

Hospitals and Self-Help Groups: Opportunity and Challenge

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As traditional health care agencies and institutions face tighter constraints on funding and staffing, member-run support groups are receiving increased professional attention from health care professionals because of the advantages they provide. Although some tension exists between the self-help and professional communities, hospitals can gain considerable benefits from collaborating with these volunteer organizations.

Benefits to clients

Mutual aid self-help (MASH) groups, as they are sometimes called, are becoming recognized as a valuable and growing means for enabling large numbers of persons to cope effectively with health and personal problems in a supportive, sharing environment. In 1978 the President's Commission on Mental Health cited the importance of community support systems, especially self-help groups, as untapped mental health resources.¹ In 1979 the Surgeon General's report on health promotion noted that "these groups constitute a significant community resource," helping people to cope "with critical stresses as they arise."² In its 1980 report, *Promoting Health/Preventing Disease: Objectives for the Nation*, the U.S. Department of Health and Human Services recommended that the number of persons served by self-

help groups be doubled during the 1980s.³ A year later an American Hospital Association (AHA) survey on the extent of hospitals' involvement with self-help groups found that:

The groups provide the members with emotional support, decrease patients' anxiety, positively affect patients' acceptance of their disease, reduce the length of hospital stays, and facilitate the reentry of patients to their homes and communities. The precise reasons why self-help group participants appear to fare better are difficult to pinpoint. However, researchers, health professionals, and group participants alike believe that the key to the effectiveness of groups is the peer support that they offer.⁴

Mutual-aid groups offer unique types of help. In addition to moral support and factual information on the patient's condition, members share with each other practical, experiential knowledge on how to cope with their problem. Not only is this knowledge often not provided by professional care givers, but the process by which one member helps another is beneficial to the person giving the help. Such individuals often experience an increased sense of interpersonal competence, self-esteem, and insight on how to help themselves.⁵ Similar findings have been reflected in studies of student peer counseling.

Many MASH groups offer help informally without fees, forms, appointments, or time limits; often assistance

Summary

Mutual aid self-help (MASH) groups can be a positive means of enabling persons to cope effectively with their health and personal problems. MASH groups provide emotional support, decrease anxiety, foster referrals to the hospital, reduce lengths of stay, and facilitate the discharged patient's reentry into the home and community. Yet this potentially valuable resource has been largely untapped by hospitals.

Hospitals can take a number of steps to integrate their programs and services with MASH networks:

1. Identify self-help groups in the hospital's service area.
2. Establish liaison with groups that are of key interest to various hospital departments and programs.
3. Make referrals to appropriate MASH groups as part of the discharge-planning process.
4. Promote the development of MASH groups by appropriate hospital departments.
5. Provide logistic support to self-help groups.
6. Promote awareness of MASH groups through specialized directories or tapes.
7. Educate professional staff on the value, variety, and limitations of self-help groups.
8. Provide consultation and speakers.



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is available 24 hours a day through buddy systems or hot lines. The groups also are often highly knowledgeable about local and regional resources and services available in their problem area.

Moreover, the families of persons with chronic illnesses, disabilities, addictions, and similar conditions are a special population whose needs often are unmet by hospitals. These "hidden patients" are increasingly called upon to be health care givers. Many experience high stress, which can be ameliorated by the support, experiences, and skills of others who are coping with a similar situation.

Benefits to hospital

By promoting patient health education, rehabilitation, and self-care, MASH groups can be valuable resources to which hospital staff can make referrals and, as stated earlier, self-help groups may even reduce lengths of stay, particularly when linked to in-hospital patient education efforts.⁶ Such MASH activities as trained volunteer visitation and the practical education of family care givers enhance continuity of care. MASH groups can also educate and sensitize hospital staff to problems and gaps in services, and they can be effective advocates for needed research and professional medical services.

A significant finding of the AHA survey was that "virtually every hospital that responded . . . cited the public

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relations value of being supportive of community-based groups.” That support ranged from providing meeting space to providing hospital staff to help develop the group. Moreover, an often-overlooked benefit of such groups is their ability to attract persons from unserved and underserved portions of the population who are then often encouraged by veteran members of the group to seek hospital services.

Hospital-MASH integration

Hospitals can take a number of steps to integrate their programs and services with MASH networks:

New Jersey hospital develops statewide self-help clearinghouse

The New Jersey Self-help Clearinghouse was established in 1981 by Saint Clares-Riverside Medical Center, Denville, NJ, as the first statewide clearinghouse of its kind in the nation. It was developed to increase professional and public awareness of mutual aid self-help and to promote the development and use of self-help groups throughout the state. The clearinghouse originated with the consultation and education department of the hospital's community mental health center. Over the years the project has expanded its staff and

programs, and in 1985 it became a department within the medical center.

Comprehensive research and networking with other information services has produced a data base of more than 3,200 self-help groups in New Jersey and over 300 outside the state. More than 80 problem areas are represented, ranging from infertility to spina bifida, from widowhood to foster parenting. The data are recorded, retrieved, and updated on a minicomputer utilizing a software program developed by Saint

Clares. Statewide directories have been published since 1979; a national directory will be available in June 1986.

The clearinghouse offers consultation to develop new groups (more than 300 in the past five years), sponsors periodic conferences and workshops, provides speakers, conducts research projects, works with the media, and publishes a newsletter. Specialty programs have focused on developing groups for the visually impaired, former mental patients, and families of the mentally ill.

Hospitals and self-help groups

1. *Identify MASH groups in the hospital's service area* by contacting existing self-help clearinghouses (see **Box**) and obtaining their directories. The hospital may also consider starting its own clearinghouse if the need exists (see related story).

