

## **Section 1: Purpose and Rationale**

### **1.1 Introduction to the Consumer-Operated Service Program Multisite Research Initiative**

The Consumer-Operated Service Program (COSP) Multi-site Research Initiative is a federally-funded national effort to discover to what extent consumer-operated services (COS) as an adjunct to traditional mental health services (TMHS) are effective in improving the outcomes for people with serious mental illness. Its multi-site design includes randomization of participants to either *COS plus TMHS* or *TMHS alone*.

Three models of COS have been identified across seven study sites: drop-in centers (Maine, Florida/California, and Missouri), peer support groups (Illinois and Pennsylvania), and education/leadership/advocacy training programs (Connecticut and Tennessee). A common research protocol has been developed to assure comparability of data collected across sites, and additional measures will be used to address site-specific hypotheses. During the course of the four-year initiative, which began September 1998, some 2,500 racially and ethnically diverse consumers will take part in the research.

Dr. Jean Campbell, a consumer/researcher at the Missouri Institute of Mental Health in St. Louis, Missouri, is principal investigator of the multi-site research initiative and heads the Coordinating Center. MIMH is working in conjunction with R.O.W. Sciences, Inc. in Rockville, Maryland, under the leadership of Matthew Johnsen, Ph.D., who is co-principal investigator of the Coordinating Center.

The multisite research initiative is governed by Steering Committee, composed of the principal investigator and a consumer representative from each study site, the principal investigator of the Coordinating Center, and a federal representative. Each site has a local Consumer Advisory Panel (CAP) that assists in planning and implementing the local and multi-site studies. In addition, the national multisite initiative also features a national Consumer Advisory Panel.

### **1.2 Background**

In the past twenty years self-help groups have become an important way of helping people cope with various life crises (Gartner & Riessman, 1982). While self-help groups vary greatly, most originate in response to the need for: human interaction; ready availability in crisis for potentially long periods; and a focus that did not seek to change basic outlook or personality, but to sustain the ability of members to cope with difficult situations (Durman, 1976). Historically, traditional mental health service developed with little or no input from people who received the services (Tanzman, 1990). Consumer-operated services (COS) emerged in the 1990s as an alternative to traditional mental health services. While some argue that traditional programs meet the needs of service recipients, others contend that the revolving-door pattern of care is a sign of system distress (Geller, 1992) and question the ability of mental health system to meet housing and social support needs of consumers (Carling, 1990; Zinman, 1987). Ridgway's (1988) review of research on attitudes toward service delivery noted the disparity between

professional and consumer perceptions, suggesting that these divergent views compromise the ability of professionals to meet consumer needs. On the other hand, Berman and Norton (1985) found that non-professionals working with a broad array of people, including people with mental illness, were as effective as professionals.

Tan, Mowbray and Foster (1990) described the goals of mental health consumer-run programs as:

- (1) providing a safe, supportive and normalizing community environment,
- (2) providing an atmosphere of acceptance,
- (3) helping consumers feel needed and helping to promote their self-worth, dignity and respect, and
- (4) increasing knowledge about the community by learning from one another.

However, few outcome studies have assessed the efficacy of COS. The COSP Multisite Research Initiative is designed to begin to fill that gap.

### **1.3 Study Objectives**

#### **1.3.1 Primary Objectives**

The primary objectives of the COSP Multisite Research Initiative are:

- To examine the effect of COS on empowerment, housing, employment, social inclusion, and satisfaction with services, and
- To determine how participation in COS affects costs for inpatient hospitalization, crisis intervention, and emergency room utilization, as well as how it offsets costs in housing, criminal justice, vocational rehabilitation, physical health care, and income support.

#### **1.3.2 Secondary Objectives**

The secondary goals of the COSP Multisite Research Initiative are:

- To create strong, productive partnerships among consumers, service providers, and researchers, and
- To disseminate the knowledge gained about the effectiveness of COS and the specific components that contribute to their success.