

**WHO STAYS, WHO GOES: A 12-MONTH FOLLOW-UP
STUDY OF NEW MEMBERS OF CONSUMER RUN
ORGANIZATIONS***

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ABSTRACT

Consumer run-organizations (CROs) are participant-driven mutual aid/self-help settings that have acquired a non-profit status and rely on external grant support. CROs have their roots in self-help groups but besides hosting group meetings they also provide their participants with educational and leadership opportunities typically found in other small non-profit organizations. Active participation in CROs has been shown to have a positive impact on recovery from mental illness, yet we know little about the characteristics of people who are most likely to become long-time active CRO members. All new members ($n = 172$) of 10 CROs were interviewed at baseline and followed up at 12 months to see if they were still CRO members. Results of discriminant analysis indicated that individuals who were older, had larger social networks, lived longer in their communities, spent more time home alone, and scored lower on control in daily life were more likely to still be members of their respective CROs 12 months after their baseline

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interview. Discussion focused on understanding the characteristics of those who will and will not become long time members of CROs, and how this might impact the recruitment and retention practices, as well as organizational planning of CROs.

Key Words: consumer-run organizations, consumer-run drop-in centers, self-help, mutual-aid, mental health recovery, community-based mental health

The 1960's "ex-patient" movement was the start of a new era for the mental health system in the United States (Chamberlin, 1978; Zinman, Harp, & Budd, 1987). This movement called for rejection of the medical model of mental health service delivery and advocated for the patients/consumers to take an active role in their treatment (Jacobson & Greenley, 2001), as well as for the use of peer-support as a method for recovery (Davidson, Chinman, Kloos, Weingarten, Stayner, & Tebes, 1999). Consumer-run organizations (CROs) started in the early days of the ex-patient movement and are prominent in today's Recovery Movement. CROs in Kansas are non-profit mutual-help-based organizations funded primarily by the state and attended by "veterans" of the public mental health system (Ochocka, Nelson, Janzen, & Trainor, 2006). CROs are staffed and governed by persons with a mental illness. Staff and members work together to provide education, volunteering opportunities, recreation, wellness activities, advocacy, and mutual support (Holter, Mowbray, Bellamy, MacFarlane, & Dukarski, 2004).

SELF-HELP GROUP ATTENDANCE AND PARTICIPATION PATTERNS

The ability of self-help groups to attract new members and maintain meeting attendance is a critical factor regarding their survival (Wituk, Shepherd, Warren, & Meissen, 2002). Like self-help groups and other mutual-help organizations, consumer-run organizations must attract and keep enough members to maintain their viability. According to a review of relevant theoretical frameworks by Kurtz (1997), the ability of self-help groups to attract members can be explained in part by social exchange theory (Thibaut & Kelley, 1959), interpersonal attraction theory (Arkin & Burger, 1980), and social comparison theory (Festinger, 1954).

A recent study that surveyed a similar sample of individuals in Kansas, found that average attendance of CRO members was 3.39 days per week, with 23% attending their CRO 2 days per week and 5% attending daily, with an average of 4.51 hours spent at the CRO per visit (Shagott, Vu, Reinhart, Wituk, & Meissen, 2005-2006). Research has also found that active participation in a CRO had positive impacts on members (Ochocka et al., 2006). Humphreys, Mavis, and

Stofflemayr (1991) found that Alcoholics Anonymous and Narcotics Anonymous attendees who were African American and female were more likely to attend group meetings after 6 months if the groups were predominantly African American and/or female. In addition, they found that individuals who were still attending these groups were experiencing more severe problems.

In another study, Luke, Roberts, and Rappaport (1993) found that members of GROW self-help groups who were older, not married, and had more pronounced mental health issues were the more likely to be long-term members. They found that one of the most important factors affecting ongoing group attendance in GROW groups was the similarity between the characteristics of the existing group members and new members. They concluded that first-time GROW attendees were more likely to come back if their personal characteristics matched those already in the group.