2. *Establish liaison* with groups of key interest to hospital departments and programs. Use group representatives as guest speakers for staff meetings and in-service training and as conference panelists.

3. *Make referrals to MASH groups part of the discharge-planning process.* For example, Saint Clares-Riverside Medical Center, Denville, NJ, has identified—by diagnostic and procedural categories—patient populations that exceed their allowable diagnosis-related group length of stay. Future patients with these condi-

tions who might benefit from a self-help group will be referred to such a group if one is available. The hospital's physicians have sanctioned and been involved in this project at the executive committee level.

4. *Promote the development of MASH groups by appropriate hospital departments.* Saint Clares has started groups for pulmonary disease and laryngectomy patients as part of its outreach efforts for populations with chronic conditions. As another example, pastoral care departments might develop bereavement groups or a chapter of Compassionate Friends for parents who have lost a child.

5. *Provide logistic support of MASH groups, including meeting space, secretarial assistance, postage, and telephone support.*

Self-help clearinghouses

California

San Diego Self-Help Clearinghouse, 619-275-2344
San Francisco Mental Health Association,
415-921-4401
*UCLA Psychology Department, 800-222-LINK
in California; 213-825-1799 out-of-state

Connecticut

*Consultation Center, New Haven, 203-789-7645

Illinois

*Self-Help Center, Evanston, 312-328-0470

Kansas

*Self-Help Center of Kansas, 316-686-1205

Michigan

*Riverwood Community Mental Health Center,
616-983-7781

Minnesota

*Wilder Foundation, St. Paul, 612-642-4060

Missouri

Kansas City Association for Mental Health,
816-361-5007

Nebraska

*Self-Help Information Services, Lincoln,
402-476-9668

New Jersey

*Saint Clares-Riverside Medical Center, Den-
ville, 800-FOR-MASH in New Jersey; *201-
625-7101 out-of-state

New York

New York City Self-Help Clearinghouse Inc.,
718-852-4290
*New York Council on Children & Families,
Albany, 518-474-6682
New York Institute of Technology, Long Island,
516-499-8500
Westchester [County] Self-Help Clearinghouse,
914-347-3620

Pennsylvania

Self-Help Group Network, Pittsburgh,
412-521-9822
Voluntary Action of Northeast Pennsylvania,
Scranton, 717-961-1234

Texas

Mental Health Association of Dallas County,
214-871-2420
Mental Health Association of Tarrant County,
817-335-5405

Vermont

*Vermont Self-Help Clearinghouse, Montpelier,
800-544-5030 in Vermont; 802-229-5724
out-of-state

Greater Washington, DC

Mental Health Association of Northern Virginia,
703-536-4100

United States

City University of New York, 212-840-1259

Canada

CAMAC Center for Mutual Aid, Montreal,
514-341-1440

*Statewide.

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6. Promote awareness of MASH groups by developing specialized directories or by creating Tel-Med or similar tapes that explain or refer to specific groups.

7. Educate professional staff on the distinctive value and variety of these groups as well as on their limitations.

8. Provide consultation and speakers to existing groups.

Professional resistance

Hospital management should be aware of the tensions that exist between the professional and MASH communities. Phyllis Silverman, PhD, has reviewed some of the major sources of conflict, including a lack of understanding regarding the distinctive attributes and values of experiential versus professional knowledge and the issue of professional control versus group autonomy.⁸

Formalized relationships between hospitals and self-help groups are still in their infancy, and much needs to be learned in terms of mutual understanding and the possibilities and pitfalls of collaboration. Medical and health professionals must be educated on this topic at both the graduate and continuing education levels; much of the resistance by professionals is attributable to the lack of such instruction. In a study of hospital social workers, only 3 percent of the participants reported significant coverage of self-help groups in their graduate curricula. Moreover, the study found positive relationships between such training and actual referrals to MASH groups.⁹

Initial professional resistance might also be reduced by a greater understanding of the fact that self-help groups sometimes represent an embryonic stage of agency and foundation development. Many longstanding health foundations, societies, and agencies dealing with specific illnesses began as MASH groups that were created by patients or their families.

Although by no means a panacea, self-help groups can serve as an important health promotion resource, a needed supplement to professional services, and a means to achieve increased community linkage. Through better understanding of self-help groups and their advantages, hospitals can support these resources to the benefit of patients, the community, and their own institutions. ★

NOTES

1. *Report to the President from the President's Commission on Mental Health*, vol. 2, U.S. Government Printing Office, Washington, DC, 1978.
2. *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, U.S. Department of Health, Education and Welfare, 1979, p. 137.
3. *Promoting Health/Preventing Disease: Objectives for the Nation*, U.S. Department of Health and Human Services, Washington, DC, 1980, p. 86.
4. *Promoting Health*, American Hospital Association, Chicago, July-August 1982, p. 6.
5. F. Reissman, "The Helper Therapy Principle," *Social Work*, April 1965, pp. 27-32.
6. E. C. Devine and T. D. Cook, "A Meta-Analytic Analysis of Effects of Psychoeducational Interventions on Length of Postsurgical Hospital Stay," *Nursing Research*, September-October 1983, pp. 267-273.
7. American Hospital Association, p. 7.
8. P. R. Silverman, *Mutual Help Groups: Organization and Development*, Beverly Hills, California: Sage Publications, 1980, pp. 20-28.
9. R. B. Black and D. Drachman, "Hospital Social Workers and Self-Help Groups," *Health and Social Work*, Spring 1985, pp. 95-103.