International Journal of Mental Health Nursing (2004) *13*, 232–241

FEATURE ARTICLE

Clients and facilitators' experiences of participating in a Hong Kong self-help group for people recovering from mental illness

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ABSTRACT: *The purpose of this study was to examine the effectiveness of self-help groups in the rehabilitation of people recovering from mental illness. A qualitative approach was adopted, with individual interviews of 12 clients and four focus group interviews of 22 professionals and volunteers, in a Hong Kong self-help organization. Three major categories emerged from the client interviews: the meaning of self-help; experience of self-help group involvement; and changes in life. The major categories which emerged from the focus groups were: the meaning of self-help; therapeutic factors; therapeutic process; facilitators' expectation; and difficulties encountered. Results indicated that self-help group involvement provided positive experiences for the members and led to some changes in their lives which contribute to the rehabilitation of their illness. Meanwhile, the professionals' and volunteers' view of the use of self-help groups was found to coincide with previous literature. Moreover, a spiritual dimension was expressed by all respondents as one of the factors that enhanced the group cohesiveness. It was concluded that self-help group involvement is beneficial to psychiatric rehabilitation. Findings have implications for further utilization of self-help groups for the people recovering from mental illness, as an alternative form of health care to complement the inadequacies in the present health care system.*

KEY WORDS: *Hong Kong, mental illness, recovery, self-help group.*

INTRODUCTION

Hong Kong's mental health care system, since its inception has been influenced by British models of institutional care, and until recently little research has been conducted into the unique cultural needs of the majority of clients who are Chinese (Arthur *et al.* 1999). As community focused care begins to take shape in Hong Kong (Health and Welfare Bureau 2000; Hong Kong Government 1991) and mental health workers begin to acknowledge the importance of a model of care which encompasses the needs of local people, in-depth studies are needed to provide an important foundation.

The self-help movement is flourishing internationally (Segal *et al.* 2000), however, there is a lack of such parallel development in Hong Kong (Yip 2003). Wong and Chan (1994) suggest that although Chinese families and kinship networks are invaluable assets in providing support to patients and caregivers, the cultural stigmatization against illness and the strong sense of paternalistic professional domination in the present medical system are obstacles to the development of self-help among patients in Hong Kong.

The purpose of this study is to examine the effectiveness of self-help groups in the rehabilitation of people recovering from mental illness in Hong Kong. The objectives are to: (i) explore the experience of self-help group members; (ii) explore members' perception of the outcomes of self-help groups; and (iii) examine the professionals' and volunteers' views on the effectiveness of self-help groups.

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Accepted August 2004.

PSYCHIATRIC REHABILITATION IN HONG KONG

Hong Kong has two large psychiatric hospitals and three psychiatric units in general hospitals, supported by a small community psychiatric nursing service. There are different types of rehabilitation services, such as half-way houses, sheltered workshops and social clubs, which were started by voluntary agencies for people recovering from mental illness. A study conducted by Chiu *et al.* (1988) using self-reported questionnaires in a random sample of 462 psychiatric patients from four different psychiatric treatment centres, found that about one-quarter of the patients expressed a need for rehabilitation services. Meanwhile, Chiu *et al.* (1988) found insufficient rehabilitation facilities in Hong Kong, and stated the urgency for studies on needs and effectiveness of various rehabilitation facilities. Mak *et al*. (1991) also announced the pressing need for the formulation, implementation and evaluation of structured rehabilitation programmes. They postulated grouping patients with similar deficits for targeted therapy as a cost-effective strategy. On the heels of debate in Hong Kong and the recommendations of the government consultation document (Health & Welfare Bureau 2000), it is time that critical analysis of community mental health care commenced in Hong Kong.

