

**Empowerment and Social Work Research - Participatory Action Research
and the Relationship between the Extent of Mental Health Consumers'
Involvement in Research and its Capacity to Serve an Empowering
Function**

by
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Abstract

A review of research specific to the active participation of mental health consumers in mental health research indicates that consumers have little input into mental health services program development or evaluation. Participatory action research, which is strengths-based and action-oriented, offers a process through which people utilizing mental health services and social work researchers can work together to develop evaluation and assessment tools that are both more relevant to program outcomes and empowering to the people whose progress they measure. Congruent with basic social work values of empowerment and social justice, participatory research assists in breaking down long-standing power imbalances between consumers and workers / researchers in the field of mental health.

The primary intervention involved the practicum student working collaboratively with a group of mental health consumers to design and complete a research project, where the topic was chosen by the consumer researchers. The student prepared educational sessions so that knowledge of the research process was transferred to the consumer researchers. The consumer researchers progressed through each phase of the project, ultimately completing the project and publishing the research findings.

The practicum student learned how to facilitate a participatory action research project, as well as learning the skills associated with working with self-help organizations and their members. Learning goals included increased proficiency in project management skills, research management skills, and research team coordination. Facilitation of a participatory action research project differs from others in its emphasis on shared decision-making and ongoing examination of power relationships.

The student's progress was evaluated by using the following methods: a student supervision form, a post-intervention interview with organizational representatives, and the student's progress journal. Findings indicated growth in the areas of project management (organizational and facilitation skills), research management (teaching research methodology), and research team coordination (support and accommodation). Areas of continued possible growth were also identified.

The practicum intervention was evaluated by using the following methods: A Consumer Constructed Empowerment Scale (CCES) was used to measure pre and post-test indicators of consumer researchers' empowerment (quantitative), consumer skill logbooks, post-intervention interviews with consumer researchers, and post-intervention interviews with organizational representatives. Empowerment was measured at the individual, group, and organizational levels. Qualitative findings indicated increased perceptions of empowerment at all levels. Findings from the CCES indicated positive trends toward empowerment in one subscale, minimal change in four subscales, and a significant change in the overall empowerment score.

Dedication and Acknowledgements

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Our commitment to collaborative, empowering research methods should lead us to converse with, rather than count or survey, those people with whom we work, to aim for intersubjective, emic accounts of their lives and understandings and, to the extent possible, to amplify their voices and foreground their expertise.

Eric Stewart (2000, p. 725)

CHAPTER ONE: OBJECTIVES

Introduction

The past two decades have witnessed the profession of social work moving toward a more empowerment-based practice of mental health services. Programs have become ‘recovery-focused’ and consumers of community mental health services are encouraged to take more ownership in their recovery process (Anthony, 1993, p. 17). However, in spite of this paradigm shift in service delivery, a review of research specific to the active participation of mental health consumers in mental health research indicates that consumers still have very little input into mental health services program development or evaluation (Morrell-Bellai & Boydell, 1994, p. 97). While the promotion of consumer feedback has contributed to the understanding of many issues faced by people with serious mental illness, and while quality of life indicators have become more prevalent in measuring outcomes in recent years, the amount of client input into the design of quantitative or qualitative research tools is discouraging. Participatory research and evaluation, which are both strengths-based and action-oriented, offer a process through which people utilizing mental health services and social work researchers can work together to develop evaluation and assessment tools that are both more relevant to program outcomes and empowering to the people whose progress they measure.

Participatory research methodology, based on empowerment principles, is congruent with basic social work values of empowerment and social justice (Holmes, 1992, p. 158). In community mental health, participatory research assists in breaking down long-standing power imbalances between consumers of mental health services and workers /

researchers. The very nature of the research methodology is collaborative, unlike traditional positivist research methodology, where the agenda is shaped and delivered by professionals (Danley & Langer Ellison, 1999, p. 3, Rogers & Palmer-Erbs, 1994. p. 5). Participatory research also challenges the long-standing notion of pathology-based practice by identifying client strengths as the cornerstone of research and validating clients' experiential knowledge as the foundation for acquired collective knowledge.

By taking and shifting the paradigm of researching social reality from researcher centred, where the research problems are predefined or controlled by the researcher, to research centred, where the research issues are being defined and scrutinized together through dialogue, the values and methods of empowerment come to the fore (Fleming and Ward, 1999, p. 372).

This practicum project examined the relationship between the extent of mental health consumers' involvement in research and its capacity to serve an empowering function. The primary practicum objective was to enhance participants' feelings of empowerment through the acquisition of skills, knowledge and resources gained through participation in a participatory action research project. The practicum student learned to facilitate a research project within a collaborative framework, working together with a group of mental health consumers.

The practicum student chose this area of study because there is limited research in the area of mental health consumers participating in research as full decision-makers. Historically, consumers have been utilized in different parts of the research process. However, there is little documentation to support the full inclusion of consumers and the effects that participation can have as a result of learning research skills and participating

in decision-making. Also, there is little research on the methodology of participatory action research as it has been applied in the field of mental health. The student hopes that this research project will contribute to the literature in both ways – as an examination of participatory action research and mental health and in the study of empowerment evaluation as it applies to mental health and participation in research.

By undertaking the facilitation of a full participatory action research project, this student attempted to meet several learning objectives, including project management skills, research management skills, and research team coordination skills. Self assessment, through critical reflection and feedback from the organizational supervisors, supports growth in these areas, although the student acknowledges that there is much more growth needed to gain proficiency as a facilitator and partner in participatory action research.

The student was able to identify increased ability in facilitation skills, as well as project management skills. The student experienced the greatest growth in the areas of knowledge of methodology, and shared decision-making. Through teaching, the student learned much more about qualitative research methodology, especially participatory action research. The student also learned how to integrate transparency and reflexivity into the research process, invaluable knowledge for future research endeavours. The ability to learn to self-analyze and to receive feedback was one of the greatest experiences of the project for the practicum student.

Although the student experienced much support and encouragement from the host organization, the amount of work coordinating and facilitating the research project was immense, especially for one person. Also, the project was originally planned for four months, but took twice as long, and participants are still involved in the action phase.

The practicum student witnessed much growth and satisfaction from undertaking this project, and acknowledges that there are areas where levels of mastery could be improved. During the research process modifications were made in resource allocation and teaching styles. The student had to reduce the amount of written material she disseminated as well as recognize the need for more informal and experiential teaching methods for adult learners.

Understanding group process was one of the highest areas of growth for the practicum student. Particularly relevant to group process was the student's acquired understanding of recognizing and supporting the emergence of group leadership in collaborative research. Learning the importance of accommodation and accountability was also important in successfully facilitating a participatory action research project.

Above all, the student learned the fundamental value of the contribution of experiential knowledge to the research process, and the extent to which the profession of social work can embrace and promote research methodologies that incorporate principles of social justice.

The study of the relationship between the extent of mental health consumers' involvement in research and its capacity to serve an empowering function produced interesting results that were mostly favourable. Analyses of qualitative evaluation tools for the practicum project indicated a positive movement in consumer researchers' overall perceptions of psychological empowerment as a result of participating in the action research project, as well as perceived subsequent improvements at the small group (organizational) and community levels. Themes that emerged in the analyses connected to empowerment were: research skills and knowledge, access to resources, interpersonal

and group skills, self-esteem and efficacy, shared decision-making, critical awareness, social support, and hope for the future. There was some divergence of findings in the quantitative tool (Consumer Constructed Empowerment Scale) in the areas of community activism and power / powerlessness. However, the total scale showed significant improvement from pre to post-test, indicating that overall, as a group, the participants' empowerment levels increased. Positive trends toward empowerment were also witnessed in the subscale Optimism / Control over the future, indicating that the research participants felt more hopeful, more self-determined, and more optimistic than when they began the project (Rogers et al., p. 7). Two subscales (Righteous anger and Self-esteem) approached significance in the quantitative findings.

Foremost, increased capacity building through learning research skills was identified as having the greatest impact for the consumer researchers. Participants also noted that the skills they learned were transferable to other situations and environments, such as advocacy, or working and volunteering with self-help groups. They also felt that the research findings from the project have already impacted positively in the field of mental health for other consumers, as well as mental health professionals, and would continue to have potential favourable outcomes as the findings continue to be generated in future months.

Increased capacity building in the areas of interpersonal and group skills was also significantly noted in the study, including specific skills related to the research project, such as facilitation skills, to increased interpersonal skills associated with increases in self-efficacy and self-esteem.

Critical thinking skills and shared decision-making were two themes that evolved in the analysis. Of the three levels of empowerment measured, increased perceptions of individual and small group empowerment was especially evident. Consumer researchers discussed the importance of experiential knowledge, as well as the transformation to sociopolitical consciousness during the research process. Optimism, and control over the future was another area that showed significant improvement, one area that extends to organizational and community levels of empowerment. Almost all participants reported that they were planning on continuing to learn informally, do more research, or move into educational or employment-related goals as a result of participating in the project. Findings from the organizational interviews also reinforced this emergent theme, as the host organization is extremely interested in continuing its relationship with the research group after this project ends. Optimism and control over the future are also related to outcomes of power, specifically regaining power.

The findings from the research tools that were employed to measure the effectiveness of the practicum intervention showed consistency for the most part, with the largest predictors of empowerment being increased capacity building of knowledge and skills, interpersonal skill development, social support, shared decision-making, and self-esteem. Critical thinking, or using anger diligently to create social change by increasing awareness of the socio-political environment, was also a significant predictor. Collaboration and social support also emerged as pertinent themes, which is consistent with the theory that empowerment occurs within a community context. Results of this study are consistent with this theory, and indicate that empowerment can be fostered within a supported environment where values connected to social justice prevail. The

major themes that emerged from the findings of the practicum evaluation study all closely relate to inclusion, equality, and capacity building, all important components of social justice.

The research project completed by the mental health consumer researchers is entitled *Perceptions of Recovery of Mental Health Recipients and their Key Service Providers*.

This topic was chosen by the consumer research group for its significance in the study of defining the concept of recovery of recipients of mental health services and their key service providers, including community mental health workers, psychiatric nurses, psychiatrists, and psychologists. Exploring the nature of recovery from mental illness was the one research topic that everyone in the group agreed upon. Members of the group already had their own ideas of the recovery process and were interested to research other consumers' perspectives, especially in relation to the perspectives of service providers. This topic also fit well with the values of Partnership for Consumer Empowerment, as recovery is a focus of the organization. The group had discussed the values of the program in relation to determining the research question.

The research produced by the mental health consumer researchers will also have the capacity to contribute to the literature in the field of mental health recovery, as there have been very few studies of research projects undertaken by consumers of mental health services studying the perceptions of recovery of mental health consumers and their key service providers which involve a cross-analysis of the research data. Specifically, there have been very few examples of research where consumers of mental health services have been involved in the entire research process, from defining the research question to dissemination of the findings and submitting recommendations.

The research project produced by the participatory action research team, *Perceptions of Recovery of Mental Health Service Recipients and their Key Service Providers*, has enormous potential to affect systems change, as the findings are extremely relevant to the field of mental health. The results from the study indicate general agreement from the group's research respondents, both mental health service recipients and mental health service providers, that there needs to be continued movement toward a recovery-based mental health system where persons experiencing mental illness have more control in choosing and accessing services and resources. There is also an acknowledgement by mental health recipients and their key service providers that many issues need to be addressed, especially social determinants that create situations that are oppressive to persons experiencing mental illness. These include lack of adequate income, lack of clean, safe, affordable housing, lack of opportunities for socialization, and lack of opportunities for advancement in education and employment. Systemic issues such as forced dependence on Employment and Income Assistance for persons with mental illness were also raised by both mental health recipient respondents and key service providers, especially front-line workers.

It was very interesting to see how recovery was defined by mental health recipients in relation to the key informant respondents. Recipients defined recovery in several ways, although there was certainly a consistent pattern. Some of the definitions include:

- A continuation of life
- Acceptance
- Change
- Moving forward

- Being active
- Being part of the community
- Regaining self-control

It is interesting to note that all mental health recipient respondents discussed recovery as a process of moving forward. This definition was consistent with community mental health workers and psychiatric nurses key informants. Although psychiatrists and psychologists did not disagree with these definitions, their definitions were more medically based, focusing on symptomology and cognitive functioning.

