

What can Self-Help Support Groups offer Clinicians?

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The preliminary findings from a larger study recently reported by Finn and colleagues¹ highlight some of the potential benefits associated with self-help support groups – particularly for Indigenous women living with cancer. These include emotional support, a sense of connectedness, practical assistance, as well as opportunities to relate to people who are in the same boat. These findings largely reflect those of previous research on self-help support groups that meet around cancer²⁻⁷; however, the study contributes to the dearth of knowledge about consumer-based initiatives in Indigenous health.

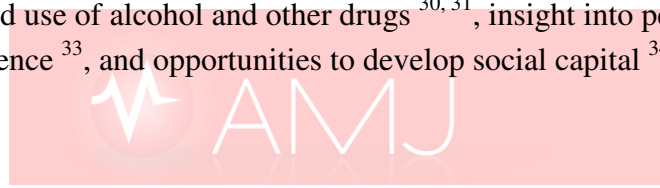
While the identified benefits for group participants are important, what can self-help support groups offer clinicians who are largely time- and resource-poor⁸⁻¹⁰? There are four key benefits that these groups can provide, all of which will be outlined.

For clarity, a self-help support group may be defined as “a non-profit support group run by and for people who join together on the basis of common experience to help one another. It is not professionally run, although professionals are frequently found in supportive ancillary roles”¹¹. Despite semantic similarity, a self-help support group is conceptually different to a support group^{12, 13}. The latter typically involves a

professional leader whose authority and expertise does not derive from experiential wisdom, but rather, formalised erudition⁴. Furthermore, support groups typically aim to establish a system of reciprocity among participants, rather than allow mutual aid to develop organically.

As well as the benefits identified by Finn and colleagues¹, self-help support groups are associated with a range of other benefits. In addition to being financially accessible, adult participants have been found to experience behavioural and cognitive improvements, as well as spiritual transformation¹⁴⁻²⁰. Research also demonstrates relationships between group involvement and reduced psychiatric symptoms²¹⁻²³, reduced hospitalisation rates, reduced reliance on medication and human services²⁴,²⁵, and a reduction in the financial cost attributed to these services²⁶.

While research concerning young group participants is relatively limited, existing evidence highlights similar benefits. Collectively, these studies cite opportunities for personal development²⁷, the development of support networks²⁸, enhanced self-esteem²⁹, reduced use of alcohol and other drugs^{30,31}, insight into personal issues³², greater independence³³, and opportunities to develop social capital³⁴.



Despite the associated benefits, self-help support groups are not always embraced by conventional mental health services or funding bodies in Western nations. In Australia, this is demonstrated in three ways. First, unlike the United States, England and Norway, Australia does not have a national clearinghouse that supports self-help support groups. Second, there is little Australian research funded to examine these groups. And third, clinicians and practitioners do not always inform patients of the availability of groups³⁵.

There are several reasons that might account for the limited interest in self-help support groups. These include the dearth of empirical evidence that they work – that they improve patient health outcomes, or that they are more effective than conventional services. Related to this, is the difficulty that surrounds empirical research in this area^{36,37}. Equally problematic, but perhaps easier to resolve, is ill-informed sentiment among clinicians.

Clinicians and practitioners sometimes paint a biased, if not tainted picture of self-help support groups to their patients. There are concerns that associating with the unwell will become a self-fulfilling prophecy; that listening to others' narratives of sickness will discourage patients; that information shared within the group context, particularly about symptoms and illness trajectories, could be alarming; and that participating in these groups might foster unrealistic hope⁵. It has also been argued that self-help support groups are mere examples of the blind leading the blind. Devoid of erudite leadership, group participants are thought to be provided with false or misleading information from peers who lack academic credentials³⁸⁻⁴¹; this is further compounded by the lack of accountability often found in the groups⁴².

These views do not serve the interests of clinicians and practitioners well. In fact, in this epoch of time and resource paucity⁸⁻¹⁰, the efforts of health and mental health professionals might well be aided by peer-run initiatives – like self-help support groups – a view supported by others⁴³⁻⁴⁵.

For clinicians and practitioners, self-help support groups can offer four key benefits. First, by including relevant groups into a patient's web of support, the clinician or practitioner may no longer be the primary (or only) source of care. Furthermore, patients can typically access group support outside of conventional business hours.

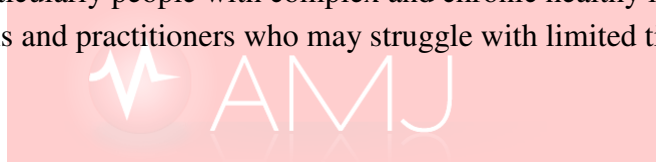
Second, self-help support groups can provide invaluable insight into quite complex situations. Listening to participant narratives personifies the lived experience of particular illnesses, and helps the clinician or practitioner understand which treatments and coping strategies are (and are not) helpful, or even feasible. As such, participant narratives also provide insight into the tricks of the trade. However, given the varied ways that self-help support groups operate, professionals should enquire about the appropriateness of their visit beforehand.

Third, as a captive audience, self-help support groups can be both an efficient and effective platform to disseminate information about particular healthcare services, new treatments, or self-care practices. They can be efficient because of the number of patients they bring together, and they can be effective because professionals have opportunity to personally respond to participant questions and concerns.

Finally, current government policy highlights the importance of community-based support systems^{46, 47}. As such, professionals who familiarise with self-help support groups align themselves with systemic efforts to promote individual and community well-being.

Given these benefits, how should the interested clinician or practitioner familiarise themselves with self-help support groups? Three suggestions are offered – first, contact relevant peak bodies that maintain a database of these groups (see Appendix 1 for Australian organisations). Second, visit local groups, if appropriate. And third, work with the groups to identify mutual interests and opportunities to strengthen the working alliance – for instance, the clinician might provide written materials about particular health issues; the group might welcome referrals from the clinician; or the clinician might present a guest lecture on innovative treatments.

A holistic approach to healthcare, which complements conventional services with community-based supports, is likely to sustain well-being. Not only is this good news for patients – particularly people with complex and chronic health issues – but also for their clinicians and practitioners who may struggle with limited time and limited resources.



Appendix

Australian Capital Territory (ACT):

Self Help Organisations United Together (SHOUT)

Ph.: +2 6290 1984

New South Wales:

Association Of Self Help Organisations And Groups (A.S.H.O.G.)

Ph.: +2 9588 3256

Mental Health Association NSW

Ph.: 1300 794 991

Queensland:

Self Help Queensland

Ph.: +7 3344 6919

Victoria:

Victorian Collective Of Self-Help Groups (COSHG)

Ph.: +3 9349 2301

Western Australia:

ConnectGroups – Support Groups Association WA

Ph.: +8 9228 4488

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