BENEFITS ASSOCIATED IN PARTICIPATION IN CROs

Previous studies have found that the benefits of actively attending and participating in CROs include increased social support (Nelson, Ochocka, Janzen, & Trainor, 2006a, 2006b), social participation (Segal & Silverman, 2002), participation in the community (Trainor, Shepherd, Boydell, Leff, & Crawford, 1997), personal empowerment (Hardiman & Segal, 2003), organizationally mediated empowerment (Segal & Silverman, 2002), empowerment-decision making (Corrigan, 2006), higher sense of community (Davidson et al., 1999), larger social networks (Hardiman, 2004; Mowbray & Tan, 1993), and a reduction in hospitalization and psychological service utilization (Trainor et al., 1997; Trainor & Trembley, 1992). Other studies found that participation in self-help and mutual-help organizations contributed to the process of recovery (Corrigan, Calabrese, Diwan, Keogh, Keck, & Mussey, 2002; Corrigan, Slopen, Garcia, Phelan, Keogh, & Keck, 2005), enhanced relationships with others (Kennedy & Humphreys, 1994), elevated quality of life (Weaver, Randall, Salem, & Reischl, 2001), improved psychiatric symptoms (Houston, Cooper, & Ford, 2002), and illness management (Powell, Yeaton, Hill, & Silk, 2001).

In one of the few longitudinal studies with consumer-run organizations, Nelson et al. (2006b), found that the benefits of participating in consumer run organizations among the active and non-active CRO members did not differ for the first 9 months, except for reduced utilization of hospital emergency services by active members, which is an important finding. At 18 months there were a number of significant differences between these two groups, including active members having improved levels of social support and quality of life as well as reduced psychiatric hospitalization (Nelson et al., 2006b). These findings suggest that it takes months of active participation for a member to start experiencing the benefits of CRO participation.

The purpose of this study was to investigate the characteristics of new CRO members associated with continued membership 12 months later. If there are characteristics that contribute to sustained membership, the findings from this study could aid CROs in attracting and keeping new members.

METHODS

Consumer Run Organizations

This purposive sample of 10 of the 20 CROs in Kansas was selected from urban and rural areas with a diversity of membership and membership size. CROs had been in operation for at least 3 years, ranging from 3 to 20 years. CROs selected for this research were open at least 20 hours a week with daily average attendance ranging from 7 to 26 members. By examining CROs of different sizes, years in existence, and ranging from “frontier” rural to highly urban, it was hoped that results would provide valid insights regarding the characteristics of those who maintained their membership after initially becoming involved in a CRO (Table 1).

Participants

One hundred and seventy-two new CRO members were recruited for baseline interviews from 10 Kansas CROs. Since it is estimated that each year 35-45% of CROs membership consists new members, and that one-third to one-half of these new members do not continue with CRO participation beyond one-quarter, we determined that with a total membership of 443 members it is estimated the 10 CROs would have at least 160 new members attend each year. We were able to administer the follow-up interview in person to 76 (44%) of the 172 participants 12 months after the baseline interviews. We were able to establish the membership status of the remaining 96 by either calling them directly or contacting the CRO they attended.

The interviews were administered by trained research assistants from the Center for Community Support and Research. Participation was voluntary and each participant was read and asked to sign an informed consent form approved by the Wichita State University Institutional Review Board (IRB). A CRO member was considered new if he/she had attended a CRO for less than 3 months at the time of the baseline interview. After 12 months, individuals who participated in the baseline interviews were contacted again and asked if they were still attending the CRO they joined at the time of the baseline interview. If the researchers were unsuccessful in reaching a particular individual, phone calls were made to the CROs that these individuals initially joined to see if they were still members.