Social Work's Role in Research

According to Mullaly (1993), two competing views of society, social welfare and social work practice have historically prevailed - the conventional view and the progressive or critical view (Mullaly, 1993, p. 31). The theoretical foundation upon which the conventional view rests is reflective of the maintenance of the status quo, driven more by liberal and/or conservative paradigms. It is a view... “held by the majority... (it) is influenced by and reflective of popular beliefs and attitudes about the nature of the individual, of society and the relationship between the two” (Mullaly, 1993, p.31). It is founded on the belief that individuals who do not fit in or who do not adjust to existing social structures require social work interventions to help them adapt to the environment. Basically, it views the individual as the problem (Mullaly, 1993, p.32). Alternately, the progressive or critical view is distinguished by its focus on humanitarianism and social equality (Mullaly, 1993, p. 36). It questions the status quo's focus on individual deficits and seeks to challenge the oppressive practices of society's institutions.

Social work research can be viewed similarly. Historically, quantitative analysis of social problems has dominated research in social work and psychology, two disciplines that have focused on mental health. Social work has been notorious in borrowing research methodology from other disciplines, and it is perhaps for this reason that positivist research values have directed social work research and dictated its trend toward conventional methodology. However, many social researchers believe that values that are more humanistic in nature should provide the framework for and direct research in social work, if the profession is to remain true to its values of empowerment (Beresford & Evans, 1999, p. 671, Brydon-Miller, 1997, p. 660, Holmes, 1992, p. 58, Saleebey, 1990, p. 35, Wacholz & Mullaly, 1997, pp. 24-25).

Saleebey (1990) argues that we must seek to understand the “symbolic and existential infrastructure of our professional edifice” (p. 34) in order to conceptualize a framework in which social work research can be built. He defines the foundation of this framework as the ontology of social work, constructed from humanness and an ethical responsibility to advocate, “for those who are oppressed, denied, misrepresented, and vulnerable” (Saleebey, 1990, p. 35). Saleebey lists four ontological obligations of inquiry for social work: ethic of indignation to social injustice, humane inquiry and understanding, focused compassion and caring, and quest for social justice.

Saleebey believes that the profession of social work is separate from other professions in that it fundamentally exists to promote and pursue social justice. The very identity of the profession is unconventional. Social workers must be “instructed and fueled by an ethic of indignation... that requires... individually and collectively, we be stewards over the possibilities and requisites of humanness” (Saleebey, 1990, pp. 34 – 35). To fulfill this

role social workers must acquire a fundamental understanding of the effects of injustice, and become advocates for social change and human development.

‘Humane inquiry and understanding’ is the vehicle through which the true meaning of peoples’ suffering can be filtered and processed. As opposed to positivist research methods, which presume that there needs to be an ‘objective’ distance between researcher and researched, the incorporation of humane inquiry requires a participatory component to research and a reciprocity of learning experience gained through dialogue (Saleebey, 1990, p.35).

The third ontological obligation of social work as defined by Saleebey - focused compassion and caring - constitutes viewing the world through an empathic lens. This involves a deeper understanding of human experience and the human condition, and an appreciation of individuality, which can only be processed and understood through dialogue (Saleebey, 1990, p. 36).

The quest for social justice is, according to Saleebey (1990), ‘the most fundamental element of our being’. The philosophical premises that define social justice and that guide social work are:

1. Access to social resources is an entitlement, and resources should be distributed on the premise of need.
2. Everyone should have opportunity for personal and social development, and compensation and consideration should be provided for those who have been unfairly hampered ‘through no fault of their own’.

3. The advancement of human development and the enrichment of human experience should be the driving force of all policies.
4. The arbitrary exercise of social and political power should be forsaken.
5. Oppressive means for developing and distributing social and natural resources should be eliminated (p. 37).

Saleebey, a proponent of the strengths perspective in social work practice, sees the four cornerstones of ontological inquiry possessing two corollaries – that all people, regardless of worsened human condition and disenfranchisement, have the ability to transform themselves, and that all humans exist in a web of relationships and socio-historic circumstances that play an integral role in determining “the possibilities of liberation, transformation, or development” (Saleebey, 1990, p. 37). These ideas are congruent with the values of social work, as it seeks as a profession, in both practice and research, to connect the personal to the political, and to advance the pursuit of empowerment.

We are committed to helping people discover and employ the resources (knowledge, experience, motivations, skills, relationships) that may have been suppressed by self-limiting ideologies and oppressive institutional arrangements. This requires that we focus on the strengths inherent within individuals, groups, neighbourhoods, and communities (Saleebey, 1990, p. 38).

One of the fundamental characteristics of progressive social work researchers is that they employ critical theory and are ethically committed to transformational research methods. An empowerment approach to research is therefore more relevant if Saleebey’s ontological framework is to be actualized.

All social workers are bound by an ethical responsibility to promote social justice. The Canadian Association of Social Workers (CASW) *Code of Ethics* (2005) describe the values underlying social workers' ethical responsibilities for the pursuit of social justice, several which relate to research and which are congruent with Saleebey's suppositions (Canadian Association of Social Workers, 2005). For example:

Social workers believe in the obligation of people, individually and collectively, to provide resources, services and opportunities for the overall benefit of humanity and to afford them protection from harm. Social workers promote social fairness and the equitable distribution of resources, and act to reduce barriers and expand choice for all persons, with special regard for those who are marginalized, disadvantaged, vulnerable, and/or have exceptional needs. Social workers oppose prejudice and discrimination against any person or group of persons, on any grounds, and specifically challenge views and actions that stereotype particular persons or groups (p. 5).

The *Code of Ethics* "Principles" also support the social worker's ethical responsibility for the pursuit of social justice:

- Social workers uphold the right of people to have access to resources to meet basic human needs.
- Social workers advocate for fair and equitable access to public services and benefits.

- Social workers advocate for equal treatment and protection under the law and challenge injustices, especially injustices that affect the vulnerable and disadvantaged.
- Social workers promote social development and environmental management in the interests of all people (CASW, 2005, p. 5).

The recently published *Code of Ethics 2005* is a much more progressive document than its predecessor, published in 1994, and reflects a more radical view of social work's relationship to social justice. Radical social work may be more relevant today than ever, as the corrosion of the social welfare state continues. Mullaly (1993) suggests that since the mid-nineteen seventies our social welfare system has been eroded and replaced by the residual charity model that existed before World War II. Consequently, he states, "voluntarism, privatization, and self-help are replacing many statutory programs" (Mullaly, 1993, p. 21). Community mental health is one area where this is particularly true. "Self-help" and other consumer-led organizations have been forced to step in where inadequate professional services have left off. Funding that was promised to the community after deinstitutionalization has not adequately materialized, and people with serious mental illness have had to rely on each other, rather than on professional services, for such things as support and advocacy. Lack of funding has profoundly affected both mental health consumers and social workers practicing and researching within the mental health field.

The effects of governments cutting back social expenditures are obvious to all who either depend on or who work within social services. The very nature of the

welfare state itself has changed. Government has relinquished its responsibility for assuring that many people's social rights are protected by reducing its involvement and by transferring much of its responsibility to the private sector (Mullaly, 1993, p.21).

For those people living with a mental illness, the effects of government cutbacks often translate into lives of poverty, lack of opportunity for advancement, especially in the areas of education and employment, and social isolation. As Clark and Krupa (2002) state, "The result of government cutbacks contributes to the ongoing marginalization of disenfranchised people. As resources are diminished, opportunities for freedom of participation are limited as well" (p. 345).

Ironically, a diminishing welfare state offers both opportunities for and forces social workers to adopt research methods that are empowerment-based. Participatory action research, which connects local action to progressive social change, is an ideal research method for structural social workers (Healy, 2001, p. 95).

Aims of the Intervention

The goal of this practicum was to enhance consumers' perceptions of personal empowerment through full participation in a research project. As fellow research participants were consumers of mental health services, an understanding of the relationship between the extent of consumers' involvement in research and its capacity to serve an empowering function was examined (Beresford & Evans, 1999, p. 674).

"Theories of empowerment include both processes and outcomes, suggesting that actions, activities, or structures may be empowering, and that the outcome of such processes

result in a level of being empowered” (Perkins & Zimmerman, 1995, p. 570).

Consequently, empowerment can be measured at three interconnected levels – intrapersonal, interpersonal, and political (community) (Gutierrez, Parsons, & Cox, 1998, p. 20). Indicators of intrapersonal empowerment may be attributes such as self-efficacy, self-awareness, and the ability to think critically. Examples of interpersonal empowerment include knowledge, skills, and the ability to access resources, as well as problem-solving ability and assertiveness. Political or community empowerment is measured through its translation to political and social action (Gutierrez, Parsons, & Cox, 1998, p. 20). It was hoped that participation in this project would enhance consumers’ empowerment at all three levels and that the research project would produce and generate ongoing knowledge that will be useful to the mental health community. This directly relates to the goal of collaborative research – the production of knowledge for social transformation. Evaluation tools of the practicum focused on the development of interpersonal strengths, especially knowledge, skills and resource acquisition, perceptions of the future relevance of those acquisitions, and the merit of the research produced and its role as an agent for social change.

The setting for the practicum project was Partnership for Consumer Empowerment (PCE), a Winnipeg-based program initiated through the Provincial Advisory Council on Mental Health Reform in 1993. The writer collaborated with consumer volunteers associated with PCE and other community-based mental health services who were recruited as co-researchers in the project. The research project was consistent with practice and research guidelines employed by the University of Manitoba’s Faculty of Social Work and by Partnership for Consumer Empowerment, and adhered to all ethical

considerations of the University of Manitoba Psychology / Sociology Research Ethics Board regarding issues of informed consent and other aspects of protecting research subjects.

Learning Goals and Educational Benefits to the Student

There were several benefits to undertaking a study of this kind. Primarily, the student was able to learn how to facilitate a participatory action research project from beginning to end. This included planning and initiating the project, negotiating with the community agencies involved, recruiting and engaging community research participants, orienting research participants, assisting the group in determining its own research needs and priorities, training the group's researchers, and discussing ethical issues related to the research project (Morris, 2002, p. 55). Second, the student studied the effects of sharing power in working relationships, specifically pertaining to the experience of the participants within the PAR framework. This involved researching and developing evaluation tools based on indicators of participation in relation to the PAR model that assisted in determining the success of the research project. Especially pertinent was the development of process and outcome tools that incorporated and encouraged research feedback (Fossey, et al., 2002, p. 370). The PAR model is reciprocal in nature, as both the facilitator and the research participants benefit through learning. Therefore, research evaluation tools had to be developed for both the student and the fellow research participants.

Sharing Knowledge and Building Collaborative Relationships between Communities and Universities

Academically, it is in the university's best interest to develop research partnerships with the community. Participatory action research provides an opportunity to do so. Suarez-Balcazar et al. (2004) outline ten positive attributes of collaborative university-community partnerships:

- The development of a relationship built on trust and mutual respect.
- The maximization, utility, and exchanging of ideas.
- The construction of a two-way learning relationship.
- The establishment of open lines of communication.
- Respect and celebration of diversity.
- Education of the culture of organizations.
- Research collaboration based on the specific needs of the community.
- Comprehension of the multidisciplinary nature of partnerships.
- The utilization of both qualitative and quantitative research strategies.
- Shared accountability of partnership successes and opportunities (pp.107 - 110).

Suarez-Balcazar et al. (2004) view participatory research as bridging a gap between the community and the university that has historically prevailed. The authors agree that partnerships are mutually beneficial and that it is more important for universities to engage in research that links theoretical and real-life situations than to remain embedded in conventional positivist research.

Within collaborative partnerships, communities are not merely seen as an extension of the laboratory experience. The traditional researcher's role of consultant or expert changes to collaborator and partner, and the research endeavor becomes a participatory

process that is not necessarily under the control of the researcher (Suarez-Balcazar et al., 2004, p.106).

Greenwood and Levin (2000) concur that action research enhances and helps to reconstruct the relationship between academia and the larger society (p. 92) and that it assists in developing a praxis orientation to research that is ‘cogenerative’ (p.96). This project provided an opportunity for the university to link with the community.

Learning Goals

Specifically, for the student, learning goals related to the specific skills that were required to facilitate a project of this nature. Functions associated with these skills included both managerial and supportive roles with prescribed duties and related competencies. There was a major educational component to this type of research project as well. Therefore, teaching skills were fundamental to the student. Ongoing training and supervision included “determining learning needs, and structuring learning opportunities” (Danley & Langer Ellison, 1999, p. 17), two of the most integral functions of the research facilitator.

