

Self-help Support Groups: A Study of their Role in Recovery from Depression

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Introduction and aims

Depression Alliance Scotland (DAS) sought, through this research, to identify: the characteristics and structures of well-run self-help groups; the aspects which are most helpful to recovery; and the pitfalls and problems which need to be addressed.

DAS has a network of self-help groups in various parts of Scotland. They offer people affected by depression the opportunity for confidential local support, contact with others in a similar situation and the opportunity to explore positive ways of coping with depression. The groups are run by volunteer facilitators who themselves have experience of depression. At the time of the study, there were seven active groups.

Existing research literature on self-help groups suggests that key ingredients of successful groups include agreed ground rules, clear aims, welcoming atmosphere, suitable venue, consistent attendance and funding for needs. Key skills of successful facilitators include considerate attitudes, good listening skills, conflict management, capacity to make people feel safe, and ability to empower the group.

The research literature suggests that groups fail if there is lack of support for facilitators, lack of professional referrals, unclear ground rules, inadequate funding, insufficient listening or coping skills, or inconsistent availability of facilitators.

Methods

The main research methods in this study were:

- questionnaire surveys of self-help group members
- observation of meetings of each of the seven self-help groups
- a case study of an island-based self-help group
- semi-structured interviews with DAS staff and board members, and current and former self-help group facilitators.

Findings

Questionnaire return rates were low (a total of 20 completed forms were returned). However, these data were supplemented by results of previous surveys conducted by DAS to solicit feedback from group members. Questionnaire results suggest most self-help group members attend for limited periods, value the facilitators, and report small improvements in depression and other life problems. They praise the groups most for understanding their problems, helping them think for themselves and reducing their isolation. Previous DAS surveys on those who left the groups found a consistent theme was for more structure and leadership, and for more suitable times and venues.

Three meetings observed were well attended, and four were not. Quality of venues was mixed. Group members treated each other with respect. They readily shared experiences of mental health services and problems in coping with everyday life but were cautious about raising painful personal matters. Most facilitators had relatively limited facilitation skills, with supervision every 8-10 weeks from the Groups Development Officer at DAS. Absence could be a problem if facilitators were themselves ill with depression. Interviews suggested that facilitators with professional expertise need to feel free to use this, in order to help distressed group members more than superficially.

The case study of an island-based self-help group found that the group gave committed support over several years in a welcoming venue, with a sound financial base and much potential for growth. To achieve this the group requires more support, advice, and accessible training, building self-confidence to make more effective linkages with local agencies. It could develop an effective model for self-help groups in remote areas.

In Glasgow, DAS went into partnership with statutory health agencies under the Scottish Executive's Doing Well by People With

Depression initiative. DAS has set up self-help support groups in areas where the Self-help Treatment Access Resource Team (START) project provides support to primary care mental health teams in using structured self-help materials for people experiencing depression. The DAS groups include sessions led by a START support worker offering skills based on Overcoming Depression cognitive behavioural therapy (CBT) materials¹.

There were initial problems in maintaining group numbers, and in recruiting and sustaining facilitators. Groups had to be where the START project operated, in areas which might have other mental health provision, rather than in response to known demand. To help tackle these problems, which initially delayed “rolling out” the CBT materials, a Glasgow-based Group Support Officer post was created.

The Glasgow collaboration highlights both benefits and potential risks of voluntary-statutory partnerships. There are potential tensions about priorities, and between the individual treatment focus of statutory services and the mutual support focus of voluntary sector self-help. At the same time, both sides are committed to the collaboration, and it may enable DAS to make important progress in the development and funding of services, and in developing training packages across Scotland.

Conclusions

This research broadly confirms research literature findings that self-help groups are worth developing, are valued by participants and able to deliver a range of benefits at modest cost. However, the groups must be founded on high-quality provision, training and supervision, and networking with other agencies, and need to be adequately funded.

Recruitment and retention of suitable, skilled facilitators is key to building successful groups. Supplementing volunteers with sessionally-paid

facilitators should, therefore, be considered. Recruitment from caring occupations, likely to impart groupwork skills, should also be welcomed. In addition, facilitator training needs to be expanded to ensure consistent skills levels, and facilitators need regular supervision.

To ensure continuity, consideration should be given to having one co-facilitator without recurring depression for each group. “Over-professionalisation” risks could be reduced by following egalitarian self-help groupwork principles.

Suitable venues are vital to the success and sustainability of self-help groups, and should be a priority. People with depression need accessible, non-stigmatising, welcoming, comfortable and private spaces.

Release of contact details for group members and facilitators should be informed by the needs of the client group.

People with depression (often linked with anxiety) may need additional help simply to attend self-help groups, and alternative or additional means of contact such as e-mail networks could be developed. They may also need specific therapeutic help to address the causes of their own depression.

Self-help groups should be encouraged to give constructive feedback to statutory mental health services.

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¹ Williams C, (2001) Overcoming Depression: A Five Areas Approach. London: Hodder Arnold
www.fiveareas.com