

## Self-Help Services In Mental Health: Do They Help?

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### Abstract

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Self-help services have become increasingly prevalent in mental health; consumers now deliver many services once provided by professional mental health providers. This exploratory study examines differences among 311 consumers of professional mental health services, half of whom also used self-help services. The two groups (self-help compared to non self-help) were compared on a number of dimensions related to their utilization of and satisfaction with professional mental health services. Users of self-help services perceived greater availability of professional services and used more professional services, but found professional services to be less useful than those not participating in self-help. No differences between the two groups were found for overall satisfaction with professional services. Findings related to policy, practice, and research are discussed.

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**Keywords:** self-help, mental health, consumer, peer-support, service utilization and service satisfaction

Mental health consumers have become increasingly involved in their own treatment over the last 30 years. They have moved from passive recipients of care to a range of roles both within the mental health system (as case aides and consumer case managers) and outside the mental health system (running their own agencies and support groups) (Chamberlin, 1990; Kurtz, 1990; Pratt, Halliday, & Maxwell, 2009). Formally organized mental health self-help agencies are increasingly prevalent in most areas of the country.

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Particularly revolutionary is this last area of consumer-run services. These are completely consumer-run and consumer-governed agencies functioning in parallel with the professional mental health system, and offering services that the professional system no longer has the funding or resources to offer (i.e. peer support, help obtaining housing and employment, and recreation/socialization opportunities) (Bell, 2012; Segal, Hodges, & Hardiman, 2002; U.S. Department of Health and Human Services, 2001). These consumer-run services are a de facto mental health system created by and for consumers with a focus upon empowerment and reduction in the stigma associated with having a mental illness (Bell, 2012; Segal, Silverman, & Temkin, 1995). Further, these services emphasize the core social work values of autonomy, independence, and consumer input into services and can increase client access to services (Bernecker, 2014).

The current study is an exploratory comparison of users and non-users of various types of self-help services, all of whom use professional mental health services. The goal of this study is to determine what, if any, differences exist between self-help users and non-users. Specifically, this study examines whether there are differences between self-help users and non-users on several dimensions related to utilization of professional mental health services. However, before describing the current project, the next section offers a discussion of previous findings on self-help services and their relation to this study's rationale.

### **Background on Self-Help and Relation to Current Study**

Consumer-delivered services have been found to provide multiple benefits to consumers. These benefits include empowerment, increased hope, help obtaining housing, increased satisfaction with formal mental health services, help achieving goals, vocational assistance, and increased feelings of "giving back" to the community (Hodges, Markward, Keele & Evans, 2003; Solomon, 2004). Further, prior work has shown that consumers who attend formal self-help agencies compared to those who attend community mental health agencies do so for different reasons, and receive different services from each type of agency (Segal, Hardiman & Hodges, 2002; Pratt, Halliday, & Maxwell, 2009; Segal, Hodges, & Hardiman, 2002). There is also some evidence that self-help does a good job of reaching minority populations (Segal, Silverman & Temkin, 1995).

## Methods

This project examines 311 consumers of community mental health services in one large Midwestern state. Half of these consumers also use some type of self-help service. This study is an exploratory project that examines self-help users compared to non self-help users to determine what differences (if any) exist. It is valuable to understand from a descriptive point of view how those who choose to use self-help might differ (or be similar to) those who do not use self-help services. This fits with the need for more research into consumer-operated services on such issues as “who is attracted to self-help services?” (U.S. Department of Health and Human Services, 2001).

Finally, it is important to note the diversity of what is meant by “self-help services” in this study. Self-help includes those participating at formal mental health self-help agencies, those attending self-help support groups, and those attending consumer-run clubhouses. What all of these service modalities share in common is the notion of peer-support, or mutual support: Peers who understand what the experience of having a mental illness is like are providing services to their fellow consumers with mental illnesses, despite the differences in operational and organizational structures between these service modalities.

## Sample

To compare users and non-users of self-help services, we identified a purposive sample of 311 persons, stratified to match the general demographic pattern of the state of Missouri. All participants were involved in mental health services; about half were also involved in self-help services, including formal self-help agencies, more loosely structured self-help groups, clubhouses, and peer-support groups. Users and non-users of self-help were recruited during a two-month period either at community or organizational meetings or in mental health centers. The study was conducted over the span of six months with permission from the university institutional review board.

The results in Table 1 show that the sample has good geographic and demographic representation of the state. The sample tends to be somewhat undereducated, not married, quite impoverished, and is more urban than rural.

Overall, females and males comprised approximately 51 percent and 49 percent of participants, respectively. The majority of the sample (78%) reported they had at least a high school diploma. Annual income categories included 284 individuals reporting under \$8,001 (73.4%), 68 reporting between \$8,001- \$20,000 (22.3%), and 13 individuals reporting over \$20,000 (4.3%), indicating that the majority of the participants are financially poor.