Primarily, the practicum student managed the overall project and the research project. According to Danley and Langer Ellison (1999), two Participatory action researchers who have undertaken research within the field of mental health, the major duties associated with project management include: overseeing project implementation, conducting team meetings, recruiting and supervising team members, managing resource allocation and assuring project completion (p. 11). The student must possess some organizational / managerial skills, as well as group facilitation skills, and interview skills. The student requires knowledge of group development and, specifically for research in community

mental health, experience working within the field of psychiatric disability (Danley & Langer Ellison, 1999, p. 11). Facilitation skills are perhaps the most integral to the practicum student. As participatory decision-making is essential for this type of project, the ability to engage democratically and consensually is paramount. The PAR facilitator's job is supportive in nature. As Kaner (1996) suggests,

The facilitator's job is to support everyone to do their best thinking. To do this, the facilitator encourages full participation, promotes mutual understanding and cultivates shared responsibility. By supporting everyone to do their best thinking, a facilitator enables group members to search for inclusive solutions and build sustainable agreements (Kaner, 1996, p. 32).

Specific skills of the PAR facilitator include:

- Understanding diverse communication styles.
- The ability to assist persons to clarify and refine their ideas.
- Paraphrasing and mirroring.
- Gathering ideas, stacking and tracking.
- Encouraging and creating opportunities for participation (Kaner, 1996, pp. 41 – 54)

The facilitator must also be able to deal with difficult group dynamics, and continue to act in a supportive role while diffusing critical situations. Conflict mediation skills are an asset. Other skills that can be applied to working with group situations focus on what Kaner (1996) describes as “supportive interventions that don't make anyone wrong” (p. 113). These include:

- Dealing with difficult dynamics.

- Troubleshooting - understanding typical mistakes and problems associated with working with groups.
- Acknowledging distractions and problems within the group – discussing group process and problem solving around issues that arise (Kaner, 1996, pp. 113 – 122).

The practicum student also has to be adept at research management and be efficient in designing and executing realistic agendas (Kaner, 1996, p. 123). Dangley and Langer Ellison (1999) outline the major duties of research management as: scheduling research tasks, facilitating research discussions, teaching research skills, and maintaining research integrity (p. 11). In order to accomplish these tasks a broad knowledge of research methodology, both quantitative and qualitative, was necessary, as well as knowledge of research tools. The student had to be adept at executing the planning and administrative tasks of the research project, including ensuring that the research fitted within the overall plan of the organization, creating a consensus on how decisions were made, developing a research work plan, and developing a research design (Barnsley & Ellis, 1992, p. 24).

The practicum student was also responsible for leading the group in developing an information matrix to establish what was already known and what was hoped to be learned about the research issue, as well as inquiring as to the reasons why the research would be important (Barnsley & Ellis, 1992, p. 28). Knowledge of data-gathering tools and their rationale for application was essential information that needed to be learned. Therefore, the student had to educate the research participants in various methodologies, including oral interviews, questionnaires, and focus groups (Morris, 2002, pp. 31 – 34).

Other types of data gathering tools that were used for evaluating the research project itself, such as journals and log books, were investigated.

One of the largest components of any research project is analyzing and interpreting the data. It was the responsibility of the practicum student to teach the research participants how to organize the data, how to categorize it, and how to write up and disseminate the research findings (Barnsley & Ellis, 1992, p. 59). Educating the participants in the research and writing of a literature review was also necessary (Morris, 2002, p. 27). PAR is a collaborative experience, and the student researcher must possess and maintain a strong commitment to the PAR philosophy and process (Altpeter, Schopler, Galinsky, & Pennell, 1999, p. 39, Chesler, 1991, p. 766, Dangley & Langer Ellison, 1999, p. 11). A fundamental competency, therefore, is experience with shared decision-making (Dangley & Langer Ellison, 1999, p. 11).

Support plays a major role when collaborating on research projects with vulnerable or oppressed persons. One of the main tenets of PAR is the sharing of power and the ongoing examination of power within working relationships. The practicum student had to be open to and encourage reflexivity in the research process. Altpeter et al. (1999) list several significant characteristics of skilled PAR researchers. “The researcher... must be self-reflexive and aware of his or her value base and motivations; develop trust and mutual respect; (and) facilitate interpersonal and group problem-solving processes” (Altpeter et al., 1999, p. 39). The researcher had to embrace a willingness to relinquish power in the research partnership by encouraging engagement and sharing knowledge.

Dangley and Langer Ellison (1999) view support as a dual function for the PAR facilitator – that of research team coordinator and logistics coordinator. The latter is more

pragmatic in nature, and involved the day-to-day tasks of maintaining contact with research team members and documenting team-meeting proceedings. Organizational and interpersonal skills were invaluable to the practicum student for these tasks (p.11). Coordinating the research team also required a high degree of interpersonal expertise, as well as specific knowledge of the prominent characteristics of the group with which the practicum student was conducting the research. Specifically, for mental health clients, this translated to skills connected to defining individual and group needs of persons with a psychiatric disability, and developing and managing group and/or individual accommodations and resources, as well as providing support to individual research members (Dangle & Langer Ellison, 1999, p.11).

Consumer Participant Outcomes

Participatory Action Research promotes the empowerment of all who participate in the research process. Therefore, it is not only the competencies of the student researcher that are enhanced through this process, but those of the consumer researcher participants as well. Successful outcomes of PAR should facilitate opportunities for future organizational and / or community participation for consumers through the development of competencies gained through skills, knowledge, and resources acquired from participation in this type of research project. “According to the discourse of participatory research, knowledge generated, whether of localized application or larger theoretical value – is linked in some ways with shifts of power or structural changes” (Hall, 1993, p. xix). Therefore, the ability of the student researcher to tap into the strengths and knowledge of participants, especially in the identification of existing and required skills,

so that their capabilities and potentialities were realized, was paramount to the success of the PAR project.

Participatory action research is largely based on the concept that people are experts of their own lives and that experiential knowledge is an integral component of research. In this project, there was much to gain from 'experts' and the practicum student had to be open to learning. Outcome goals for research participants were skill and resource related. Some examples of skills were: facilitation, mediation, active listening, participation skills, accessing information, Internet research techniques, and networking. Skills directly related to the research process included: learning the process of a research project and how to choose an issue for research, learning how to determine research samples, learning funding options for research projects, learning how to collect information related to the research project (gathering data), learning how to determine what data gathering information best suited the research project, learning how to analyze data, and learning how to disseminate the research findings. There were also several sets of sub-skills that were identified and developed during the process of the project. These were hands-on skills, such as learning how to do a public presentation, learning how to interview respondents, and learning how to create a meeting agenda. There were other benefits, as well, that were less research related, such as increase in self-confidence, increase in critical awareness, and the opportunity to develop supportive relationships.

Conclusion

Although this practicum candidate had no previous experience facilitating a participatory action research project, I feel that the skills and experience that I already possessed assisted me in taking on a project of this kind. My tenure in community mental health has

helped me to develop a keen awareness of the issues that people with mental health problems face on both personal and systemic levels. I have had some formal training in working with groups in a therapeutic setting, as well as some previous experience. As a graduate student in the Faculty of Social Work, I have focused my studies in the areas of research and policy, studying both qualitative and quantitative analysis. Therefore, I feel that I have gained a substantial knowledge base of research methodologies, which was a fundamental competency for teaching research skills and methods to research participants. I have a firm commitment to the process of participatory decision-making and to the principles and values guiding collaborative research.

The practicum student learned how to put an entire research project together, as well as learning the skills associated with working with self-help mental health organizations and their members. The success of my endeavour rested on both my own and others' evaluation of the quality of the project in terms of the participants' feelings of enhanced personal empowerment, translating into the development of supportive relationships, the opportunity for social change, and the skills and knowledge procured that will enable the participants to further their learning through ongoing community involvement or ongoing educational or employment pursuits.

The following table represents the practicum student's learning goals. The student's level of mastery of skills and knowledge at the beginning of the project, as well as the goal level of mastery are indicated. The table is adapted from Danley and Langer Ellison (1999).

Table 1 – Practicum Student’s Learning Goals

SKILL OR KNOWLEDGE	LEVEL OF MASTERY AT BEGINNING OF PROJECT	GOAL LEVEL OF MASTERY
PROJECT MANAGEMENT SKILLS <ul style="list-style-type: none"> ➤ Overseeing project implementation and assure project completion ➤ Conducting team meetings ➤ Recruiting research participants ➤ Understanding issues related to community mental health 	<p>Some recent experience with project management (organized and facilitated a focus group at place of employment, September, 2005).</p> <p>Some experience working with groups and conducting / facilitating meetings while working as a mental health professional.</p> <p>Some experience recruiting participants for projects in current and former professional positions. Good interview skills.</p> <p>Over fourteen years experience working professionally with people who have psychiatric disabilities, as well as Board volunteer experience in a mental health agency.</p>	<p>Ability to organize and facilitate a complete research project.</p> <p>Ability to facilitate team meetings as well as oversee meetings facilitated by other research participants.</p> <p>Ability to identify and recruit potential research participants, as well as promote project.</p> <p>Ability to develop and sustain healthy working relationships with project participants as well as supporting individuals with psychiatric disabilities.</p>
RESEARCH MANAGEMENT <ul style="list-style-type: none"> ➤ Scheduling research tasks 	<p>Some theoretical knowledge of research methodology. Some practical knowledge of focus groups, surveys, and interviews.</p>	<p>Thorough knowledge of participatory action research methodology, including putting the project together, gathering and analyzing data, and taking action.</p>

<ul style="list-style-type: none"> ➤ Facilitating research decisions ➤ Teaching research skills ➤ Maintaining research integrity 	<p>Experience with shared decision-making and incorporation of empowerment principles in clinical professional practice and volunteer work.</p> <p>Some teaching experience working for over ten years as a volunteer in the Winnipeg 1 School Division. Limited experience teaching research skills to colleagues in my present professional position and to fellow board directors in my volunteer position at a community mental health agency.</p> <p>Commitment to feminist and structural social work values.</p>	<p>Enhanced ability in shared decision-making and continued incorporation of empowerment principles in community mental health research.</p> <p>Enhanced experience in teaching research skills to research participants, including teaching research design and instrumentation.</p> <p>Demonstrated commitment to the philosophy of participatory action research</p>
<p>RESEARCH TEAM COORDINATION</p> <ul style="list-style-type: none"> ➤ Defining needs of research participants 	<p>Demonstrated ability to connect with mental health consumers on both individual and group levels. Some experience connecting with mental health consumers in a focus group research setting.</p>	<p>Enhanced ability to connect with persons with a mental health problem who are participating in a participatory action research project and enhanced experience with individual resource management.</p>

<ul style="list-style-type: none"> ➤ Developing and managing accommodations and special resources 	<p>Ability to consider and manage specific accommodations for mental health consumers.</p>	<p>Ability to consider and manage individual and group accommodations for mental health consumers specific to the research setting.</p>
<ul style="list-style-type: none"> ➤ Providing support to research team members 	<p>Solid knowledge of psychiatric disabilities.</p>	<p>Enhanced knowledge of supporting persons with a psychiatric disability in a research setting.</p>

CHAPTER TWO: LITERATURE REVIEW

Introduction

Social workers who are committed to empowerment practice are extending the employment of empowerment principles in practice to the field of social work research. In doing so, research becomes a vehicle for individual transformation and social change, and has the potential to advance individual and collective power (Altpeter, Schopler, Galinsky & Pennell, 1999, p. 32). Participatory action research is a viable model that has been successfully used to meet the ends of establishing collective power between research participants and social workers.

Participatory action research is characterized by its emphasis on the integration of research, education and action. “Participatory research seeks to link the processes of research, by which data are systematically collected and analyzed, with the purpose of taking action or affecting social change” (Green et al., 1995, p. 3). This linking is accomplished by including persons who are directly affected by the issue being studied in the research process, and providing opportunities for those persons to acquire the tools that can assist them in becoming active agents for change. It is an empowering and validating process. “The community should expect to benefit through the three elements of participatory research: research (creating knowledge), education and skill building during the research process, and by participating in decisions on actions based on the results of the research” (Green et al., 1995, p. 3). The contribution of participants’ experiential knowledge is considered vital in the PAR process and is solicited and valued. A major purpose of PAR is to provide opportunities for participation of persons who have experienced oppression, persons who have historically had little or no voice.