SELF-HELP

Self-help is a phenomenon with deep historical roots. Kropotkin (1955) argued that cooperation is a basic survival mechanism for human beings. He provided many examples throughout history of spontaneously developed cooperative enterprises and associations for purposes of greater mutual protection and productivity. From the 1930s till the 1950s, the philosophy of 'a problem shared is a problem eased' existed in groups such as Alcoholics Anonymous, Recidivists Anonymous, and Gamblers Anonymous. From then until the 1970s, self-help was said to be politicized, associated with the civil rights movements, the women's movement, and consumer groups while more recently, service-orientated self-help groups and activities have been prominent (Pancoast *et al.* 1987; Segal *et al.* 2000). In colloquial Chinese it is said, 'A problem shared is half the burden, happiness shared is double happiness'.

The emergence of self-help groups is a response to strong professionalization, service fragmentation, the de-personalizing and de-humanizing effects of institutions, social alienation, loss of sense of control and choices, raised sense of self-determination and self-advocacy (Chan *et al.* 1992; Gartner & Riessman 1984; Levine & Perkins 1997), and is considered one part of the community care approach (Wong & Chan 1994).

The characteristics of self-help groups have been explored by various authors (Caplan 1974; Corey 1990; Gartner & Riessman 1982; Gartner & Riessman 1984; Riessman 1976) and all bear similarities to the definition developed by Rootes and Aanes (1992) which is based on seven criteria. A self-help group is: supportive and educational; has leadership from within the group; addresses a single major life-disrupting event; has members who participate voluntarily; has no monetary interests or profit orientation; has individual personal growth as the primary purpose of group membership; and membership is anonymous and confidential.

RESEARCH STUDIES ON SELF-HELP GROUPS

Trojan (1989) studied the benefits of self-help groups as depicted by 232 members from 65 different disease-related groups by using closed-ended questionnaires. The focus of the study was the changes and effects induced by members' participation in self-help groups. Most reported considerable positive changes in dimensions related to stress, relationships and professional roles. However, the disease-related group which reported most benefit was not depicted in that study.

Humphreys and Noke (1997) conducted a longitudinal study on the influence of post-treatment self-help group participation on the friendship networks of substance abuse patients. The convenience sample comprised 2337 male inpatients, 57.7% of whom became significantly involved in structured activities such as a reading program, providing literature, and attending meetings after treatment.

Rothlis (1984) studied the effect of self-help groups on feelings of hopelessness and helplessness by using a convenience sample of 28 patients with a primary diagnosis of reactive depression. The findings supported that the exposure to a self-help group treatment resulted in a significant decrease in feelings of hopelessness and helplessness in persons with a diagnosis of reactive depression due to loss. Another study by Wetzel (1991) investigated the strengths and limitations of a self-help group for people and families with bipolar and unipolar illness using a convenience sample of 221 patients and relatives during a period of 2 years' participant observation. The findings showed that discussion of urgent illness-related problems was the most frequent, economical, and successful activity.

Some local studies have been conducted on the impact, current situation of the movement, and the role of self-help groups in the empowerment process (Chan

et al. 1992; Mok pers. comm. 1998; Wong pers. comm. 1993), and while those studies provided useful arguments supporting self-help groups, they were descriptive and focused on different client groups and no studies were found which addressed the effectiveness of self-help groups for people recovering from mental illness.

METHOD

To suit the aims of this study, in an absence of previous similar research in Hong Kong, a qualitative research method was adopted with semistructured interviews to explore the effectiveness and personal experiences of self-help groups of a sample of 12 clients, and focus group interviews were conducted to examine the professionals' and volunteers' view on the therapeutic process of self-help.

Two sets of interview guides were developed according to the related literature of self-help groups. Some of the open-ended, non-directive questions were modified based on the research questions used in previous research studies by Carpinello (1995) and Chamberlin *et al.* (1996). The purpose of this format is to obtain the participants' own views, meanings and interpretations with as little bias as possible. Based on the feedback of four professional experts, the guides were modified and revised, and strength was added to their validity. Questions focused on the meaning of self-help and personal experiences of participating in self-help groups. Once ethics approval was obtained, a pilot study was conducted on three group members to assess the feasibility and appropriateness of the interview guide. These three were then excluded from the main research study.