**Table1. Comparison of Demographic Characteristics by Self-Help/ Non Self-Help**

Variable	Self-Help (n = 151)	Non Self-Help (n = 160)	Total	Missouri (n=311)	State	Test Statistics* $\chi^2$
Age (%)						3.260
18-21 years		4.0	2.6	3.2	5.9	
22-35 years		22.5	28.2	25.1	17.0	
36-50 years		45.0	48.1	46.3	22.9	
More than 50 years		28.5	21.2	25.4	28.9	
Gender (%)						2.38
Female		55.0	46.2	51.0	51.4	
Male		45.0	53.8	49.0	48.6	
Ethnicity (%)						3.04
Caucasian		84.8	83.2	83.9	84.4	
African American		9.9	7.7	8.7	11.2	
Native American		3.3	3.9	3.9	0.4	
Hispanic/Latino		1.3	2.6	1.9	2.1	
Asian American		0.0	0.6	0.3	1.1	
Other		0.7	1.9	1.3	0.8	
Marital status (%)						1.48
Single		52.0	56.8	54.0	24.8	
Married		10.0	9.7	9.7	55.5	
Separated		5.3	6.5	6.1	1.8	
Divorced		26.0	22.6	24.4	10.8	
Widowed		6.7	4.5	5.8	7.1	
Education (%)						3.24
Some high school		18.1	23.7	21.8	18.6	
High school diploma		42.3	44.9	43.0	32.7	
Some college		26.2	18.6	22.0	21.9	
College graduate		7.4	7.1	7.1	14.0	
Above college graduate		6.0	5.8	6.1	21.6	
Annual income (%)						4.47
Under \$8,001		68.9	77.8	73.4	10.1	
\$8,001 to \$20,000		26.4	18.3	22.3	21.6	
\$20,001 to \$30,000		3.4	2.6	3.0	14.4	
Over \$30,000		0.7	1.3	1.3	53.9	
Urban/Rural Residence						
Urban		64.9	73.7	69.5	69.0	
Rural		35.1	26.3	30.5	31.0	

\*No statistically significant differences were noted via chi-square tests, df=1 for all tests

## **Instrument**

A panel of experts comprising consumers, researchers, and advocates for those with mental illnesses developed the 25-item written questionnaire used to collect data in this study. Items on the questionnaire addressed demographics, participation in self-help services (uses services/does not use services), barriers to professional mental health service use (yes/no regarding the following four barriers: having a dual diagnosis, inadequate housing, transportation, and funding/finances), perceptions of mental health service availability (available/not available), affordability (via income and use of insurance/benefit programs to pay for services) use of mental health services (used/not used), usefulness of mental health services (1 to 5 point Likert scale “least useful” to “most useful”), and service satisfaction (1 to 5 point Likert scale for “least to most satisfied” with various aspects of services, and a summative scale score as well—see below).

For all mental health service questions, twelve services were studied: Crisis services, outreach for the homeless, psychotherapy, vocational services, clubhouses, dual diagnosis groups, maintenance level supports, group homes, education, education specific to mental health issues, transportation, and housing.

Mental health service satisfaction was measured with the Client Satisfaction Scale-8 (CSQ-8) (Attkinson, 1987). The CSQ-8 was selected because it is simply worded, easily understood, and widely applicable. It is also normed, has good construct validity, as well as excellent internal consistency (alphas=.86-.94). In this sample, the internal consistency was excellent as well (alpha=.93).

## **Data Collection and Analysis**

After obtaining written informed consent from all participants, trained data collectors (most of whom were fellow consumers) administered a questionnaire to individuals or small groups of participants. A high response rate was obtained (94%), with approximately 20 refusals to participate.

Chi-square and t-tests were used to explore group differences between self-help users and non-users in the areas of demographic information, barriers to service, perceived service availability, affordability of services, service use, service usefulness and service satisfaction. All statistical tests are bivariate. Adjustments for multiple pairwise comparisons were made using the Bonferroni correction.

## Results

### Demographic Differences

Forty-nine percent of the sample participated in self-help services (n=151). However, there were no significant differences between users and non-users of self-help services in the areas of age, ethnicity, gender, income, education, marital status, or urban/rural residence. For complete demographic characteristics please see Table 1.

### Barriers to Service

Dual diagnosis, housing, transportation, and funding/financial resources were the barriers used in this study to reflect accessibility to services. Those who participate in self-help services were more likely to report that having a dual diagnosis keeps them from services ( $X^2=13.77$ ,  $df=1$ ,  $p<.001$ ) and that inadequate housing keeps them from obtaining services ( $X^2=8.21$ ,  $df=1$ ,  $p=.004$ ). No statistically significant differences were found between self-help users and non-users for transportation and funding/financial resources as barriers to treatment.