The field of community mental health is one area where there is a recognized need to engage consumers in empowering processes. Like many oppressed groups, people experiencing psychiatric illness have faced personal and systemic discrimination, which has often excluded them from opportunities for full citizen participation (Hutchison, Lord & Osborne-Way, 1999). Paternalistic in nature, the treatment of persons with psychiatric illness has contributed to a lack of potential for self-determination, in that persons with mental illness have often been spoken for, causing much misinterpretation of their real lived experiences. This also appears to be the case in mental health research, which, mostly scientifically-based, has relatively few examples of consumer participation in research projects or program evaluations.

Mental health consumers and social work researchers working together in a participatory action research project is one way both consumers of mental health services and social work researchers can benefit. It is a way to build critical awareness and develop skills that can enhance the mental health community and society at large. It provides a vehicle for empowerment, thus contributing to self-determination and improved feelings of self-efficacy as participants learn skills and obtain knowledge, while increasing their natural support network by working together with others.

Examining the historic roots of participatory action research and its relationship to oppressed groups helps us to understand the benefits of using this empowerment-based research framework when working together with persons who have experienced mental health problems. In order to comprehend this complex relationship it is also necessary to consider the historical significance of the mental health system and its relationship to self-determination of persons affected by that system.

Theory and Practice of Empowerment in Mental Health and Mental Health Research

Some critics claim that the term “empowerment” has become an overused and sometimes misused catchphrase of the disability movement, and that its deeper, layered meaning has fallen victim to a watered-down version of its original intent (Fleming, 1999, p. 370, Taylor, 1999, p. 431, Ristock & Pennell, 1996, p. 1, Yeich & Levine, 1992, p. 1894). However, the opposite view has also been well supported. As both a practice model and as a theoretical foundation the concept of empowerment has emerged over the years, developing a richness created by its openness to self-reflection and by its nature and ability to continuously reconstruct itself as a basis for action and inquiry (Zimmerman, 2000). Empowerment theory is strengths-based (Holmes, 1992). It opposes the learned helplessness theory that dominates historic deficit-based research in mental health (Zimmerman, 1990, p. 71). Its roots lie in Critical and Feminist theories, which both embody empowerment principles.

Most researchers still employ Zimmerman’s (2000) explanation of Empowerment theory (Fetterman, 1996, p.4, Ristock & Pennell, 1996, p. 2), which was developed from Rappaport’s (1987) concept of empowerment. According to Lord (1993),

Rappaport’s concept of empowerment conveys both a psychological sense of personal control or influence and a concern with actual social influence, political power and legal rights. In this sense, empowerment can exist at three levels: at the personal level, where empowerment is the experience of gaining increasing control and influence in daily life and community participation; at the small group level, where empowerment involves the shared experience, analysis, and influence of groups on their own efforts; and at the community level, where

empowerment revolves around the utilization of resources and strategies to enhance community control (p. 7).

According to Zimmerman (2000), the concept of empowerment continues to evolve as both a value orientation for mental health service delivery and as a theoretical model.

...for understanding the process and consequences of efforts to exert control and influence over decisions that affect one's life, organizational functioning, and the quality of community life... A theory of empowerment suggests ways to measure the construct in different contexts, to study empowering processes, and to distinguish empowerment from other constructs, such as self-esteem, self-efficacy, or locus of control (p. 43).

Empowerment is a process that occurs on many levels; therefore, multiple levels of analysis are possible. Zimmerman also employs the Cornell Empowerment Group's (1989) definition of empowerment, which contains an ecological perspective.

Empowerment is an intentional, ongoing process centred in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources (Cornel Empowerment Group, 1989, in Zimmerman, 2000, p. 43).

As Zimmerman suggests, this definition implies that empowerment can be connected to participation with other persons, organizations and the community. Because of its inter-relational nature, empowerment evaluation takes place in and translates across all levels. Zimmerman defines these levels of empowerment as “psychological empowerment,

organizational empowerment, (and) community empowerment” (Zimmerman, 2000, p. 54). Psychological empowerment has three components – intrapersonal, interactional, and behavioural, and is the most commonly measured outcome of empowerment research. According to Zimmerman (2000),

...the intrapersonal component refers to perceived control or beliefs about competence to influence decisions that affect one’s life. The interactional component refers to the capability to analyze and understand ones social and political environment (i.e., critical awareness). This includes an ability to understand causal agents (those with authoritative power), their connection to the issue of concern, and the factors that influence their decision-making. A critical awareness also includes knowing when to engage conflict and when to avoid it, and the ability to identify and cultivate resources needed to achieve desired goals. The behavioural component includes participation in collective action, involvement in voluntary or mutual help organizations, or solitary efforts to influence the socio-political environment (p.50).

Zimmerman’s explanation of psychological empowerment is consistent with the working definition of “empowerment” published in 1997 at the Centre for Psychiatric Rehabilitation in Boston, Massachusetts by an advisory board of consumer/survivor self-help practitioners (Chamberlin, 1997, p. 44). The group listed fifteen qualities of individual empowerment:

1. Having decision-making power.
2. Having access to information and resources.

3. Having a range of options from which to make choices (not just yes/no, either/or).
4. Assertiveness.
5. A feeling that the individual can make a difference (being hopeful).
6. Learning to think critically; unlearning the conditioning; seeing things differently; e.g., a) Learning to redefine who we are (speaking in our own voice). b) Learning to redefine what we can do. c) Learning to redefine our relationships to institutionalized power.
7. Learning about and expressing anger.
8. Not feeling alone; feeling part of a group.
9. Understanding that people have rights.
10. Effecting change in one's life and in one's community.
11. Learning skills (e.g., communication) that the individual defines as important.
12. Changing others' perceptions of one's competency and capacity to act.
13. Coming out of the closet.
14. Growth and change that is never-ending and self-initiated.
15. Increasing one's positive self-image and overcoming stigma

Yeich and Levine (1992) describe empowerment as “a process of mobilizing individuals and groups for purposes of creating social structural change to benefit oppressed people”

(p. 1895). Collaborative, participatory research is an empowerment approach to research and evaluation in community settings which differs from traditional positivist research in that the relationship between the researcher and the 'researched' finds new meaning in both the role of the researcher, and the control and ownership of knowledge (Comstock & Fox, 1993, p. 10). Empowerment research is controlled and owned by its stakeholders; the traditional researcher becomes a collaborator and/or facilitator rather than a detached expert (Zimmerman, 2000, p. 44). As indicated by Zimmerman (2000), participation in activities and organizations that promote self-determination and democracy in decision-making can be one way that individuals can develop analytical skills that can lead to psychological empowerment (Lord & Hutchison, 1993, p. 15; Zimmerman, 2000, p. 47).

Benefits of participation have also been studied by Wandersman and Florin (2000), who state:

1. Participation improves the quality of the environment, program, or plan because the people who are involved in implementation or usage have special knowledge that contributes to quality.
2. Participation increases feelings of control over the environment and helps individuals develop a program, plan, or environment that better fits with their needs and values.
3. Participation increases feelings of helpfulness and responsibility and decreases feelings of alienation and anonymity (p. 247).

Empowerment and Oppression in the Mental Health Field

The significance of empowerment and participation is especially pertinent to persons experiencing chronic and persistent mental illness. Like many oppressed groups, this population has suffered from societal misconceptions that have resulted in devaluation, segregation, and denial of basic rights and freedoms (Hutchison, Lord & Osborne-Way, 1999, p. 87). Historically, people with mental illness have been pathologized, criminalized, institutionalized and stigmatized (Murphy, 2000, p. 53). Treatment, both medical and therapeutic, has been paternalistic in nature. In addition to the challenges of illness, those experiencing severe and persistent mental health problems have been affected by social consequences associated with ill health and poverty, such as lack of employment and educational opportunities, lack of basic nutrition, and lack of safe and affordable housing (del Vecchio, Fricks & Johnson, 2000). Because of these and many other negative conditions, mental health consumers have had few opportunities for full citizenship. They have been restricted from participating in and contributing to their own treatment, and to society in general.

Under these conditions, it has been almost impossible for people to be seen as valued and contributing members of society who are capable of participating in planning and decision-making. This exclusion from full participation has led to many negative consequences, including inappropriate services, a limited range of opportunities, and a tendency to overprotect and control people with a mental health problem by having others speak and decide for them (Hutchison, Lord & Osborne-Way, 1999, p. 87).

As Clark and Krupa (2002) state, "... perhaps because consumers of mental health services have largely been viewed from the context of conditions that are disempowering (i.e. institutionalization and patienthood) it has been difficult for the field to understand and potentiate the transformative capacity of the community" (p. 343).

Empowerment and Oppression in Mental Health Research

Traditionally, research in the mental health field has been consistent with this paternalistic attitude. Much of the research has been medically driven and scientifically focused; consumers have had little or no part in its formulation or process. However, the paradigm shift in service delivery from a focus on deficits to a new awareness and understanding of clients' capacities and rights has forced social workers to create new methods of incorporating values associated with self-determination, equality and education into both practice and research (Altpeter et al., 1999, p. 32). Social work values associated with advancing individual and collective power for socially responsible ends are consistent with many social change movements of the last forty years (Altpeter, et al., 1999, p. 31; Beresford & Evans, 1999, p. 672; Lord, & Osborne-Way, 1999, p. 87), including "the civil and human rights movements of the 60's and 70's, the normalization and integration movements of the late 60's and early 70's, the demedicalization of disabilities and the rise of the disabled 'consumer' movement in the 70's and 80's, and deinstitutionalization in the 70's and 80's" (Hutchison, Lord, & Osborne-Way, 1999, p. 87). These movements have contributed to changes in the concept of citizenship; that is, the way inclusion is perceived by clients in the mental health system and other oppressed groups of persons. According to Hutchison et al. (1999), these changes have manifested themselves in the form of the emergence of self-help groups (mutual aid, education,

resources and advocacy), consumer involvement in the service system (representation on boards and committees), and community participation (the process of self-autonomy, decision-making, and independence). Unfortunately, these changes, while encouraging, have not translated to the full inclusion of most persons suffering from mental illness (Hutchison, et al., 1999. p. 88). Many consumers still find themselves on the periphery of society.

For consumers, who are often living on the margins of society and are subject to offensive and stigmatizing messages in day-to-day social life, the need for knowledge that can bring them a greater measure of freedom and dignity is a real and concrete issue. Thinking of research in this more focused way, and tying it to emancipation and empowerment, opens the door to building a richer understanding of mental illness (Trainor, Pomeroy & Pape, 2004, p.11).

One way of doing this is to reexamine how we acquire and use knowledge that assists us in understanding mental illness and its profound effects on individuals.

The Mental Health Knowledge Resource Base

One of the largest drawbacks of mental health research is that it has neglected to fully utilize people's experiential knowledge either as a base for study or as an ancillary tool for investigation. "In Canada, and other Western countries we tend to assume that the answers come largely from psychiatry and other professional perspectives" (Trainor, Pomeroy & Pape, 2004, p. 11). Because of this, research in this field has resulted in being less meaningful for persons with mental illness and has limited the capacity for mental health researchers to learn more about the lived experience of mental health consumers.

Trainor, Pomeroy, and Pape (2004) have developed a model that can assist researchers in the mental health field to acquire a broader scope of knowledge of mental illness. The ‘Knowledge Resource Base’ is a conceptual foundation composed of the “types of knowledge that are available to understand and make sense of mental illness” (p.12). The knowledge resource base is one component of *A Framework for Support* (Trainor, Pomeroy & Pape, 2004), an evolving policy document published by the Canadian Mental Health Association, which outlines a framework that advocates for and reinforces the full inclusion and involvement of mental health consumers and their families in a “mental health system that (is) community focused and recovery oriented” (p. 1). The other two components of the framework are the ‘community resource base’ and the ‘personal resource base’.

Specifically, the knowledge resource base is composed of medical / clinical knowledge, social science knowledge, experiential knowledge, and customary and traditional knowledge. Medical and / or clinical knowledge in the field of mental illness has been developed by psychiatry and clinical psychology. “There is a wide range of approaches within the clinical disciplines, from traditional physical illness models that emphasize drug treatment, to intra-psychic models that emphasize psychotherapy” (Trainor, Pomeroy & Pape, 2004, p. 12). Research in these areas has primarily used natural scientific methodology. Other mental health disciplines, including nursing and social work, have also predominantly adopted this approach to research. Other medical scientific disciplines are also connected to this knowledge base, as well as non-Western approaches such as Eastern medicine (p. 12).

Various fields interested in mental illness, including anthropology, sociology, and social and community psychology, have developed social science knowledge. The focus of social science knowledge is the examination of the individual in relation to the social context. Social scientists are “interested in such factors as social groups and classes, and the impact on mental health of variables such as unemployment, homelessness, and poverty” (Trainor, Pomeroy & Pape, 2004, p. 13). Interestingly, even though social workers employ an ecological perspective, this knowledge base has not been as prominent as the medical knowledge base in mental health research.

