BOOK REVIEW / COMPTE RENDU

On Our Own, Together: Peer Programs
for People with Mental Illness
Edited by Sally Clay with Bonnie Schell, Patrick W. Corrigan, and Ruth O. Ralph
Nashville, TN: Vanderbilt University Press, 2005

The reviewer, Jayne Melville Whyte, is self-identified as a consumer/survivor.

The 4-year Consumer-Operated Service Program (COSP) study gathered stories and statistics on eight programs run entirely by mental health consumers for their peers—adults with diagnosed and undiagnosed psychiatric disabilities including schizophrenia, bipolar disorder, major depression, and other serious mental illness. Boards and staff of peer services often juggle at least two roles. On the one hand, they work to ensure that their programs, policies, and interpersonal activities meet the needs of the consumers/survivors who use their centres. On the other hand, they have to collect statistics, develop funding proposals, and justify their existence to funders and legislators. The COSP study offers narratives and data resources to support those sometimes conflicting roles.

On Our Own, Together is a report on the COSP study, but it is also more than that. This book offers a sound quantitative and qualitative resource on the work and worth of peer support in its functions such as drop-in, advocacy, mentoring, and education. The co-editors of *On Our Own, Together*, members of the COSP Consumer Advisory Panel, the research team members, and at least three of the COSP principal investigators self-identify as consumers. In the preface, editor Sally Clay explains, "This book is written by and for persons who have experienced what is generally known as 'mental illness' . . . sometimes called 'consumers,' 'survivors,' or 'ex-patients'—who sought compassionate alternatives to the mental health system through peer-run programs" (p. xi).

This book will have two audiences: researchers and program leaders. Readers who are more interested in how groups work than in research methods may choose to skip or scan the introduction and conclusion; however, researchers, policy analysts, and advocates will appreciate the detailed analysis of the review process and statistics. The program descriptions in the middle sections of the book illustrate and humanize the analysis of peer programs with and for people with mental illness. Program leaders in self-help and consumer-run education and advocacy organizations will appreciate the practical narratives from each of the sites, including the tables and figures that give examples of reasons for consumer-operated programs, group rules, and glossaries.

Program Descriptions

The philosophy of encouraging people to tell their own stories is well illustrated by the eight chapters written by, or in consultation with, key leaders of each project. The eight programs in the study were grouped into three clusters: (a) drop-in centres, (b) peer support and mentoring, and (c) education and advocacy. In their own words, consumer/survivor

peer workers narrate how they organize and operate their services with examples of the guidelines they developed, challenges they face, and victories they celebrate.

Drop-in centres. Part II describes the four drop-in centres that were part of the COSP study. Each example illustrates local initiatives and the similarities in their use of the drop-in model. For example, the Mental Health Client Action Network (MHCAN) in Santa Cruz, California, maps four phases of development: (a) anger and uncertainty, (b) collaboration and compromise, (c) stability and consistency, and (d) confirmation and empowerment. The Portland Coalition for Psychiatrically Labeled in Maine began as a small self-help group in a church basement and has grown to a drop-in serving 80 to 100 people per day, with its own building and programs focusing on the arts, member services, advocacy, systems change, education and self-empowerment, self-help, and recovery.

The St. Louis Empowerment Center in Missouri begins with the philosophy that there is "no right way" (p. 109) to use a peer-run drop-in centre. Professional agencies provide classes on personal and community development. Volunteers, and sometimes staff, provide leadership in self-help groups and encourage leadership development among consumers. In St. Louis, as in most centres, operational funding is one of the main concerns.

The PEER Center Inc. in Oakland Park, Florida, is a large drop-in centre with a membership of 1,000 people, a mailing list of 3,000 addresses, and daily attendance of between 65 and 140 consumers/survivors. The name PEER stands for the goals of Personal Empowerment, Education, and Recreation. Programs also include employment training, affordable supported housing, food and clothes, and an alternative to hospital for people in crisis. This last function was undermined when funds to train crisis workers were pulled from PEER.

Peer support and mentoring. The peer support and mentoring services that were studied in Part III used two models: the statewide GROW in Illinois and The Friends Connection in Philadelphia. GROW is an international mental health organization run by its members with almost 1,000 groups in the English-speaking world, 100 of which are in Illinois. GROW explains personal breakdown and recovery in terms of four causes: nature, nurture, personal action, and God (or the Overall Cause). GROW calls itself a program of recovery and personal growth with a written program based on 12 practical steps, a structured method for its weekly mutual-help groups, a "caring and sharing community" (p. 141), and an organizational and legal structure.