### Perceived Availability of Services

The results of Chi-square analysis on availability of services have been summarized in Table 2. On a scale measuring overall availability of 12 services, self-help users perceived greater availability of services ( $M=9.49$ ,  $SD=2.52$ ) than did non self-help users ( $M=8.23$ ,  $SD=2.91$ ) ( $t=-4.05$ ,  $df=301$ ,  $p<.001$ ). Self-help users were significantly more aware of outreach for the homeless ( $p<.001$ ), vocational services ( $p<.001$ ), group homes ( $p<.001$ ), education ( $p<.001$ ), and education about mental health ( $p=.007$ ) in their communities than were non self-help users.

**Table 2: Comparison for Perceived Availability of Services by Self-Help/Non Self-Help**

Services	Self-Help		Non Self-Help		Test Statistics
	N	%	N	%	$\chi^2$
Crisis services	134	95.7	121	89.6	3.77
Outreach-homeless	75	62.5	50	39.4	13.21**
Psychotherapy	132	90.4	118	84.9	2.01
Vocational services	125	89.9	105	76.1	9.41**
Clubhouses	122	85.3	121	80.7	1.12
Dual diagnosis group	104	76.5	89	67.9	2.42
Maintenance level	117	88.0	120	82.8	1.50
Group homes	114	83.2	85	61.6	16.07**
Education	118	85.8	110	79.1	20.60**
Mental health education	126	90.6	67	79.8	7.18*
Transportation	119	86.2	125	85.0	.08
Housing	127	92.0	139	95.2	1.21

\*  $p < .01$ ; \*\* $p < .001$ ,  $df=1$  for all tests

#### Affordability of Services:

No differences were found between self-help users and non-users on a bivariate measure of yearly income (Low=\$8,000 or less per year; High=\$8001 or more per year). Further, no differences were found in those who pay for their services with Medicaid/Medicare/or a combination of both compared to those who pay with private insurance, self-pay, or use other means to pay between self-help users and non-users.

#### Use of Services

For overall use of twelve services, self-help users used greater numbers of services ( $M=5.8$ ,  $SD=2.7$ ) than did non self-help users ( $M=4.9$ ,  $SD=2.3$ ;  $t=-2.82$ ,  $df=296$ ,  $p=.005$ ). Chi square analysis showed that self-help users utilized psychotherapy, vocational services, dual diagnosis groups, group homes, education, and education about mental health issues more frequently than did non self-help users. Table 3 summarizes the results of chi-square analyses for use of services.

**Table 3. Comparison for Use of Services by Self-Help/Non Self-Help**

Services Statistics Help	Self-Help		Non		Test Self- $\chi^2$
	N	%	N	%	
Crisis services	60	42.3	53	38.1	.50
Outreach-homeless	18	13.8	10	7.9	2.36
Psychotherapy	105	75.0	69	51.1	16.88**
Vocational services	74	58.7	58	43.9	5.64*
Clubhouses	109	79.6	102	73.4	1.47
Dual diagnosis group	49	36.0	22	15.9	14.40**
Maintenance level	91	65.9	100	71.9	1.17
Group homes	53	39.8	34	26.0	5.77*
Education	51	38.6	24	18.8	12.52**
Mental health education	96	69.6	78	57.4	4.41*
Transportation	83	62.9	97	70.3	1.67
Housing	82	60.7	88	63.8	1.34

\* $p < .05$ ; \*\* $p < .001$ ,  $df=1$  for all tests

#### Usefulness of Services

Table 4 summarizes the results of t-tests on usefulness of services. Self-help users expressed significantly lower levels of usefulness of services overall ( $M=3.46$ ,  $SD=1.04$ ) when compared to non self-help users ( $M=3.98$ ,  $SD=1.01$ ;  $t=4.437$ ,  $df=300$ ,  $p<.001$ ). Specifically, self-help users found the following services to be less

useful than did non-users of self-help services: crisis services, maintenance level supports, and transportation.

**Table 4. Comparison for Usefulness of Services by Self-Help/Non Self-Help**

Services	Self-Help			Non Self-Help			Test Statistics	
	N	M	SD	N	M	SD	t	df
Crisis services	115	2.77	1.67	76	3.26	1.69	2.01*	189
Outreach-homeless	88	2.16	1.63	40	2.43	1.75	.84	126
Psychotherapy	131	3.69	1.55	89	3.82	1.55	.63	218
Vocational services	116	3.30	1.59	78	3.62	1.50	1.38	192
Clubhouses	128	4.15	1.35	117	4.15	1.29	-.01	243
Dual diagnosis group	104	2.84	1.70	50	3.14	1.87	1.01	152
Maintenance level	125	3.43	1.58	113	4.25	1.30	4.32**	236
Group homes	106	2.70	1.69	56	2.63	1.70	-2.62	160
Education	100	3.16	1.64	43	3.33	1.71	.54	141
Mental health education	121	4.17	1.11	95	4.17	1.29	.02	214
Transportation	119	3.68	1.62	115	4.39	1.23	3.77**	232
Housing	116	3.76	1.63	105	4.14	1.38	1.84	219