Experiential knowledge refers to the knowledge of persons living with a mental illness.

Consumers live with mental illness and know it more intimately than scientists or professionals who lack direct experience. As consumers, they know it from the inside. Their knowledge ranges from the immediate reality of symptoms to the impact of mental illness on their lives in the community. From this perspective, they know what mental illness is in a very important way... The experiential component is essential to a full understanding of what is going on and to effective intervention (Trainor, Pomeroy & Pape, 2004, p. 13).

Customary and traditional knowledge is the final component of the knowledge resource base. According to Trainor, Pomeroy, and Pape (2004), customary knowledge includes a variety of ideas and concepts about mental illness received primarily from informal sources. “Included are such components as public attitudes and the conventional wisdom of understanding and responding to the people who are affected by mental illness” (p.13). Customary or traditional knowledge can reflect both positive and negative views of peoples’ perceptions of mental health consumers.

Examining the field of mental health from an inclusive perspective, or utilizing the complete knowledge resource base, provides researchers with a diverse and comprehensive foundation for examination of the experience of persons with mental illness. Ultimately, it assists researchers in recognizing the variety of knowledge types that contribute to its understanding, builds a rich resource of experience and knowledge, develops a critical analysis of the strengths and weaknesses of each component, and assists in taking down barriers that restrict the current perception of mental illness (Trainor, Pomeroy & Pape, 2004, p. 14). Most importantly, it incorporates and validates the experience of consumers, the most integral knowledge source in understanding how mental illness affects individuals.

Method of Intervention

What is Participatory Action Research?

Participatory action research (PAR), based on empowerment principles, provides a vehicle for inclusion of mental health consumers' experiential knowledge in research. Studies of PAR projects have been frequent in the areas of community development, especially in developing countries (Arratia & de la Maza, 1997, Frideres, 1992, Rahman, 1993). PAR is not a new concept. It has been used as a research model for several years. PAR has also been used in the fields of business (Whyte, Greenwood & Lazes, 1991, p. 21), education (Freire, 1998), and social psychology (Brydon-Miller, 1997).

The past decade has witnessed an increase of participatory action research projects in the field of community and public health (Green et al., 1995, p. 31; Israel, Schulz, Parker, & Becker, 1998, p. 173). These projects have largely been driven by the gained "recognition

that inequalities in health status are associated with... poverty, inadequate housing, lack of employment opportunities, racism, and powerlessness” (Israel et al., 1998, p.174). However, research relating directly to PAR and the evaluation of PAR in community mental health is relatively sparse thus far.

The literature on consumer / survivor participation and involvement is limited and has focused on two areas: the potential benefits resulting from consumer / survivor participation in decision-making and the barriers to and supports for successful partnership efforts between service organizations and consumers / survivors (Ochocka, Janzen & Nelson, 2002, p. 380).

Schneider’s et al. (2004) project is a good example of how participatory research can benefit consumers / survivors. The Alberta group’s study describes a participatory research project undertaken by persons with schizophrenia and a university researcher in 2001, where members of a peer support group were involved during all phases of a research project studying communication between people with schizophrenia and their medical professionals (Schneider et al., 2004, p. 563). The group members were instrumental in choosing the topic, the method of data collection, interviewing each other, and analyzing the interview transcripts. The research team produced a set of recommendations for how they wanted to be treated by health care professionals and disseminated the information to the public via a readers’ theatre presentation, which the group members performed (Schneider et al., 2004, p. 564). Schneider (2004) concludes that using a participatory model for research is beneficial.

The participatory approach taken in this project not only had the potential to contribute to an understanding of the experiences of people with schizophrenia

but also offered the people involved an opportunity to overcome the isolation so characteristic of schizophrenia by connecting with others in the same situation to research a topic of importance to them (p. 563).

Schneider and her fellow researchers demonstrate how a successful participatory research approach can be performed in the field of mental health. According to the authors, possibilities for transformation were available and evident on several levels. Group members' quality of life was enhanced through participation, and self-confidence was gained through the acquisition of skills learned throughout the process. The project provided an opportunity for the group members to see themselves as researchers, as opposed to people being researched, and showed them that they were important contributors to society. Most important, the project inspired the members to continue to be involved in research in the field and has impacted socially in that the group's presentation has been performed several times and been seen by hundreds of health care professionals (Schneider et al., 2004, p. 567).

Chesler (1991) and Nelson, Ochocka, Griffin and Lord (1998) describe participatory action research within self-help settings and discuss ways in which the values of self-help organizations are congruent with the principles of PAR. Chesler (1991) concludes that more relevant data can be generated through utilizing a PAR framework, especially because it links research to action, a principle fundamental to self-help organizations. Research that is connected to the improvement of the human social condition not only contributes to self-help groups, it benefits the group through its ability to generate knowledge (Chesler, 1991, p. 760). A larger purpose of PAR, according to Chesler (1991), is a reconsideration of the ownership of knowledge, specifically knowledge

garnered through research. PAR attempts to redefine the researcher's monopoly on knowledge and on the process of the creation of knowledge, and ultimately the "cultural forms, language, and policies that are derived from research" (p. 761). Chesler believes that PAR research findings are more accessible and understandable because of this. The way self-help groups are constructed is conducive to using PAR methods, and researchers can benefit from being a member of a self-help organization. Chesler asserts that internal research is positive, especially because the researcher understands the language specific to the group and is able to develop less formal relationships with other group members. Personal and collective empowerment is the basis of the self-help concept, and research should reflect the values inherent in the empowerment paradigm. Many self-help groups are founded with the intention of filling a gap left by professional practitioners and researchers. This gap, according to Chesler (1991), is the place where experiential knowledge and respect for personal struggle are recognized as assets (p. 765).

Nelson et al. (1998) have also studied the compatibility of self-help organizations and the PAR model and concur with Chesler that the shared values between the two create an opportunity to advance the possibilities of empowerment, the development of supportive relationships, social change, and ongoing learning potential (Nelson, et al. 1998, pp. 885 – 893). Rogers and Palmer-Ebbs (1994) discuss how PAR can be applied in the field of rehabilitation research and in the evaluation of psychosocial rehabilitation programs in community mental health. The authors discuss the benefits of including mental health consumers in research in contrast to the traditional, positivist research paradigm. The PAR paradigm emphasizes the importance of the contribution of experiential knowledge. Research participants possess dual roles, as subjects and as researchers, and are viewed as

experts in defining their own lived experience, as well as being actively involved in all phases of the research project (Rogers & Palmer-Ebbs, 1994, p. 5). According to Rogers and Palmer-Ebbs (1994), the National Institute on Disability and Rehabilitation Research introduced the concept of applying the PAR model to mental health research in 1991. The Institute advocated for PAR on the grounds that the paradigm shift in mental health service delivery required a model that was more consistent with the concepts of consumer empowerment and recovery, values inherent in psychiatric rehabilitation (Rogers & Palmer-Ebbs, 1994, pp. 6 – 7).

Rogers and Palmer-Ebbs (1994) also discuss implications and limitations for rehabilitation researchers and program evaluators who attempt to incorporate consumers into research and evaluation. They claim that the following issues must be addressed if PAR is to be a successful research tool:

- defining the relevant constituencies
- resolving the conflict between the relevance of the research to constituencies and ensuring objectivity in research
- the allocation of resources to insure consumer participation
- insuring participation of constituents who cannot be vocal and articulate spokespersons (pp. 6 – 7).

There is very limited documentation relating to the direct experience of mental health consumers as researchers, especially with regard to power sharing within the research process (Mason & Boutilier, 1996, Morrell-Bellai & Boydell, 1994, p. 97, Ochaka, Janzen & Nelson, 2002, p. 379).

Participatory action research can be applied to organizational or community initiatives and can address a variety of issues. It has also served as a framework for research for business and education (Whyte, Greenwood & Lazes, 1991, p. 31). According to Park (1993), “the explicit aim of participatory research is to bring about a more just society in which no groups or classes of people suffer from the deprivation of life’s essentials, such as food, clothing, shelter, and health, and in which all enjoy basic human freedoms and dignity” (p. 2). Participatory research is designed to break down barriers between the powerless and the powerful, the controlled and the controllers, the researched and the researchers. “Its aim is to help the downtrodden be self-reliant, self-assertive, and self-determinative, as well as self-sufficient” (Park, 1993, p. 2). PAR can be described as a ‘bottom-up’ approach to research (Breton, 1994, as cited in Fleming & Ward, 1999) “whereby (social workers) learn from the oppressed, from those who, more or less effectively, deal first hand with the problems of racism, poverty, sexism, ageism, etc.: then bringing the best of social work knowledge and expertise, collaborate with the oppressed to build more just societies” (Breton, 1994, as cited in Fleming & Ward, 1999, p.371). PAR utilizes tools that promote inclusion of persons into the community of research, and ultimately, the larger global community.

According to Wallerstein and Duran (2003), PAR challenges several dicta of scientific positivist research, including the construction, use and ownership of knowledge, the role of the researcher in developing and maintaining collaborative partnerships, the role of community health organizations, the participation of community members, and “the importance of power relations that permeate the research process and our capacity to become a just and more equitable society” (p.27).

Participatory action research, which links applied social science and social activism, is multi-disciplinary, and has been successfully utilized in many different fields (Wallerstein & Duran, 2003). It has been known by different names, including participatory research, collaborative action research, critical action research, classroom action research, action science and the soft systems approach (Kemmis & McTaggart, 2003, pp. 336-343). Although there are some differences among the above-mentioned approaches, there are fundamental similarities that exist in their applied methodology. In addition, as stated by Anisur Rahman (1993), in most applications of PAR there exists a methodological and ideological convergence that indicates a trend toward:

- partnerships between learning institutions and underprivileged groups for group mobilization and action
- the acquisition of knowledge through social investigation, analysis and critical awareness of the environment
- the mobilization of people's resources and skills
- the achievement of self-reliance
- the generation of group / dialogical praxis and reflective discourse
- the development of links to other organizations and ongoing development of organizations
- the generation and development of internal leadership, with decreasing dependence on the initial researcher catalyst

- the continuing “search for methodology of self-reliance-sensitive catalytic action, for a role for intellectuals in the development of people’s praxis and ‘people’s power’, and inquiry into the implication of such interaction for social transformation” (pp. 79-80).

Explicit to PAR is the focus on the power relationships in research. As PAR is empowerment-based, the process must include not only an acknowledgement of an historical power imbalance between researcher and research subject, but also a constant re-examination of power through reflection and critical analysis (Ristock & Pennell, 1996, p. 2). The question of power is constantly re-evaluated and the ability to share power becomes part of the research process. As Ristock and Pennell (1996) state, “...research itself can be a lived process of empowerment when it encompasses both a critical analysis of power and a restructuring of power so that the latter can be used in a responsible manner” (Ristock & Pennell, 1996, p. 2). In participatory action research, this is accomplished through praxis and reflexivity. Many questions, both material and discursive, need to be analyzed and reanalyzed regarding power relations (Ristock & Pennell, 1996, p. 9). PAR, based on feminist and critical principles, promotes this process.

Maguire (2001) lists several examples of action researchers who have been inspired by feminist theories, epistemologies, and methodologies. Originally driven by gender inequality, feminism – especially postmodern feminism – opposes all forms of oppression:

...feminism posits that women, despite differences, face some form of oppression, devaluation and exploitation as women. Differences such as race, ethnicity, class, culture, sexual orientation, physical abilities, age, religion and one's nation place in the international order create conditions for a web of oppression. Hence women, and men, with multiple identities, experience their oppressions, struggles and strengths in specific, changing, historical locations. Despite differing and interwoven experiences of oppression, feminism celebrates women's strengths and resistance strategies. Women are not, nor have been helpless and hopeless victims. Feminism requires a commitment to exposure and challenges the web of forces that cause and sustain all and any forms of oppression (p. 60).

Because of its transferability, a feminist framework supports PAR's inclusion of oppressed persons in the research process. In addition, feminism's longstanding position of activism and action research encourages validation of people's lived experiences through narrative and dialogue. When people feel heard, the opportunity to build trusting relationships is present. This empowerment-based relational component can be applied to PAR. "There is a profound connection between empowerment and relational processes, as feminists posit that people grow and change in the context of human relationships" (Maguire, 2001, p. 63).

