews and participant observation with street people three years later. The authors suggest that local social movements can have a significant impact on low income people's access to material and non-material resources. Differences and similarities between poor people's movements and middle-class movements are also examined (authors' abstract).

Consumer Involvement

Order #: 8635

Authors: Ware, N.C.

Title: **Evolving Consumer Households: An Experiment in Community Living for People with Severe Psychiatric Disorders.**

Source: Psychiatric Rehabilitation Journal 23(1): 3-10, 1999. (Journal Article: 8 pages)

Abstract: Evolving Consumer Households (ECHs) are an experimental group housing program for adults with severe psychiatric disorders. The program promotes rehabilitation by using a process of empowerment to increase independence and control. Results of the experiment indicate that ECHs can bring about rehabilitation through empowerment given sufficient staff and "evolution" time. However, like many innovative programs, they will likely encounter resistance from the larger public mental health system (author).

Order #: 1274

Authors: Ware, N.C., Desjarlais, R.R., AvRuskin, T.L., Breslau, J., Good, B.J., Goldfinger, S.M.

Title: **Empowerment and the Transition to Housing for Persons Who Are Homeless and Mentally Ill: An Anthropological Perspective.**

Source: New England Journal of Public Policy 8(1): 297-315, 1992. (Journal Article: 3 pages)

Abstract: This paper uses an anthropological perspective to examine issues that arise for homeless mentally ill individuals in making the transition from shelter living to permanent residences. The transition occurs as part of a housing initiative driven by the philosophy of consumer empowerment. Project participants are placed in independent apartments or "evolving consumer households" -- shared, staffed residences designed to transform themselves into consumer-directed living situations over time. The effects of an empowerment paradigm upon the organization of space, the nature of social relations, and the management of economic resources in the "ECHs" are discussed to show that consumers and staff sometimes have contrasting views of what empowerment entails. It is suggested that anthropological research can help to illuminate the issues at stake in determining policy for homeless people with major mental illness (authors).

Order #: 7125

Authors: Watkins, T.R., Callicutt, J.W.

Title: **Self-Help and Advocacy Groups in Mental Health.**

Source: In Watkins, T.R., Callicutt, J.W. (eds.), Mental Health Policy and Practice Today. Thousand Oaks, CA: Sage Publications, Inc., 146-162, 1997. (Book Chapter: 17 pages)

Abstract: This chapter discusses the emergence of self-help and advocacy groups in the mental health field. It provides a history of their emergence and descriptions of the groups. The authors also discuss the relationship between self-help and advocacy groups and mental health professionals. They provide an understanding of the perspectives of professionals and of clients and families. Recent developments and trends in professionals and self-help groups working together are discussed. The implications of these trends for services, advocacy, policy and research are explored.

Consumer Involvement

Order #: 1684

Authors: Wheelock, P.

Title: **Self-Help Models for Mental Health: A Guide for Selecting Self-Help Strategies.**

Source: Albany, NY: Mental Health Association in New York State, 1991. (Report: 58 pages)

Abstract: The purpose of this catalog is to provide both former and current recipients of mental health services, as well as persons without formal diagnoses, with a broad sampling of viable and replicable avenues to self-help. The following categories of groups are found in this guide: advocacy/education/support, community partnership programs, community service, diagnosis-related support, dual diagnosis, family and family/individual support, general therapy/mutual support, individual initiatives, national associations, peer counseling, and treatment-related support (author).

Available From: Mental Health Association in New York State, 194 Washington Avenue, Albany, NY 12210, (518) 434-0439, www.mhanys.org. (COST: \$3.00)

Order #: 8207

Authors: White, B.J., Madara, E.J.

Title: **The Self-Help Sourcebook: Your Guide to Community and On-Line Support Groups.**

Source: Denville, NJ: American Self-Help Clearinghouse, 1998. (Book: 348 pages)

Abstract: This book begins by providing an overview of self-help groups and how to start one. It continues to provide listings of national organizations for a range of subject including addictions, disabilities, health, and mental health. The book also includes listings of on-line resources and toll-free specialty numbers.

Order #: 1070

Authors: Wilson, S.F., Mahler, J., Tanzman, B.

Title: **A Technical Assistance Report on Consumer and Ex-Patient Roles in Supported Housing Services.**

Source: Washington, DC: Center for Community Change, 1990. (Report: 85 pages)

Abstract: This report is intended for use by consumer/ex-patient and professionally-operated organizations that are currently employing or considering employment of consumer/ex-patients as staff or in advisory/governing roles. This report provides an overview of the types of roles consumers/ex-patients currently have in existing programs, the advantages and potential problems associated with consumer/ex-patient staff, and suggested solutions to these potential problems. It also provides an index of professional and consumer/ex-patient-run supported housing programs that employ consumers as staff.

Available From: Center for Community Change, ATTN: Jamaal Ferguson, 1000 Wisconsin Ave., NW, Washington, DC 20007, (202) 339-9338, www.communitychange.org.

Order #: 1689

Authors: Yaskin, J.C.

Title: **Nuts and Bolts: A Technical Assistance Guide for Mental Health Consumer/Survivor Self-Help Groups.**

Source: Philadelphia, PA: National Mental Health Consumer Self-Help Clearinghouse, 1992. (Report: 47 pages)

Abstract: This report offers ideas and suggestions gathered from interviews with over two dozen operators of consumer-run organizations. Section I examines the nature of consumer-run projects and provides information on some of the organizing tasks that need to be accomplished to start a consumer organization. Section II discusses the issues encountered in deciding whether to operate as an affiliate of an already established organization or to operate independently. Other sections of the report describe steps that a consumer organization can take to assure quality services and discuss fundamentals of group process and decision making.

Available From: The National Mental Health Consumers' Self-Help Clearinghouse, 1211 Chestnut Street, Suite 1207, Philadelphia, PA 19107, (800) 553-4KEY, www.mhselfhelp.org.

Consumer Involvement

Order #: 708

Authors: Zinman, S., Budd, S., Harp, H.

Title: **Reaching Across: Mental Health Clients Helping Each Other.**

Source: Riverside, CA: California Network of Mental Health Clients, 1987. (Report: 238 pages)

Abstract: This is a "how-to" manual for mental patients' self-help groups, reflecting the experience of many groups across the United States. Twelve authors have written 24 brief chapters on a wide range of topics. Some of the issues discussed include avoiding co-optation, whether workers should be paid or not, and how to keep from oppressing members who are difficult or who express a minority point of view. Practical topics include how to fundraise, publish newsletters, recruit new members, keep records and facilitate meetings. An extensive list of self-help groups, as well as a list of group newsletters, is appended (authors).

Available From: California Network of Mental Health Clients, 1722 J Street, Suite 324, Sacramento, CA 95814, 800-626-7447, www.cnmhc.org.