\*p < .05; \*\*p < .001

### Satisfaction with Services

Self-help users showed no significant difference in mean service satisfaction score when compared to non self-help users, with scores of 4.28 (SD=.895) and 4.15 (SD=1.11) on a scale of 1 to 5, respectively ( $t=-1.238$ ,  $df=1$ ,  $p=.217$ ). Further, of the eight individual items comprising the satisfaction scale, no statistically significant differences were noted between self-help users and non-users via t-tests.

### Discussion

The first key finding is the lack of difference between users and non-users of self-help services in demographic categories. This "non-finding" is interesting, as it indicates that professional and self-help services attract a very similar consumer-base, and the two types of services do not seem to be disproportionately serving one type of client over another. However, there is some evidence from prior studies that self-help services attract more African-American consumers than do professional services (Segal, Silverman & Temkin, 1995).

This study does not seem to support the idea that self-help services are more attractive to minorities (keeping in mind the study limitations below).

Also listed more often by self-help users as a barrier to services is inadequate housing. It seems likely that many self-help users are using self-help services to help them obtain housing. Help obtaining and maintaining housing is one of the core features of many self-help groups and agencies (U.S. Department of Health and Human Services, 2001). If this is the case, then the self-help participants, by nature, may be less likely to be adequately housed. This may explain their report of housing as a more common barrier to professional services.

Self-help users were significantly more aware of services than were non-users. This finding is in agreement with previous research, which found that self-help users had "been around the system" longer than non self-help users (Segal, Hardiman & Hodges, 2002; Segal, Hodges, & Hardiman, 2002). Given this, it seems logical that they would be more aware of services available.

This study found that self-help members use more services but perceive services as less useful than non self-help users. Again, based on prior research showing that those who use self-help have longer service histories with professional mental health, this finding makes sense (Segal, Hardiman, & Hodges, 2002; Segal, Hodges, & Hardiman, 2002). In this study, self-help consumers are more aware of services available and use them more, probably both functions of their longevity in the service system. Prior research has also found that self-help users, as they are further along in the course of their illness, do not tend to be in a state of crisis as often as those who primarily use professional services. In essence, professional mental health serves those with acute needs, while self-help serves those with longer term needs (such as housing, socialization, and employment).

This may be one explanation for the finding that self-help users perceived services as less useful. If they are using services to address very difficult problems (i.e. finding affordable housing), they may not perceive the service as useful, regardless of service quality. Whereas, those in more acute states of psychiatric need being served by the mental health system may perceive services such as medications and psychiatric help as more useful because they provide immediate relief. While self-help users found services overall to be less useful, in particular, they found crisis services, maintenance supports, and transportation to be less useful.

This fits with the discussion above, as they probably are in less need of crisis services, supports, and basic transportation.

*Limitations:* The major limitation of this study should be noted: We did not employ random sampling, but rather purposive sampling. Missouri, however, is often referred to as the “political weathervane, and almost exactly mirrors the nation (PBS, 2000)” This is primarily due to its balance of rural and urban dwellers, as well as its racial mix--84% white, 14% black, and 2% other. Much care was taken to obtain a sample highly representative of both the state at large and the population of mental health consumers in public services with severe mental illnesses.

### **Implications for Policy, Practice, and Research**

Self-help services in mental health are built upon the core values that also inform social work: Self-determination, autonomy, respect, and empowerment. As such, these services and their relation to professional social work practice in mental health deserve study. The current study found mixed evidence for their efficacy in relation to professional mental health services. However, this is a preliminary study and further research is needed to better understand these findings.

Future research should explore the interactions of psychiatric diagnosis, service history, and level of psychiatric severity upon the constructs examined in this study: perceived availability of services, service use, usefulness, and satisfaction. These factors are key constructs in service utilization research (Stefl & Prospero, 1985) and need to be examined with methodology allowing for more control of key interaction effects.

As practitioners and policy-makers, it is important to know what characteristics of persons with mental illnesses will best predict service success. This study points out several areas of difference between those who use self-help services and those who do not, but further research with larger, randomized samples is needed to determine if these findings are replicable, and what their implications may be for the best allocation of service resources to consumers. Finally, consumer involvement in all stages of research on self-help and consumer-operated services is essential.

While consumer involvement in this study meant that we did not have a diagnostic variable, it also helped ensure that the study was sensitive to the concerns and needs of the consumers who made this research possible.

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