Like feminist inquiry, participatory action research is praxis-oriented and reflexive – that is, it joins theory with practice and there is an ever present "awareness of what one is doing and why" (Ristock & Pennell, 1996, p. 6). Consciousness raising and a desire for transformative action have always been a major part of feminist intervention. The personal is the political; the political is the personal (Lather, 1986, p. 260).

Consciousness raising provides an opportunity to examine the sociological and historical roots of oppression. Its purpose is “to empower the oppressed to come to understand and change their own oppressive realities” (Lather, 1986, p. 261). Power is examined within the larger context of historical oppressive relations.

Participatory action research is emancipatory. Therefore, critical theory can also be employed to support its theoretical structure, as it subscribes to both pragmatic and dialectical tenets of PAR.

Critical theory is an historically applied logic of analysis that provides a method for the immanent critique of domination. An immanent critique compares a social reality characterized by domination with the ideology which legitimizes and mystifies that domination ... focus(ing) attention on the contradiction. It shows how that contradiction can be resolved only by consciously transforming the social relations of domination by applying existing progressive ideals. Immanent critique comprises the subjective moment of the historical dialectic by stressing the conscious struggle to create a more rational reality between them (Comstock & Fox, 1993, p. 105).

Comstock and Fox (1993) lay out a methodology of applying immanent critique of domination in participatory research:

- a comparison of an ideology with the social structures experienced by the people
- a critique of the contradictions between the ideology and the social structures it purports to describe

- the discovery of immanent possibilities for liberation by applying current ideals to the specific historical development of social structures
- the negation and transcendence of both the ideological and material bases of domination (Comstock & Fox, 1993, pp. 105 –106).

Comstock and Fox (1993) state that participatory action research is a “growing movement that is both a critique of mainstream social science and an affirmation of the potential for social research to be a progressive force” (p. 104). An examination of the historic roots of oppression as it relates to people’s personal experience is one of the most fundamental components of PAR. Using that knowledge for social change, however, is PAR’s ultimate goal. Critical theory offers a framework for this transcendental journey.

In research, creation and ownership of knowledge by elites has played a major role in manipulating people and maintaining control of power. “Traditional social science creates knowledge that is used by elites to control, pacify, and manipulate people and much modern science is ... a technical and ideological means for maintaining that control” (Comstock & Fox, 1993, p.103). In participatory action research, power is shared by all participants through a collective process, which includes participation in all parts of the research process, as well as full participation in an ongoing examination and discourse of how external and historical forces shape people’s lives. Because of this, Comstock and Fox (1993) see PAR as directed by both pragmatic research (based on Marxist theory) and dialectical materialism, based on Marxist – Leninist theory. It is pragmatic in its method of problem solving, which is founded on “a respect for the people’s capacity to create progressive knowledge by analyzing their own circumstances”

(p. 104). Dialectical materialism is connected to historical materialism in that it is based on class struggle and the transformation of capitalist society. Participatory action research embraces people's capacities and offers a framework for examining existing social structures. It also includes built in processes for critical reflection, which help participants to further understand the implications of these conditions. Finally, it is transformative, as it provides basic tools for participants to take action to alter existing oppressive social conditions so that they more closely align with progressive ideals (Comstock and Fox, 1993. p. 107).

Historical and Theoretical Background of Participatory Action Research

According to Wallerstein and Duran (2003), there are two historical traditions of participatory action research – the Northern and the Southern traditions. These traditions differ in their ideological foundations and approaches. The Northern tradition involves collaborative research, but its intent primarily focuses on the maintenance and improvement of the organizational status quo. Kurt Lewin originally conceived the term “action research” in the 1940s (Wallerstein and Duran, 2003, p.29). Lewin was primarily opposed to the positivist position of researchers studying “an objective world separate from the intersubjective meanings understood by participants as they act in their world” (Wallerstein and Duran, 2003, p.29). He was the first to link action and research by promoting education as part of the problem-solving process. His ideas, focusing on a consensual model of inquiry, have prevailed in organizational settings such as business and education.

With an emphasis on practitioners acting as coequals to the research process, action science researchers from organizational development and social

psychology... work in a consensual model, assuming that management and workers together create quality improvement. The assumption (is) that problems (can) be solved through social engineering, new knowledge produced, and transformational leadership inspired to create a self-reflective community of inquiry” (Wallerstein & Duran, 2003, pp. 29 - 30).

The Southern tradition of PAR has roots in Marxist social theory. Its focus is on emancipatory research, challenging the “colonizing practices of positivist research and political domination by the elites” (Wallerstein and Duran, 2003, p. 28). Participatory action research is a response to traditional research methodology that works to maintain control over those being researched by maintaining and controlling the right to create knowledge (Comstock & Fox, 1993, p. 103). The creation and ownership of knowledge is an integral principle of participatory action research.

Who has the right to create knowledge? ... This is the key question raised by participatory researchers, who argue that traditional social science creates knowledge that is used by elites to control, pacify, and manipulate people and that much modern science is, often unwittingly, a technical and ideological means for maintaining that control (Comstock & Fox, 1993, p. 103).

Participatory research is founded on the premise that persons belonging to oppressed groups can become educated and mobilized toward action through empowering research collaboration. To this end, it is no surprise that the Southern tradition of PAR found its beginnings in economically deprived developing countries such as those in Latin America and South America. According to one of the earliest participatory researchers, Orlando Fals-Borda (1992), PAR was designed both to reach ‘grassroots peoples’ and to

rebel against elite and dominant groups, a trend especially prevalent in the 1960s (Fals-Borda, 1992, p. 14). In his words, PAR is a movement:

...those of us who had the privilege ... of taking part in this cultural, political, and scientific *vivencia*, or life-experience, tried to respond to the dismal situation of our societies, the over-specialization and emptiness of academic life, and the sectarian practices of the revolutionary left. We felt that radical transformation was necessary and urgent, and that scientific knowledge, (which, in our societies, has generally remained in the Newtonian age with its reductionist, instrumental orientation) could be more appropriately utilized towards this end. We began by focusing our attention on the victims of oligarchies and their “development” policies: the poor communities in rural areas (Fals-Borda, 1992, pp. 14 - 15).

Fals-Borda (1992) claims that although the early stages of the PAR movement were somewhat anti-professional in nature, the methodology endured because certain theoretical propositions were maintained – specifically “participation, democracy, and pluralism” (p.15).

The Brazilian educator Paulo Freire (1972) was perhaps the most instrumental influence of the Southern tradition of PAR. His book, *Pedagogy of the Oppressed*, laid the theoretical groundwork for adult education based on equality and praxis between educator and student (Freire, 1970). Freire saw education as mutually beneficial to student and teacher and viewed interdependence as a necessary component of educational transformation.

According to Freire, knowledge is generated through the process of ‘consciencization’ (Brydon-Miller, 1997, p. 658). In his work in literacy training in Brazil, Freire sought to prove how researchers could benefit by drawing on the knowledge and experience of local people, “transforming that knowledge into a critical consciousness of the forces that have shaped their economic and social realities” (Brydon-Miller, 1997, p. 659). The research process becomes a spiral of reflection and action as critical consciousness is developed.

As we attempt to analyze dialogue as a human phenomenon, we discover something which is the essence of dialogue itself: *the word*. But the word is more than just an instrument which makes dialogue possible; accordingly, we must seek its constitutive elements. Within the word we find two dimensions, reflection and action, in such radical interaction that if one is sacrificed – even in part – the other immediately suffers. There is no true word that is not at the same time a praxis.

Thus, to speak a true word is to transform the world (Freire, 1970, p.87).

Fundamental to Freire’s theory is the premise that all persons have an inherent right to participate fully in the acquisition and production of knowledge (Brydon-Miller, p. 659). Green et al. (1995) claim that participatory research can be traced back to Marx and Engels, and that it can also be linked to the struggles of the poor during the French and Industrial Revolutions.

According to Fals-Borda (1992, p. 15), Antonio Gramsci was responsible for revising the traditional notions of participation in action research in 1977, and providing more clarity in terms of developing a structure for PAR. Theoretical propositions such as orientation, democracy and pluralism emerged, which provided a foundation for an ideology that

promoted the concept of praxis (Fals-Borda, 1992, p. 15). “The promotion of people’s collectives and their systematic praxis became, and has continued to be, a primary objective of participatory action research” (Fals-Borda, 1992, p. 15).

Participatory action research has been used throughout the world, but has gained most prominence in Central and South Americas. Its methodology has been utilized in the fields of medicine, public health, economics, history, theology, philosophy, anthropology, sociology and social work (Fals-Borda, 1992, p. 16). It has been especially prevalent in community development, cooperativism, vocational and adult education, and agricultural extension (Fals-Borda, 1992, p. 17).

Ironically, as the approach has gained respectability, it has become more widespread in its use by professional researchers, often academics. Fals-Borda (1992) cautions the researcher to be aware of cooptation, which is capable of putting the ideals of PAR at risk. While it is important to move into the future with PAR, researchers must ensure that they do not ignore the primary intent (Fals-Borda, 1992, p.18) – that of using PAR to “increase the input to and control over the process of the production of knowledge, its storage and its use of enlightened common people” (Fals-Borda, 1992, p. 19).

Legitimacy and Credibility of Participatory Action Research

One of the biggest obstacles facing researchers who adopt participatory or collaborative methods is a distrust of the methodology by policymakers, who often claim that it is unscientific, biased, and self-serving. This can be especially discouraging, especially when applying for funding. Patton states:

This approach can be controversial because the evaluation's credibility may be undercut by concerns about whether the data are sufficiently independent of the treatment to be meaningful and trustworthy; the evaluator's independence may be suspect when the relations with... participants become quite close; and the capacity to render an independent, summative judgment may be diminished (Patton, 1997, p. 97).

Because of these concerns, it is especially important to ensure that the process of participatory action research, as well as the dissemination of the findings and the concurrent recommendations of the study, are meaningful and relevant to the audience(s) it is intended for, and that the quality and usefulness of the findings are clearly demonstrated (Bell, 2004, p. 598, Patton, 1997, p. 97). Hatry and Newcomer (2004) emphasize that:

...findings, whether presented orally or in writing, should be clear, concise, and intelligible to the users for whom the report is intended. This should not, however, be used as an excuse for not providing adequate technical backup (documentation) for findings.... In addition, pitfalls encountered throughout the... process... should be discussed. The amount of uncertainty in the findings should be identified not only when statistical analysis is used but in other instances as well (p. 569).

Patton (1997) claims that, regardless of how the findings are presented, data from participatory research is often no different than from any other methodology.

“Commitment to intended use by intended users should be the driving force in an evaluation” (p. 382). Reporting should be intentional and purposeful, and focus on the

primary intended users (Patton, 1997, p. 331). This should be accomplished regardless of who the researchers and evaluators are.

According to Kemmis and McTaggart (2003), “Much contemporary participatory action research has evolved as an extension of applied research into practical social settings, with participants taking on roles formerly occupied by social researchers from outside the settings” (p. 345). As discussed in Chapter One, this is especially true for human service organizations, where dependence on volunteerism has increased due to diminishing or scarce financial resources. Some nonprofit organizations have incorporated stakeholders, including service recipients, into the evaluation process. As researchers, or participants sharing the research process, stakeholders have an opportunity to incorporate learning into evaluation of services. The organization also benefits, both economically and in program effectiveness (Patton, 1997, p. 98). Kopczynski and Pritchard (2004), state that,

The theoretical framework underlying various participatory and empowerment evaluation approaches suggests that explicit involvement of key stakeholders in various aspects of the evaluation process will yield a greater appreciation for the value of, and will enhance the usefulness and utilization of evaluation results.... Greater ownership of the results is expected to promote greater potential for accomplishing individual and collective goals at the program or community level (p. 657)

Funders, including policy makers at the political and bureaucratic levels, have also started to promote inclusion of various stakeholders in decision-making processes, especially service users and families of service users, adding to the legitimacy of participatory planning and evaluation. Kopczynski and Pritchard (2004) agree that funders should

provide incentives and remove disincentives for nonprofit agencies to incorporate stakeholders into the evaluation process. Often, policy will dictate inclusion, such as Manitoba Health's (2005) updated directive to the Regional Health Authorities and Selkirk Mental Health Centre (www.gov.mb.ca/health/mh/consumerparticipation.pdf). As Manitoba Health Policy Number HCS-210.2, entitled "Consumer Participation in Mental Health Services Planning, Implementation and Evaluation", states:

Consumers have the right to participate and have a direct and active role in all processes that affect their lives. Regional Health Authorities and Selkirk Mental Health Centre will develop plans for the enhancement of consumer participation in their individual treatment plans and in the planning, implementation and evaluation of mental health services in their region. Consumer participation (is defined as) either voluntary or paid participation by consumers in formal or informal planning, delivery and evaluation of all activities associated with mental health services, as well as in all processes that affect their lives, through the sharing of information, opinions, and decision making power (pp. 1 – 2).