The focus organization of this study is one of the pioneers in organizing self-help groups in Hong Kong. It is an organization providing a service for, and run by Christians. The members are people recovering from mental illness who are willing to share their problems and join the self-help groups voluntarily. The professionals working in the organization are volunteers including social workers, psychiatric nurses, and occupational therapists who act as facilitators and group counselors. They are required to attend a training course provided by the organization.

There were 10–20 members in each of the groups with different backgrounds, different diagnoses and problems, who were referred by psychiatric professionals. All were ethnic Chinese, Hong Kong residents and able to speak Cantonese. A purposeful sample of two members from six groups (excluding the group that the researcher was attending and three new groups where their group dynamics were not mature enough for exploration) were selected and a total of 12 participants were interviewed.

Altogether there were 13 professionals and 12 volunteers serving the organization at the time of data collection. The researcher conducted two focus groups for professionals each consisting of six persons and two focus groups for volunteers each consisting of five persons.

All the interviews were tape-recorded. This enabled accurate transcription of the interview and subsequent data analysis. Written notes were also taken immediately after the individual interviews to give additional information, for example, any technical problems or any unusual facial expression and body language of the interviewee which was incongruent to the information expressed. Data was analysed in Chinese then the categories translated back into English.

DATA ANALYSIS

There is no single method for conducting the process of analysis of qualitative research data and various techniques have been described by different researchers (Miles & Huberman 1994; Munhall & Boyd 1993). The following references helped to protect consistency (Field & Morse 1985), ensure familiarity with data, encourage trust and engagement among participants (Lincoln & Guba 1986) and the use of bracketing (Morse 1991). The data was recorded, then transcribed. The process was carried out broadly by: gaining familiarity with the data during transcription; coding the transcripts; developing conceptual categories by looking for commonality of ideas across transcripts; and interpretation of categories within a framework of self-help. To ensure consistency, an experienced researcher randomly checked the interview data and confirmed the development and meaning of the categories and subcategories.

RESULTS

Self-help participants

In total, 12 members, ranging from 34 to 50 years of age, participated in this study. Seven were males and five were females. Their education level ranged from primary to post-secondary education. All were Christians. Five respondents were unemployed and the rest had full-time jobs. Eight of the respondents were single, three were married and one was divorced. The number of admissions to psychiatric hospitals ranged from zero to four.

Three major categories were identified from analysis of the interview data (see Table 1). They represent the experience and perceived outcomes of self-help group participation of the respondents. These categories are:

TABLE 1: *Major categories and subcategories identified from the individual interviews*

Major categories	Subcategories
1. Meaning of self-help	
2. Experience of self-help group involvement	Friendship development
	A warm and caring atmosphere
	Open communication and genuine sharing
	Being cared for and feeling concern
	Feeling of being in the same boat
	Support and encouragement
	Knowledge gained
3. Changes in life	Enlarged social circle
	Emotional catharsis
	Restored functioning
	Learn to give and take
	Sense of worthiness
	Being empowered
	Learn from others' experience
	Enriched life experience

meaning of self-help, experience of self-help group involvement, and changes in life.

Meaning of self-help In this category respondents provided a definition and description of what self-help meant to them. All recognized self-help as a process of helping themselves by using their own strengths and their own power. One of the respondents said:

> Self-help means a group of people with similar problems gathered together to help each other. We can share our problems with others or even seek professional advice from the facilitator. 8R14

Another provided the following insightful comment:

> Apart from conventional treatment, for example drug treatment, we mentally ill also need social interaction, that is communication with family members, friends, colleagues. One of the early signs and symptoms of relapse is negative thoughts and permissive thinking. As members of the group are having similar problems and experience, they understand each other, support and encourage other members. This is beneficial to the process of rehabilitation, even more valuable than the professional knowledge. 12R12