Of the 172 participants, 89 (51%) were males and 87 (49%) were females; 136 (77%) were Caucasian, 26 (15%) African American, 11 (6%) American

Table 1. Organizational Characteristics of CROs

CRO	Members interviewed	Length of existence	Average daily attendance	Population density of home county	Budget
P.S. Club	9	20 yrs	10	Densely-settled rural	\$52,480
Project Independence	34	14 yrs	24	Urban	\$82,000
S.I.D.E.	22	14 yrs	15	Urban	\$111,000
Sunshine Connection	40	11 yrs	26	Urban	\$111,577
Open Door	10	9 yrs	13	Densely-settled rural	\$49,000
High Plains	1	9 yrs	7	Densely-settled rural	\$54,500
Bridge Freedom	8	4 yrs	9	Semi-urban	\$34,604
Morning Star	16	3 yrs	14	Semi-urban	\$48,066
Bright Horizon	26	7 yrs	10	Densely-settled rural	\$76,647
Wings upon the Prairie	6	10 yrs	9	Rural	\$50,467

Indian/Alaskan, and 3 (2%) were Latino/Hispanic, which roughly corresponds to the ethnic composition of Kansas. The small number of Latino/Hispanic participants is also partly due to this population being underserved in the social service arena in Kansas. Moreover, 25 (14%) were married, 71 (40%) single, 56 (32%) separated or divorced, and 6 (3%) widowed. The average age was 42, with the youngest member being 18 and the oldest 81. Additionally, 68 (39%) had graduated from high school/got a GED, and 49 (28%) attended some college.

All the participants in the study were voluntary participants and all participated in the CRO on a voluntary basis. None of the participants was part of a court ordered mental health diversion program. All participants had received mental health services at some time, but many did not receive traditional mental health services at the time of the study. All the study participants lived in community settings.

All 10 CROs were independent non-profits fully operated by members, and recruited new members in different ways. Some of the most commonly used member recruitment techniques included outreach to local community mental health centers, active recruitment of individuals as they were discharged from state psychiatric hospitals, distribution of flyers at area non-profits, “word of mouth,” and public speaking events.

All CROs in this study were based in recovery, mutual support, and peer support. Some had formal peer counseling programs, mental health self-help groups that met at the CRO, and all referred to local self-help groups typically for related issues (e.g., AA, domestic violence, bereavement). CROs did not provide traditional professional mental health services offered at local community mental health centers, including case management, attendant care, housing, or job placement.

Survey Instrument

This survey instrument is based on survey tools developed and used in three large research projects:

1. The Substance Abuse and Mental Health Service Administration (SAMHSA), a governmental behavioral health agency in the United States, funded ACCESS (Access to Community Care and Effective Support Services) Project, which was developed for and used with a homeless and psychiatrically disabled population;
2. Consumer Operated Services Program Multisite Research Initiative (COSP), developed and used to study drop-in centers, education, advocacy training programs, and peer or consumer run organizations (Yates, Mannix, Freed, Campbell, Johnsen, Jones, et al., 2011); and
3. Assessing Consumer Centered Services (ACCS), used to identify important aspects of consumer run organizations for people with psychiatric disabilities.

Additionally, this instrument was designed based on the Empowerment-Community Integration paradigm (Nelson, Lord, & Ochocka, 2001).

Sense of Community Index

The Sense of Community Index (Holter et al., 2004) contains 13 of the original 17 items from the Neighborhood Cohesion Index (Buckner, 1988) designed to assess the cohesion, belonging, and interactions of neighborhoods. CRO members responded on a 3-point Likert scale (“Not at all,” “A little,” “A lot”) to questions to assess their sense of community with their immediate neighborhood including: “I feel like I belong to the community here” and “I think of myself similar to others here.” Previous research found Cronbach’s Alphas ranging from .86 to .91

(Robinson & Wilkinson, 1995), indicating high internal consistency. In this study we found a similarly high Cronbach's Alpha (.92).

Social Network Size

The measure of social network consisted of 11 categories that included other CRO members, family, and friends (see Table 2). CRO members were asked to indicate if they have a regular contact with each of the individuals in 11 categories. For the purposes of this study, only the total number of all the people in CRO member's social network was used.