Manitoba Health, as well as the Regional Health Authorities, funds several non-profit mental health organizations, including the Canadian Mental Health Association, Manitoba Division, the supporting organization of this practicum student's research project. This organization, as well as programs associated with it, such as Partnership for Consumer Empowerment, can utilize this policy as rationale when applying for funding that promotes and supports inclusion of mental health consumers in decision-making capacities. Alternately, emphasis on participative evaluation strategies should be employed by funding bodies in their application processes.

Dugan (1996) notes several benefits to participatory evaluation. Participatory evaluation promotes a sense of shared responsibility, with power residing with participants, who are acknowledged as the experts in their lives. It promotes community involvement, accountability to participants, and encourages the appreciation of ethnic diversity. Leadership is internal, rather than external, and the focus is on collaboration, cooperation, and shared resources. The nature of why evaluations occur is also different. Participatory evaluation's focus is program development and improvement, rather than a focus to adapt to funding requirements (p. 279).

Park (1993) acknowledges that,

...to the extent that participatory research is a form of interactive and critical action in itself, it is artificial to separate the utilization from generation of knowledge... Facts emerging from the investigation of a problem can be useful in organizing community actions to be taken, shaping social policies, and implementing social change measures (p. 14).

Short and long term impacts of participatory action research can be far reaching. The process can have a ripple effect. Skills and knowledge gained from initial participation can be utilized in many other situations. Participants can gain enough proficiency to teach others. Through knowledge exchange, participants can also work to expand their resource networks (Dugan, 1996, p.291), or develop coalitions and collaborations with other individuals or groups, thus increasing their knowledge base and decreasing individual isolation (Patton, 1997, p. 102). "Because participatory research is a continuous educational process, it does not end with the completion of one project. When successful,

it lives on in the radicalized critical consciousness and the renewed emancipatory practices of each participant” (Park, 1993, p.15). Patton (1997) agrees:

The processes of participation and collaboration have an impact on participants and collaborators quite beyond whatever they may accomplish by working together. In the process of participating in an evaluation, participants are exposed to and have the opportunity to learn the logic of evaluation reasoning. Skills are acquired in problem identification, criteria specification, and data collection, analysis, and interpretation. Acquisition of evaluation skills and ways of thinking can have a longer-term impact than the use of the findings from a particular evaluation study (p. 97).

Human service organizations that employ participatory evaluation strategies also benefit in both the short and long-term by becoming agencies that promote a culture of learning and by developing proficiency in ongoing program evaluation (Patton, 1997, p. 99). They also benefit by increasing the knowledge resource base by including partners who have diverse skills and expertise. Agencies can also improve the validity and quality of research and evaluation by “engaging local knowledge and local theory based on the lived experience of the people involved” (Israel et al., 1998, p. 180).

CHAPTER THREE: THE INTERVENTION

Setting of the Research Project

A program founded on values of empowerment for mental health consumers is an ideal setting for a project of participatory research in community mental health. Partnership for Consumer Empowerment (PCE), located in Winnipeg, is such a program. Established in 1994, the PCE has become a leader in educating and improving the understanding of service providers, students, and mental health consumers of the principles of empowerment and recovery, and the impact that these concepts have on consumers, family members, friends, and service providers.

Partnered with the Manitoba Mental Health Education Resource Centre, the PCE is part of the Manitoba Mental Health Education and Empowerment Initiative, created and developed by the Provincial Advisory Committee on Mental Health Reform (H. Peters, personal communication, August, 2004). The Provincial Advisory Committee on Mental Health Reform was formed in 1993. At that time, the Government of Manitoba announced the implementation of the second phase of mental health reform (Evenson, 2000, p. 1). The Advisory Committee included representatives of all regional mental health councils. The initiative to form the two components by the Advisory Committee was in response to a need to involve and facilitate mental health consumers and their families in more active roles within the Manitoba mental health system. The Committee's recommendations included:

- including consumers and their families at decision-making levels
- providing financial support to facilitate consumer and family participation

- developing educational strategies to facilitate consumer and family involvement
- hiring consumers as paid consultants
- utilizing consumers and family members in public education and community development
- creating positions for consumers as service providers
- updating professional educational curricula to involve consumers and family members
- developing personal self-esteem (curricula) for all training programs of human service professionals
- targeting current service providers for education on mental illness and consumer empowerment
- encouraging agencies to develop strategies for support for their workers
(Partnership for Consumer Empowerment, 2005).

Partnership for Consumer Empowerment has undertaken several of the above tasks, especially those associated with education. Horst Peters, the present Program Coordinator of PCE, has delivered hundreds of workshops and presentations throughout the province and several other North American locations since 1998, when he joined the organization. Mainly, the role of Partnership for Consumer Empowerment is to increase awareness of the role of consumers in their recovery. In doing so the PCE works to promote mental health and educate people about mental illness, which, in turn, may assist persons in

seeking early treatment. The initiative also promotes the eradication of societal prejudice towards mental illness (Partnership for Consumer Empowerment, 2004).

The Vision Statement of the Partnership for Consumer Empowerment reads:

All people living with mental health challenges in Manitoba have the knowledge, skills, resources, supports, and opportunities they require for their recovery; and for meaningful participation in the planning, delivery, and evaluation of mental health services.

The mandate of the Partnership for Consumer Empowerment is:

- To increase awareness of the consumer role in recovery.
- To build consumer capacity and to increase consumer participation in the planning, development, delivery, and evaluation of mental health systems, services, and programs... (and to) increase awareness of the consumer role in their recovery.
- To serve as a Centre of Technical Assistance and Expertise to persons and organizations across the province.

According to Horst Peters, the PCE has been successful in fulfilling much of its mandate (H. Peters, personal communication, August, 2004). Over the years, the organization has covered several topics including:

- a) Attitudes, values and beliefs about mental illness and the people living with these disorders
- b) Impact of mental illness

- c) Vision of empowerment and recovery
- d) Implications of empowerment and recovery for mental health systems and services
- e) Exploring models of recovery
- f) Facilitating recovery through self-empowerment, self-empowering recovery, recovery stories, consumer participation, consumer driven/operated services, consumers as service providers, and consumer leadership
- g) Consumer perspectives on: mental health legislation, involuntary treatment, and issues of psychiatric ethics (Partnership for Consumer Empowerment, 2004).

As in many organizations, the mission of Partnership for Consumer Empowerment is still evolving. As previously stated, the PCE has been successful in delivering its message to thousands of persons, especially to those working in the mental health field. While this work has had a major impact on the knowledge and attitudes of service providers, lack of resources has prevented the program from completely fulfilling its mandate in terms of its work with mental health consumers. The emphasis has been on professional development; thus, improving the understanding of the principles and impact of empowerment and recovery, and on increasing awareness of the consumer role in recovery. Until recently, building consumer capacity and participation has witnessed more implicit advancements. For example, the PCE has been heavily involved in collaborating with consumers in creative projects, including art, poetry and prose. Another initiative of the PCE has been the compilation of first person recovery narratives.

These narratives are an invaluable resource for anyone who wants to learn more about people's personal journeys of recovery. More importantly, they offer hope to persons suffering with a mental illness and provide opportunities for them to see that they are not alone. Recently, the PCE has expanded its website to include more resources specific to the development of consumer skills.

The PCE has taken additional initiative in the past two years to be more active in its role of advancing consumer participation and capacity building, especially in the area of developing consumer leadership skills. To this end, the organization's volunteer program has expanded. "The purpose of the PCE volunteer program is to provide opportunities for learning and applying the learned skills, promoting and increasing consumer participation in Manitoba" (Partnership for Consumer Empowerment, retrieved December 29, 2005, www.pcemanitoba.com/volunteer.html). Learning opportunities include: recovery and empowerment education, facilitator training, board and committee participation, and public speaking. Volunteer and participation opportunities include recovery and empowerment workshop facilitation, consumer capacity building training, committee and board participation, public speaking, clerical duties, and literature database development (Partnership for Consumer Empowerment, retrieved December 29, 2005, www.pcemanitoba.com/volunteer.html). Participation of consumers in an action research project is one way of learning skills that may contribute to leadership development. Because of its emphasis on consumer empowerment and capacity building, PCE was an ideal organization to partner with for this project.

In 2004, the PCE became a program of the Canadian Mental Health Association, Manitoba Division. The Canadian Mental Health Association (CMHA) is a national

organization that advocates for mental health consumers and has been a proponent of advancing consumer participation for almost a century. The organization's vision statement, "mentally healthy people in a healthy society" is two-fold, encouraging action from individuals and from society at large. The organization's mission includes programming, peer support, education, and advocacy.

...the CMHA acts as a social advocate to encourage public action and commitment to strengthening community mental health services and legislation and policies affecting services. All ... projects are based on principles of empowerment, peer and family support, participation in decision-making, citizenship, and inclusion in community life (Canadian Mental Health Association, retrieved December 29, 2005, <http://www.cmha.ca>).

Founded in 1918, The Canadian Mental Health Association National Division has had a long involvement in direct service programming, in addition to its advocacy, research and public education components. The association services over one hundred thousand Canadians per annum across Canada in one hundred thirty-five communities (Canadian Mental Health Association, retrieved November 21, 2005, <http://www.cmha.ca>).

Currently, CMHA programming encompasses "employment, housing, early intervention for youth, peer support, recreation services for people with mental illness, stress reduction workshops and public education campaigns for the community" (Canadian Mental Health Association, retrieved November 21, 2005, <http://www.cmha.ca>). CMHA is also responsible for the publications of several policy documents, including *A Framework for Support* (Trainor, Pomeroy & Pape, 2004), which outlines a recovery-based model of support for persons with serious mental health problems. This model

includes three aspects: the community resource base, the knowledge resource base, and the personal resource base. CMHA, Manitoba division is a provincial branch of CMHA National and is the head office for eight regional provincial offices. Each regional office is autonomous in its program structure. "Programs are varied and diverse and reflect local needs and priorities (Canadian Mental Health Association, retrieved November 21, 2005, <http://www.cmha.ca>). The provincial office is not involved in direct service.

Since becoming Executive Director of CMHA Manitoba in October 2004, Ms. Carol Hiscock has worked closely with Horst Peters and the PCE to develop opportunities to promote consumer capacity building. To this end, both Carol Hiscock and Horst Peters welcomed the practicum student researcher into the agency and offered assistance in supervision and with recruiting volunteers for the Participatory Action Research project. The student was also provided with space at the office of CHMA Manitoba to meet with the consumer research participants for the research project and space to do the interviewing of the research respondents. The space, located in the FACES building at 100 - 4 Fort Street was an ideal location for the practicum, as several Winnipeg mental health self-help organizations share the space, as well as the Mental Health Education and Resource Centre (MHERC) and the Eating Disorders Self-Help Program, both connected to CMHA, Manitoba Division. FACES has several meeting rooms, which was very helpful, especially when the PAR research committee decided to meet twice weekly. Availability of space was never an issue. Also beneficial to the project was the close proximity to MHERC, which proved to be an excellent resource for mental health materials and computers with Internet access for researching.

The host organization was also extremely helpful in terms of recruitment, putting up posters and informing prospective participants about the project. Other self-help organizations at FACES were equally as helpful, inviting the practicum student to some support group meetings to recruit participants.

Supervision

Live supervision (directly observing the student in the research setting) is considered to be one of the most useful types of supervision. As Baird (1999) states, "...there is no substitute for directly observing... sessions" (p. 65). Both Ms. Hiscock and Mr. Peters agreed to sit in on at least one research session each in a supervisory capacity to observe the student. "By observing sessions as they occur, supervisors get a better idea of the process" (Baird, 1999, p.65). Specifically, observing the student helped to identify and assess some of the skills the student required for this project, especially interpersonal skills involved with conducting team meetings, facilitating research decisions and teaching research skills. Although more implicit, skills associated with relationship building, including defining needs of research participants, developing and managing accommodations, and providing support to research team members could also be observed and assessed in live supervision. Ms. Hiscock and Mr. Peters utilized a form to assess the student's performance (see Appendix F) developed from Danley and Langer Ellison's (1999) criteria regarding the skills and/or knowledge required for facilitating a participatory action research project. Assessing the process of participatory action research during the different phases of the project was equally as important as assessing the outcome of the endeavour. To this end Ms. Hiscock met with the practicum student informally several times during the process of the research project. During supervision,

the student and supervisor discussed the student's application and maintenance of scholarly standards for community-based research in relation to the organization (community mental health setting). The student provided information to the organization from her journal, which was organized chronologically, as well as the student's program planning notes, as the sessions involved both reflection and planning. The documented material described the work accomplished in the project and its relevance in meeting project goals and objectives.