Experience of self-help group involvement In this category respondents provided rich descriptions of what they actually gained from the experience. They found the experience warm and caring and felt able to talk openly in a sharing atmosphere. They felt that others cared for them, they felt supported and trusted the other members and the facilitators, and several felt committed and concerned for other members because of the need to learn to listen and be patient. Each respondent also embellished their comments with an experience which made an impression, such as being 'deeply impressed with the group members' genuine and deep sharing …', and 'group members and facilitator showed concern and they prayed for me. They were so earnest and energetic in helping me …'. Seven subcategories were identified (see Table 1): friendship development; a warm and caring atmosphere; open communication and genuine sharing; being cared for and feeling concern; feeling of being in the 'same boat'; support and encouragement; and knowledge gained. In the accepting atmosphere, participants felt they could talk and share their personal problems. One respondent stated:

> I become committed to the group as I have an open communication with other members in the group, I know they understand my problems as we all are having similar problems. 7R18

Changes in life The third category was 'changes in life' and seven subcategories emerged: the enlarged social circle; emotional catharsis; restored functioning; learning to give and take; sense of worthiness; being empowered; learning from others' experience; and enriched life experience. Respondents verbalized some changes in their life after participation in the self-help groups which might contribute to improvement of their mental health and social functioning.

In total, 11 respondents expressed having expansion of social networks since they had participated in self-help groups. They became more active with an expanded social network in general or for support in times of need.

> My social circle is enlarged after I participated in the group. Subsequently the relationship with my family members is more harmonious as I also become more independent. My husband does not have to worry about my social life. 5R19

In total, 10 respondents expressed the benefit of emotional release after participation in self-help groups and sharing of painful experience and expression of pent-up feelings were the identified therapeutic effects. One of the respondents said:

> I am now more optimistic, I can share my problems with other members. If I don't have opportunity for ventilation, then I might be depressed. I haven't had any relapse in my illness since I participated in the self-help group. 1R27

Nine respondents expressed that they had better functioning with self-help group involvement. As respondents talked about what went on in their group and what self-help meant, they spoke of the effects of being a self-help group member. Engagement in the groups and their activities provided a more regular life pattern for those who were previously lacking volition. They became more motivated which led to a feeling of being in control of their lives. One member stated:

> My life is becoming regular. Before I participated in the group, I have nothing to do and slept all day. I am now more motivated and engaged in the group activities. 2R31

Professionals and volunteers

A total of 12 of the professional facilitators participated in the focus group interviews. Their age ranged from 26 to 55-years-old. Seven of them were males and five of them were females. Their education level ranged from post-secondary to post-graduate education. Five were social workers, four were psychiatric nurses, one was an occupational therapist, one a retired nurse, and one was a full-time housewife with psychiatric nursing experience. The duration of facilitating the group ranged from 1 to 10 years.

A total of 10 volunteer facilitators participated in the study, and their age ranged from 21 to 45 years of age. Three of them were males and seven of them were females. Their education level ranged from secondary to tertiary education. Two of them were pastors, two of them were secretaries, another two of them were clerks, the remaining four volunteers were a dental technician, a welfare worker, an executive officer and a tutor. The duration of serving the group ranged from less than 1 year to 8 years.

Though the professional facilitators and volunteers came from different backgrounds, it was found that they had a consensus towards the objectives and outcomes of the self-help groups. The categories which emerged were: meaning of self-help, therapeutic factors, therapeutic process, facilitators' expectation, and difficulties encountered (see Table 2).

Meaning of self-help Generally, all professionals and volunteers defined the term in a similar way by making comments such as self-help meant helping people with their own motivation and to develop their own personal strengths. All the participants gave rich descriptions for this term. Their responses primarily focused on the ultimate goal, external resources, group outcomes and their personal encountered experiences. One participant said:

> Every individual has his/her own strength. As a group, the strength emerges from the group dynamic. Through interaction among each member, self-help comes from within … The group may need some guidance or

TABLE 2: *Major categories and sub-categories identified from focus group interviews*

Major categories	Subcategories
1. Meaning of self-help	
2. Therapeutic factors	Similar background and common goal
	Composition of group members
	Safe environment
	Trust and acceptance
	Mutual support and encouragement
	Empathy and caring
	Role modelling
	Context of group meetings
	Facilitators' commitment and skills
	Spiritual dimension
3. Therapeutic process	Stages of group development
	Professional involvement
	Individual attributes
4. Facilitators expectation	Improved mental health
	Commitment to the group
5. Difficulties encountered	Labeling effect
	Members' strong attachment to facilitators
	Members' poor mental health