Empowerment-Choice in Daily Life Subscale

The "Choice in Daily Life" subscale comes from larger Personal Empowerment scale (Segal, Silverman, & Temkin, 1995). The "Choice" subscale includes 10 items designed to measure control of daily life (Segal et al., 1995). CRO members were asked to respond to 10 questions that focused on their personal control of their daily life including: "How much choice do you have in how you will spend your money?" and "How much choice do you have in which town or city you will

Table 2. Categories Within the Social Networks of Current and Former CRO Members

Network member category	Current CRO members		Former CRO members	
	<i>N</i>	%	<i>N</i>	%
Spouse or significant other	41	5.6	19	7.2
Your child	79	10.8	30	11.3
Other family member	286	39.0	103	38.9
CRO related	49	6.7	10	3.8
Employment related	4	.5	2	.8
Professional health/related	67	9.1	17	6.4
Religion related	37	5.0	6	2.3
Recreational activity	4	.5	1	.4
School related	2	.3	1	.4
Friend (not CRO related)	153	20.8	65	24.5
Other, please specify	12	1.6	11	4.2
Total	734^a	100.0	265	100.0

^aCRO member selected multiple categories—as many as applied.

live in?" on a 4-point Likert scale ("No Choice," "Not too much choice," "Some Choice," and "A lot of Choice"). Previous research found a .78 Cronbach's Alpha, which suggests moderate internal consistency (Rogers, Chamberlin, Ellison, & Crean, 1997). In this study we found a moderately high Cronbach's Alpha of .83.

Organizationally Mediated Empowerment

The Organizationally Mediated Empowerment Scale (OME) is a 13-item modified version of the original 21-item OME scale developed by Segal et al. (1995). The items require "yes" or "no" answers to questions related to a CRO, member's level of participation and involvement in their CRO, such as "Have you voted in an election for Board member?" or "Have you helped to set up meetings here?" Previous studies have found high Cronbach's Alphas ranging from .87 to .91 (Segal et al., 1995). In this study we also found a high Cronbach's Alpha of .87.

Empowerment Decision Making Scale

The Empowerment Decision Making scale (Rogers et al., 1997) is a 28-item 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, 5 = strongly agree) and assesses personal empowerment based on outlook on life (e.g., "I usually feel confident about the decisions I make"; "People are only limited by what they think is possible"; "I have a positive attitude toward myself"). Previous research found a Cronbach's Alpha of .86, indicating high internal consistency (Wowra & McCarter, 1999). In this study the baseline Alpha level was .82.

Membership

Membership status at baseline and at 12-month follow-up (member or not a member) was determined based on follow-up questions on the Community Integration Interview that asked CRO members how many times in the last 30 and 90 days he/she attended their CRO. In addition, daily and quarterly records maintained by the CROs and a special membership roster filled out by CRO directors at 12-month follow-up were reviewed in order to confirm membership status. When necessary, phone calls were made to participants at the 12-month follow-up to determine if they were still CRO members or not.

Procedure

New CRO members were recruited by CRO staff for this research. A CRO member was considered new if he/she had attended a CRO for less than 3 months at the time of the baseline interview. After acquiring contact information, a CCSR research associate contacted and scheduled a 45-minute face-to-face baseline interview. A follow-up in-person interview was conducted 12 months

after the baseline interview. Of all the follow-up interviews, 77 were in-person and 95 were conducted over the phone. Participation was voluntary and each participant received \$15 compensation for each interview.

Analysis

Discriminant analysis was used to examine characteristics of survey respondents who were still CRO members 12 months after the initial interview and those who did not maintain their membership. Rather than looking for a series of significant differences between predictors, this study attempted to uncover the natural relationship among predictor variables, resulting in a typology of those who maintain their membership across CROs.

RESULTS

CRO Member Retention after 12 Months

Of the 172 new CRO members interviewed at baseline, 117 were still members 12 months later and 54 were no longer members. A discriminant analysis was conducted to determine what characteristics or indicators distinguished those who continued CRO membership (Yes group) and those who were no longer members of the CRO (No group). All items were standardized into z-scores to check for outliers and then used to create the scales used in the analysis.