The Friends Connection's critical elements are friendship and peer support for the recovery of people with addictions and mental illness. Program components such as one-to-one peer support, group activities, and an alumni program offer three levels of socialization, interaction, and independence intended to complement traditional mental health services. The Friends programs are entirely voluntary: choice is a major value as participants set goals for their individualized plans. Peer staff are role models because they continue to work on their own recovery while they offer hope to others who have experienced drug and alcohol addiction and/or mental illness.

Educational programs. Two educational programs were studied in Part IV. Advocacy Unlimited, Inc., in Connecticut is a not-for-profit advocacy training organization working to educate members of the consumer/survivor community in self, systems, legislative advocacy and other skills. A small consumer staff of five offers a 14-week college level advocacy course. The organization's website, www.mindlink.org, broadcasts its considerable educational resources. Graduates assist with individual advocacy while they train and support other consumers/survivors in developing their own grassroots peer advocacy

organizations to ensure a consumer voice wherever decisions are made about people recovering with a psychiatric disability.

BRIDGES in Tennessee consists of two parts. The first is a 15-week course on mental illness, mental health treatments, and recovery taught by consumers/survivors to consumers/survivors. The second component is an ongoing support group facilitated by consumers/survivors trained in the BRIDGES method. This chapter also includes a personal story of empowerment.

Introduction and Conclusion

Part I, "Introduction and Background," details the process of project selection and outlines research procedures such as determining competencies to be measured in consumer-run programs. It describes the process that the Consumer Advisory Panel (CAP) used to choose the projects to be studied and the criteria identified to describe and analyze the elements of consumer-operated programs. The common ingredients of peer support are defined under the headings of structure, values, and process. The list of core ingredients includes peer support, empowerment, self-advocacy, self-management, problem-solving principles, and the helper's principle: "The helper's principle is a corollary of the peer principle. It means acting for the benefit of both oneself and others. Consumer/survivors believe that working for the recovery of others, especially one's peers, facilitates personal recovery for both" (p.11).

Chapter 2, "The Historical and Philosophical Development of Peer-Run Support Programs" by Jean Campbell, outlines the history and current condition of peer support. She provides context for the principles, values, and activities that have developed in the form of patient rights and consumer-run programs as consumers/survivors work together for re-entry into community life, employment, and social interaction as persons, not "patients." Of particular interest to researchers and historians is the short description of research to date and an appendix summarizing the various studies of self-help programming. For example, a Canadian listing is the Trainor et al. (1997) Consumer Survivor Development Initiative study on the use of peer support as an alternative and supplement to mental health services. The extensive references section at the end of the chapter will assist future historians and social scientists in preserving the history, challenges, and successes of the consumer/survivor movement and in working towards expanding peer support, self-help, mentoring, advocacy, and education.

For people working in the field, the section on Defining Peer Support Competencies, with its accompanying tables, offers a conceptual framework for the development and evaluation of group services and individual goal setting.

Part V, "Conclusion," has two chapters. Chapter 11 summarizes an evaluation of the COSP methodology and results. It may be quite technical for some program leaders and participants, while researchers, evaluators, and policy analysts will value the detailed data on common ingredients and how to measure and map the results of peer programming.

As part of the evaluation, a Fidelity Assessment Common Agreements Tool, slightly different from the CAP listing outlined in the introduction, is described in this chapter. Both tools will help researchers and program designers to plan and assess programs. One of the values of *On Our Own, Together* is the definitions that offer a common vocabulary for discussion, evaluation, and promotion of peer-operated programming.

Chapter 12 revisits the eight projects at the time of writing to report on the effects of participating in this 4-year, multi-site project. It reflects individual and program progress in

the process of studying their peer-run programs and problems. "Obstacles and Pitfalls" talks about struggle, leaders, anger, burden, and choices. This chapter also points to some of the benefits and drawbacks of a group involved in a research project. The concluding pages update the readers on the various programs that "weathered both the stress of the COSP multi-site study and the recent cuts in government funding at the end of the study" (p. 249). Further results of the COSP study are being prepared for future publication.

Recommendation

On Our Own, Together: Peer Programs for People with Mental Illness is a resource by and for consumers/survivors in recovery who want to develop drop-in, advocacy, and education programs. I would also recommend the book to anyone who wonders how peer support could serve and empower persons with mental illness. The worth of this book will be seen when you use the facts and stories to advocate for funding for consumer-operated services in our communities, provinces, and country.

Jayne Melville Whyte