> direction towards their goal of rehabilitation, external resource may be helpful and sometimes act as a catalyst for the development of the group. Yet, power mainly comes from within the group. 1F1MR2

During discussion in one of the focus groups, they identified the importance of members' active involvement in the self-help process. This is illustrated by the following discussion:

> Self-help is a pathway through which an individual seeks to identify and solve his/her problems. 3F1FR2

> The term self-help gives me an impression of self-help service in a buffet: the resources are there but one must be active in seeking channels to help oneself. 3F4FR1

> Yes, they must be actively involved in the process to dig out their own potential in order to solve their own problems. 3F1MR2

Therapeutic factors The elements that enable the members to feel and use their own strengths and power and to exert control over their own lives, are catagorized as therapeutic factors. They might also bring about desired personal change. These factors were classified into 10 subcategories: similar background and common goal; composition of group members; facilitators' commitment and skills; trust and acceptance; safe environment; mutual support and encouragement; role modelling; empathy and caring; content of group meetings; and spiritual dimension.

Different combinations of members was thought to be positive and active members can act as a catalyst to the development of the group:

> At least there should be one member who is actively involved in the group. It would be better if there are some more. If he/she can initiate to care for others and network with each other. Then, the group would be more cohesive. 3F3FR3

The group situation provides a safe place for ventilation of feelings and disclosure of personal experiences. Members acknowledged their limitations due to the adverse effect of their illness, but their limitations were not understood by people in the community. One of the volunteers commented:

> If you can't disclose your problem to others, then it would be unhealthy. The group provides a safe environment that one can find trustful friends. 2F2MR14

One of the ground rules is to assure confidentiality of other group members. Trust and acceptance was identified by all the participants of the four focus group interviews as one of the therapeutic factors. All the participants in the four focus group interviews expressed that caring and acceptance within the group can be supportive to members. One of the volunteers shared her personal experience with members in the group, saying:

> One of the group members was prone to panic, another group member was phobic. Both of their mental states were unstable. Yet they paired up to care for and support each other. They had phone contact each day for about 10 min, which lasted for 6 months … They know nothing about counseling, but they were willing to offer support and encouragement. 2F3FR30

All the participants in the four focus group interviews revealed empathy and caring as one of the subthemes in the therapeutic factors:

> If you have not experienced the adverse effect of the illness, how can you convince others with your advice. For example, some group members don't comply with drug treatment due to the side-effects. Yet, one of the members illustrated his experience by saying that his relapse was due to non-compliance with medication. He further stated how he managed to cope with those side-effects. His saying this would be convincing because he had similar experiences to other members, and can touch their hearts. 3F3FR5

Therapeutic process The findings demonstrated that the self-help groups were part of a process and three subcategories emerged: stages of group development, professional involvement, and individual attributes.

All the participants agreed that the therapeutic process is somehow dependent on the stages of the group development. One professional stated:

> There are some factors which enable the group to be effective. Yet, it somehow depends on the stage of the group. 1F2MR2

Ideally, self-help groups are initiated and operated by those members who are lay individuals, with the backing of professionals:

> Some of the group members showed appreciation of the model of self-help. Yet, due to their limitation, they feel more secure with professional involvement in their group. They can seek professional help if they can't solve their problems through sharing with group members. 4F2FR4

Most of the participants identified those who are open and actively involved would have better improvement. One of the volunteers said:

> Those members who are open, willing to care for others, actively involved would not only help others. The self-help is a mutual-aid process. One can get help as he offers help to others. 3F3FR2

Facilitators' expectation All the participants in the four focus group interviews indicated they had expectations of

the members which varied with the length of time in the groups. The two sub categories were: the improvement of individual members, and commitment to the group. All the participants showed eagerness to see the improvement of individual members both in mental health and social skills. The ultimate goal for the self-help groups is that they can be independent and autonomous.