The variables entered into the discriminant analyses were the Choice in Daily Living subscale of the Personal Empowerment scale (Segal et al., 1995), the Organizationally Mediated Empowerment scale (Segal et al., 1995), Empowerment-Decision Making scale (Rogers et al., 1997), Sense of Community Neighborhood Cohesion Index (Buckner, 1988), age, social network size, number of hours spent alone at home, and number of years in the neighborhood. In order to screen for outliers, variables were converted to z scores and since 99.9% of all scores should be less than 3.29, those greater than 3.29 were replaced with the next closest value (Tabachnick & Fidell, 2007). Number of years in the neighborhood and number of hours spent alone at home displayed moderate skewness and kurtosis and were transformed using log linear (LG10) transformations (Tabachnick & Fidell, 2007).

The discriminant analysis found an overall significant Wilk's Lambda, $\Lambda = .84$, $\chi^2(8, N = 171) = 28.01$, $p < .001$, $\eta^2 = .16$, indicating a differentiation between those new to the CRO who were still members after 12 months and those who were no longer members. Table 3 includes within-groups correlations between the indicators and the discriminant function as well as standardized weights. The group centroids were .29 for the "Yes" group, and $-.63$ for the "No" group. Based on these coefficients, the number of years in the neighborhood, number of hours spent alone at home, age, social network size, and "Choice in Daily Living,"

Table 3. Standardized Coefficients and Correlations of Indicator Variables with the Discriminant Function and *F*-Ratio

Predictors	Correlation coefficients with discriminant function	Standardized coefficients with discriminant function	<i>F</i> -Statistic
Years in neighborhood	.54	.45	9.10*
Hours home alone	.52	.57	8.43*
Personal Empowerment-Choice	-.44	-.35	6.14*
Age	.39	.36	4.71*
Social network size	.36	.34	4.00*
Sense of community	.31	.21	3.06
Organizationally mediated empowerment	-.09	.16	.25
Empowerment-decision making	.03	-.04	.03

**F*-ratio significant at .05 level.

respectively, demonstrated the strongest positive relationship with the discriminant function, and represented the “Yes” group.

CRO members who still participated in their CRO after 12 months (“Yes” group) lived in their neighborhood longer ($M = 16.50$ months) than those who were no longer the members ($M = 8.90$ months), were older ($M = 43.43$ years) than the those who are no longer members ($M = 39.00$ years), spent longer amounts at home by themselves ($M = 1.15$ hours) than those who were no longer members ($M = .90$ hours), had a larger social network ($M = 6.26$ persons), than those who were no longer members ($M = 4.91$ persons), but were less likely to report more “Choice in Daily Living” ($M = 16.01$) than people who were no longer members ($M = 18.41$). The rest of the variables had non-significant relationships with the discriminant function and were not further analyzed (Table 3).

The discriminant analyses correctly classified 73.7% of CRO members in the original sample. In order to take into account chance agreement, a kappa coefficient .30 was computed which is considered to be a fairly good. Finally,

to assess how well the classification procedure would work with a new sample, the “leave-one-out technique” (Tabachnick & Fidell, 2007) correctly classified 71.9% of the cases.

Social Network Characteristics

Size of social network was a significant predictor of 12-month membership or the “Yes” group. Comparison of both “Yes” and “No” groups revealed that they had similar social networks in terms of characteristics of people that constituted their networks (see Table 2). Other family members and friends not related to the CRO accounted for about 60% of all people in both networks. Fellow CRO members accounted for 7% of all people in the social network in the “Yes” group and 4% in the “No” group. Fifteen percent of the individuals that stayed in the CRO and 4% of individuals who left the CRO reported having at least one CRO member in their social network. The purpose of this follow-up analysis was to examine broad descriptive differences and similarities in the type of people who belong to social networks of both groups beyond just social network size.

DISCUSSION

This study examined which variables discriminated between new CRO members who were still participating in their CRO 12 months later compared to those who had stopped attending the CRO. As a group, those still attending the CRO were older than those who were no longer members, lived longer in their neighborhood, had a larger social network, and spent more time at home by themselves when they first joined. The group of people who were no longer members reported higher control in daily life when they first joined the CRO than the group of people who were still CRO members after 12 months.

Living longer in the neighborhood was one of the strongest indicators of ongoing CRO membership. Conceivably, people who have lived longer in their neighborhood were more attached to the area and are more likely to participate in local organizations including the CRO. Greater length of time in their neighborhood could also be related to greater stability in living that generalized to membership in their local CRO. Buckner (1988) found that years lived in the neighborhood was one of the significant individual level predictors of neighborhood cohesion, and Chavis and Wandersman (1990) found that sense of community was related to a higher participation in the community. Both of these studies were conducted with a community sample not members of a particular local organization, but the similarity is important in that like other community residents, mental health consumers were more likely to become involved in a CRO if they were more attached to their neighborhood.

Those who were still CRO members 12 months after the baseline interview also reported having larger social networks when they initially joined their

CRO compared to those who were no longer members. Bybee, Bellamy, and Mowbray (2000) also found that one of the factors contributing to higher CRO participation was a larger social network. In the current study, the social networks of both the individuals who continued as CRO members ("Yes" group) and those that were no longer members ("No" group), though different in size, were remarkably similar regarding those who made up those social networks. Both groups' networks were predominantly composed of equivalent percentages of family and friends with few CRO members in their network at baseline. Though a higher percentage of individuals who stayed in the CROs reported having fellow CRO members in their social network (15% vs. 4%), the findings from this study discounts the assumption that the reason why people remained CRO members was because they knew people at their CRO before they joined. Instead, the findings from this study support the notion that those with the ability to secure and maintain a larger social network will continue to use that ability to connect with other CRO members, building their social network in a new and potentially powerful way based in peer support.

Prior to this study, research focused on describing how CROs helped extend members' social networks (Hardiman, 2004; Mowbray & Tan, 1993). The finding that new members with larger social networks were more likely to continue participation is not consistent with previous thinking that CROs would be particularly attractive to those with few relationships with family, friends, and others in the community. Instead it appears that those with larger social networks continue to build those networks through participation in their CRO.

Previous research in the same geographical area found that the social networks of veteran CRO members (those who were members for 5 or more years) were dominated by other members (Shagott et al., 2005-2006). The above mentioned study was conducted with some of the same CROs (7/10) which lend further support to the observation that those with larger social networks when they first become members continue to build their networks adding other CRO members. Corrigan and Phelan (2004), Hardiman (2004), Hardiman and Segal (2003), working in other states, also found large numbers of CRO members in each other's networks. In other words, the likely reason for people staying involved in a CRO, regardless if they knew anyone at the CRO before they joined, was that they found a group where they fit in well, where they can pursue deep rooted friendships with other individuals they feel are similar to them.

It was found that those who remained members were older ($M = 43$ years) than those who were no longer members after 12 months ($M = 39$ years). Luke et al. (1993) also found that older individuals were less likely to drop out of a self-help mental health group (GROW) and stayed for longer periods of time than younger individuals. It might be that younger consumers engage in a "downward social comparison" with the older veteran CRO members, not viewing themselves as having as much in common while also realizing they were looking at their own

situation in a few years. It might also be that younger individuals hold different beliefs and values compared to older individuals.

Mankowski, Humphreys, and Moos (2001) found that compatibility between a new members' value system and demographic characteristics were important indicators of continued involvement in a self-help group. It might be that the initial connection between individual's demographic and personal characteristics and CRO's demographic and social characteristics is crucial in determining if a person will keep coming to the CRO. This view would be consistent with the previously mentioned theoretical underpinnings of self-help groups regarding social comparison theory (Kurtz, 1997). Perhaps, rather than simply recruiting younger members, existing CROs could support particular activities specifically for younger individuals to create an initial social comparison of greater similarity. More research is needed on how CROs and other consumer-driven initiatives can support or recruit younger individuals with mental illness.

That younger individuals were less likely to still be members after 12 months might also be connected to a more widespread trend of young adults being less civically involved than older individuals (Smith, 1999). It might be that younger individuals are in a developmental stage that is not as conducive to joining organized groups for long periods of time. In the educational literature, Eccles et al. (1993) have argued that a good fit between individual's stage of development and social environment is crucial for that individual to meet their needs. The need for autonomy and control in adolescence and young adulthood (Eccles et al., 1993) might not be met in a setting based on group norms and shared control that characterize CROs.