Difficulties encountered This final category identified from the data related to the problems and difficulties encountered during the group process. Those difficulties encountered might hinder the group dynamic, and three subcategories emerged: the labelling effect; members' strong attachment to facilitators; and members' poor mental health. Labeled as mental patients or even self-help groups for ex-mental patients bore a stigma for the individual and the group. In local culture, mental illness is still strongly stigmatized and all the participants expressed this as a barrier to the group development.

> Sometimes, the labelling effect comes from the society. For example, one of the members' mental health improved and got stable employment after participation for a period of time. He eventually quit because he didn't want other people know he was an ex-mental patient by joining this self-help group. 1F1MR44

During the interviews, participants in two of the focus groups realized the group process would be hindered if members were too attached to facilitators. As power of self-help comes from within the group, such attachment would be unhealthy and hampered members' willingness to explore and share experience in the group. One professional said:

> Some members tend to attach to facilitators. They seek help from group facilitators even for minor problems. I would emphasis on mutual-aid as the therapeutic factor in the self-help group process and I would direct their problem to the group during their sharing session. This is the model of self-help. 1F1MR46

Half of the participants identified members' poor mental health as one of the difficulties encountered.

> Members' poor mental health hinders the growth of the group. Sometimes they can't even attend the group meetings … this hampers their thinking and they have difficulty in learning the experience from other successful members and their coping strategies. 4F2FR27

DISCUSSION

All of the respondents, both facilitators and group members, were Christians and spirituality was mentioned by all of them. Despite the obvious bias in the sample, spirituality can be considered an aspect of human experience and functioning, along with the biological, psychological, and sociological aspects. It is often described as the wholeness or gestalt of the human being, irreducible to any part (Canda & Furman 1999). The newest version of the Diagnostic and Statistical Manual of Mental Disorders IV (American Psychiatric Association 1994) recognizes religious and spiritual issues as a source of assessment criteria. In a study of the role of self-help programmes in the rehabilitation of persons with severe mental illness and substance use disorder, Noordsy *et al.* (1996) also found that the religious aspects of 12-step meetings were very appealing to some clients who had a strong religious background. According to Yalom (1975), group cohesiveness is computed by summing the individual members' level of attraction to the group and is a necessary precondition for effective therapy and, clearly in this study, a common sense of spirituality was an attraction.

The self-help group members expressed positive experiences of self-help groups such as: friendship development, warm and caring atmosphere, open communication and genuine sharing, being cared for and feeling concern, feeling of being in the same boat, support and encouragement, and knowledge gained. These experiences are interdependent. For example, a warm and caring atmosphere in the self-help group leads to members' open communication and genuine sharing, and a group with open communication and genuine sharing of one's inner world results in the development of trusting friendships, and those experiences are nurturing in nature. The movevement from institutions to the community in Hong Kong has been slow, in part due to community pressure (Yip, 2003), and this may also contribute to the sense of cohesion the participants felt.

Changes in size and quality of friendship networks may result from the atmosphere fostered by self-help groups (Humphreys & Noke 1997). Although each self-help group has a unique character, most groups offer a supportive context in which members have the opportunity to share their unique experiences. In terms of friendship quality, Kus (1991) suggests that ongoing group involvement is associated with increased trust, respect, and support for members' friendships.

The findings of the present study also match well with the postulation of two unique features of self-help groups by Gartner and Riessman (1984). They offer social support to their members through the creation of a caring community, and they increase members' coping skills through the provision of information and sharing of experiences and problem solutions.

The most impressive experiences identified by respondents were subjective in nature and one-quarter of the respondents expressed being cared for, concerned

and comforted as their valuable experience. This might also account for the reason that they continue to participate in the self-help groups. Another one-quarter of respondents expressed helping others as their impressive experience. This phenomenon is what Riessman (1965) sought to capture with his 'helper-therapy' concept. This principle states that those who help are helped most. Since members of the group play this role at one time or another, this helping process benefits them all. Furthermore, when people help themselves – join together with others who have similar problems to deal with their problems whether they be mental health problems or other problems – they feel empowered that they are able to control some aspect of their lives. This also supports the finding that one-quarter of respondents expressed participation in planning group activities as impressive experiences. Riessman (1985) further mentions that empowerment expands energy, motivation, and help-giving power that goes beyond helping one's self or receiving help.