It was interesting that those who remained CRO members 12 months after joining did not differ from those who left the CRO on the Empowerment-Decision Making dimension but did differ on the Empowerment-Choice dimension. Rogers et al. (1997) also found that higher level of involvement in a consumer-operated self-help group increased empowerment-decision making, which might mean that individuals who join CROs develop empowerment related to decision making and self-efficacy as a result of CRO participation. Individuals who feel that they have a lot of choice in their day-to-day life might be more likely to seek other forms of social involvement not focused on mental illness to meet their other needs.

To further complicate the interpretation of the findings related to empowerment, in another study, Nelson et al. (2006b) failed to find any change in empowerment over time with members of consumer/survivor initiatives. It would be beneficial to compare empowerment-decision making scores of both groups 12 months after the baseline interview. Knowing that CROs affect individual's self-efficacy and sense of power to make a difference (Rogers et al., 1997) would be a major step in further defining the most important benefits of CRO membership.

In the present study, those who initially reported higher levels of personal empowerment related to their control of daily lives were less likely to be CRO

members 12 months after they joined. As opposed to empowerment-decision making which defines the perceived self-efficacy and the power to make their own decisions, the personal empowerment relates to an individual's day-to-day perceived independence and access to social and economic resources.

As individuals progress through their recovery they gain greater control of their lives, making the kind of support gained at a CRO not as attractive. Perhaps, people who first come to a CRO with a higher sense of control in daily life feel constricted by the CRO norms, rules, and the notion of shared ownership, which might make them less likely to stay in the CRO. They might also have more options for other community involvement outside of the formal and informal mental health system. Individuals who do not become long-time CRO members might become involved in other groups that better address their needs. It would be beneficial to further explore the relationship between Empowerment-Choice dimension and Empowerment-Decision Making as it relates to CRO membership.

Attendance and the Survival of Self-Help Groups

The average group attendance and number of new people attending each meeting are one of the most important factors contributing to the survival of self-help groups, including CROs. Knowing whether CROs attract a certain demographic and knowing whether the individuals who become long-term members are a more homogenous or heterogeneous group will be key in informing strategic planning and recruiting efforts for these organizations.

Limitations and Future Research

An important limitation of this research was a lack of information about why almost one-third of new members had discontinued participation in less than 12 months. It would have been informative to de-brief those participants to find out if new members stopped attending because they believed they did not belong or they did not like the CRO or if external factors like health problems or moving to another community precluded their ongoing participation. Knowing why people leave CROs would provide a better understanding about what CROs can do to retain more members and provide even more information about what makes people join and stay at CROs.

Another limitation of the study was that variables that measure other constructs such as quality of life or satisfaction with the CRO were not used in the analysis. In addition, inclusion of demographic variables such as education level, race, and marital status might have been useful in differentiating between individuals who continued their membership versus that ones that didn't. Future studies should explore using those and other variables to further explore the relationship between baseline characteristics and continued membership.

Future studies could also examine the person-environment and other setting level characteristics of CROs, with special attention to what in that setting initially attracts new members and what helps retain members. Moreover, it would also be important to examine the match between new member demographic characteristics and the demographics of the CRO. Greater membership could result if CROs expand their “niche breath” (Barker, 1968) as a behavior setting in order to accommodate the greatest diversity of possible members.

CONCLUSION

This study was one of the first to examine characteristics of new members of CROs as they relate to their continued involvement, which is critical as the recruitment and retention of members is necessary for the survival of CROs and self-help groups. New members who lived longer in their community, had larger social networks, and were older were more likely to continue to be CRO members. As in other research related to civic engagement, young adults are less likely to be involved in civic groups and one’s connection and investment in the community is positively related to civic group engagement. Therefore, it appears that continued membership in CROs is more like membership in other community-based organizations than previously thought and should be examined in similar ways.

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