An important objective was to explore the members' perception of outcomes of self-help groups. Their report on the changes in life, can in another words, depict the outcomes of self-help group participation which included the enlarged social circle, emotional catharsis, restored functioning, learning to give and take, a sense of worthiness, being empowered, learning from others' experience, and enriched life experience. These factors are also interdependent, with an overlapping of the identified positive experience and the reported changes in life. Respondents identified that their social networks were expanded, with more friends, more social interactions, and because they have similar backgrounds, they can share their problems freely without barriers. This is an act of catharsis, which is therapeutic in nature. As members are willing to offer help, it enables them to feel and use their own strengths, their own power, to have control over their own lives. This is the empowering dimension postulated by Riessman (1976). Alongside empowerment, members expressed a sense of worthiness through helping others, and through this 'give and take' they experienced a feeling of functioning better (or restored functioning) through the act of helping. Furthermore, through genuine sharing, they learnt from others' experience, how another person struggled and survived problems, similar to their own.

From the focus group interviews emerged 10 therapeutic factors of effective self-help groups, most of which have been discussed by other authors. They were: similar background and common goal; composition of group members;: facilitators' commitment and skills; trust and acceptance; safe environment; mutual support and encouragement; empathy and caring; role modelling; content of group meetings; and spiritual dimensions. Similar background and common goals as the 'all in the same boat' phenomenon have been identified, one of the factors of mutual benefit of small group theory. Corey and Corey (1987) also mentioned composition of group members as one of the practical considerations in forming a group and facilitators' commitment and skills are considered important elements in group dynamics (Corey 1990; Yalom 1975). Mutual support and encouragement was postulated as a beneficial factor in mutual processes of small group theory, while empathy and caring and role modelling were identified by Rutchick (1990) as important therapeutic forces in small groups.

LIMITATIONS OF THE STUDY AND IMPLICATIONS FOR PRACTICE

It is possible that informants did not express the real situation fully, and two of the informants had difficulties in expression due to their slow mental processes, as reported by the facilitators. In order to gain a more holistic view of the real situation and to validate the information collection, other data collection methods, such as observation, could have been included. The observation could focus on interaction among members in the group setting, change in individual's mental health and general functioning.

Generalization of the results is difficult due to the focused nature of the sample and the sample size and method, however, future studies could provide a more comprehensive picture of the issues using a combination of methods such as observation, interview and critical incident observation. Recruiting a larger sample from various sources could avoid a biased view of the issues. Further studies of the experience and perception of other people involved in the rehabilitation of people recovering from mental illness, including physicians, family members, and other health care team members would also provide interesting perspectives on the service. Furthermore, using an experimental design by allocating people with different disorders into different self-help groups would help compare the effects of different therapeutic strategies, such as cognitive behavioural therapy or family education.

With the mission of achieving quality patient care and services in a seamless health care manner, the self-help notion offers an alternative form of informal health care in an attempt to close the service gap in the existing medical orientated health service delivery mechanism. Health care professionals who advocate for patients can help to identify the groups and make referrals for their clients.

Self-help group involvement for people recovering from mental illness produced positive experiences for members, such as a chance for friendship development, engaging in a warm and caring atmosphere which fosters open communication and genuine sharing, they felt being cared for and concern, having a feeling of being in the same boat, gaining support and encouragement, and gaining knowledge. They also experienced some changes in their lives, including an enlarged social circle, opportunity for emotional catharsis, having restored functioning, learning to give and take, having a sense of worthiness, being empowered, learning from others' experience, and an enriched life experience. The experiences and the language of the participants of this study have provided useful evidence for proceeding with, not only the valuable therapeutic self-help group, but also with further research into the area which can build on the useful findings presented.

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