In addition, Ms. Hiscock and Mr. Peters participated in the student's final evaluation and worked with the student in defining the success of the research project and its role in producing knowledge that contributes to social change. The student also met with her academic advisor, Dr. Sid Frankel, once per week to focus on the accomplishment of the learning goals.

Documentation of the process was recorded using the following tools:

- a) outlines and notes from meetings, including flipchart notes
- b) practicum student researcher's journal and notes
- c) consumer researchers' skill log books (see Appendix C)

DESCRIPTION OF THE INTERVENTION

Recruitment of Personnel

Eligibility for Participation

For the purposes of this project, mental health consumers were defined as adult persons living with a diagnosed mental illness. Some examples of mental illness are

schizophrenia, anxiety disorder, obsessive-compulsive disorder, and depression.

Consumers could be associated with a mental health service agency or a self-help group, but did not necessarily have to be members or clients of any particular organization. It was hoped that the range of research participants would be representative of persons of different age groups, cultural backgrounds, and gender, as well as different levels of experience with the mental health system. Participants needed to be literate and able to communicate both verbally and in writing. They had to have a minimum of past or present involvement of one year in the mental health system. The sampling strategy was purposeful. Participants were selected strategically and purposefully (Patton, 2002, p. 243).

Sample Size

According to Patton (2002), “the validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information richness of the cases selected and the observational / analytical capabilities of the researcher than with sample size” (p. 245). Originally, ten adult consumers of mental health services were recruited from the Winnipeg mental health community to participate in this practicum student’s participatory action research project. Although this is normally considered a relatively small research sample, this number was selected for the following reasons:

- PAR is designed for community groups and the participation of eight to ten participants ensured that all research tasks would be covered.
- There was room for attrition, as a group of six persons could still successfully cover all the research duties if necessary.

- In terms of time constraints and for this Master's practicum, a sample size of eight to ten was manageable. One of the limitations of collaborative research is that it can be extremely time consuming, especially because research participants are learning new skills. Participants often wish to specialize in specific aspects of the research, so skill-teaching is often customized to specific individual learning needs. A larger sample size would have required more time spent with individual participants teaching specific skills, as well as more time for administrative tasks.
- Several evaluation tools, mostly qualitative, were employed in this study, including logbooks and open-ended interviews which measured the skills, knowledge and resources attained through participation, as well as the success of the knowledge gained as it relates to social change. Analysis of the data in these tools was time-consuming. Therefore, it was best to maintain a smaller sample size.
- It was felt that this sample was reflective of the population being studied and that information rich analysis was more beneficial to the inquiry than a generalizable larger sample (Patton, 2002, p. 563). There was an equal gender representation, a broad range of age groups (from twenty-eight years to fifty-five years) and a diverse representation of tenure in the mental health system (thirteen years to over thirty years) There was not a large range of cultural diversity, as hoped.

Recruitment Process

The student recruited research participants by posting advertisements at various self-help organizations located in Winnipeg, as well as various mental health agencies throughout the city (Appendix J). Letters were sent to agency administrators requesting that advertisements of the project be posted (Appendix K). Administrators were also asked to pass on the recruitment information to those they felt might be interested in participating in the project. Within one week, there were seventeen responses, and interviews were scheduled. To ensure fairness, attempts were made to interview the prospective participants in the order that they applied. There was also an attempt to maintain a gender balance. Eleven potential participants were interviewed before the final ten were chosen. Interviews were done individually.

Before each interview, candidates were provided with information regarding participating in the evaluation of the practicum project, which was separate from participating in the participatory action research project. They were informed that participation in the project was not dependant on their participation in the evaluation (see Appendix I). This occurred during the first telephone contact.

Initial Interviews

During the initial interview, each participant was given information regarding the nature and process of the study, as well as the expected time commitment, the expected benefits of the project for participants and the student, and issues regarding informed consent. Participants were asked for information regarding their own learning goals and were asked for input regarding the adequacy of the tools for ongoing assessment of those

goals. The recruitment interview provided an opportunity to identify participants' levels of skill and experiences with research processes, as well as familiarity with mental health issues. It also provided another opportunity to screen for the one year experience eligibility in the mental health system criterion. Research participants were selected for their willingness to participate and their availability, as the initial projected time commitment was approximately four months. Each person was asked if he or she would be able to anticipate a commitment of seventy-five percent attendances at project meetings, and all agreed to this.

Initially, ten mental health consumers were selected to come to the orientation session. The group consisted of five men and five women of various ages and tenure in the mental health system. Participants ranged in age from twenty-eight years to fifty-five years. Tenures in the mental health system ranged from thirteen years to over thirty years. At least three of the candidates had some past research experience, mostly in quantitative research methodology (i.e. questionnaires, surveys). Most of the consumers had a minimum of high school education. Several had some university or community college experience. Two had previous involvement in board membership, one with a mental health organization and one with community and business organizations. Three of the consumer researchers were involved with self-help groups at FACES, two in a volunteer capacity, and one participant was involved as a consumer co-facilitator for a project at CMHA Winnipeg Region. Two of the consumers were employed, one part-time and one full-time. Approximately half of the group members were parents of adult children.

Procedures of the Intervention

An entire research project was undertaken using a participatory action research framework. The research topic was chosen by the consumer research participants for its relevance to the field of mental health and the organizational goals of PCE, as well as participants' own experiences with the mental health system. According to Barnsley and Ellis (1992) and Morris (2002), the stages of the research process include: orienting participants to the research process, defining tasks and setting up research group(s), defining the parameters of research, gathering and analyzing the data, presenting and discussing interim findings, collecting and analyzing information, preparing and presenting the final report, and disseminating research findings. As each phase of the research endeavour was covered, participants learned the skills involved in undertaking a research project. There was also a focus on reflection, fundamental to participatory action research. Participants spent much time reflecting on the process in terms of what was working and what needed to be reworked or improved. This discussion was mostly undertaken at the end of each session, but sometimes at the beginning of new sessions. As time progressed in the project, and communication between participants increased, there was also much discussion and reflection between meetings by all participants (in person and by telephone), including the practicum student researcher. The consumer researchers and the practicum student worked together to negotiate research responsibilities. The practicum student was responsible for ensuring that all research functions were covered. However, the consumer researchers were eager to assume any responsibilities associated with the research project. Ultimately, the consumer researchers and the practicum student researcher assumed co-ownership of the project. Although this

did not happen without some conflict and difficulties, the group was ultimately successful in negotiating a process for resolving problems. This mainly involved maintaining an open dialogue around issues that arose, especially issues of power. As previously stated, the practicum student is professionally connected to the mental health system. During the process of the research project, this system was constantly critically analyzed. This critical analysis was integral to the research process, but it also frequently reinforced the position of the practicum student. The group worked these issues out by openly discussing problems with the mental health system, but also by focusing on the benefits of the inquiry to both the consumer researchers and the practicum student. There was also a dialogue around how this research methodology could be beneficial in breaking down the power imbalances inherent in the mental health system. This focus on reciprocity proved to be effective.

As previously mentioned, most of the meetings, as well as the data gathering, took place at the offices of the Canadian Mental Health Association, Manitoba Division, where the Partnership for Consumer Empowerment program is housed.

Morris (2002) and Barnsley and Ellis (1992) propose that a minimum of ten meetings is required to complete the tasks involved in a participatory action research project. This project, originally anticipated to take place over a maximum of sixteen weeks, took approximately seven months. According to Wallerstein et al. (2005), this is characteristic of community based participatory research:

Those of us who have engaged in community based participatory research to bring about change will recognize that the process is fluid, dynamic, at times fast-paced and at times slow, and always requires long-term commitment ... To

succeed, community based participatory research processes must be open to permutations and reformulations. Unexpected obstacles can surface ...

Partnership means spending the time to develop trust and, most important, to develop the structures that support trust, so that moves in unexpected directions or setbacks can be seen as part of a long-term process that will continue (pp. 32 – 33).

The original plan was to have two meetings of two hours duration for each research section if necessary. The original plan also built in extra time for data analysis and writing up a literature review and report of the final research findings. Some time between submission to the University of Manitoba Psychology / Sociology Research Ethics Board and the approval of the submission was also anticipated. As planned, this time was used to practice interviewing skills and techniques, as well as to prepare part of the research report.

Methodology of Participatory Action Research

Primary and Secondary Resources

The practicum student used the following two resources as a framework for the project:

Barnsley, J., & Ellis, D. (1992) *Research for change – Participatory action research for community groups*. Vancouver: The Women's Research Centre.

Morris, M. (2002). *Participatory research and action- A guide to becoming a researcher for social change*. Ottawa: Canadian Research Institute for the Advancement of Women.

These two research guides provided extensive overviews of the background, definition and uses of the model, as well as systematic guides for undertaking a PAR project.

Barnsley and Ellis (1992) and Morris (2002) employ feminist research frameworks, and are consistent in their approach to PAR. Both of these publications lay out a similar plan for developing a community-based research project, which includes:

1. Planning and developing a system for administrative tasks
2. Choosing a research issue and developing an information matrix
3. Developing research assumptions
4. Defining research goals and objectives
5. Choosing data-gathering tools
6. Developing a literature review
7. Deciding who the research informants will be
8. Developing data-gathering tools (Barnsley and Ellis, 1992, Morris, 2002).
9. Gathering data
10. Analyzing data
11. Action

The acquisition of knowledge and skills, leading to increased capacity and societal transformation, is the *raison d'être* of PAR. Therefore, education of the participants (including the student researcher) is paramount to the process. Learning is ongoing in a PAR project. Process is as important as outcome, and is a focus of this intervention. “The action in action research can happen throughout the process, not just at the end” (Barnsley and Ellis, 1992, p. 10). These two resources were instrumental in providing a framework for the educational sessions, as well as the framework for the entire project. These resources also provided important tools for the PAR research process, especially samples of different types of data gathering for participatory research projects.

Particularly relevant to PAR is qualitative research, including interviews, open-ended questionnaires, focus groups, and journals. As Patton (2002) explains, these methods are “especially useful for supporting collaborative inquiry because (they) are accessible to and understandable by people without much technical expertise” (p. 183). The primary references creatively covered these methods, while providing considerable respect to literacy issues, and were great for distribution. Morris’s (2002) publication was especially strong on developing a literature review.

Several secondary resources were utilized throughout the project, such as relevant articles and examples of other similar research projects. Tools that incorporated specific skills and activities of PAR were also used, including Danley and Ellison’s (1999) *A Handbook for Participatory Action Researchers* (Danley & Ellison, 1999). Guides for facilitating groups were also useful, especially Kaner’s (1996) *Facilitator’s Guide to Participatory Decision Making*, and *Mental Health Promotion Tool Kit* (Willinsky, 1999). The *Community Tool Box* (Kansas University, 2006, <http://ctb.ku.edu/en/>), an online resource listing hundreds of skill sets for community development, was also widely used. The *Community Tool Box* (2006) was developed by Kansas University and is an Internet resource guide featuring over two hundred sections and six thousand pages of information on promoting community health and development. Michael Quinn Patton’s *Qualitative Research & Evaluation Methods* (2002) was an invaluable reference for creating lesson plans.

Framework of the Participatory Action Research Project

Administrative Tasks and Logistics Coordination

Before, and during the undertaking of the research project, several planning and administrative tasks needed to be addressed by the practicum student. These included meetings with the host agency for supervision planning, as well as negotiating meeting times and other administrative tasks with FACES administrative personnel, preparing resource material, and preparing educational sessions. When planning educational sessions several considerations were taken into account, including an ongoing analysis of individual and group strengths and skills, and analyses of members' learning and support needs. Maintaining contact with team members between meetings was necessary. Preparation for each meeting was extensive.

MEETINGS AND WORKSHOPS OF THE PARTICIPATORY RESEARCH PROJECT

Meetings and workshops took place over a period of seven months, not including the writing of the report, which is unfinished at this point, and the action phase of the project, which is ongoing. For the most part, participants met several times for each research phase. The following section outlines the phases of the research project and provides an explanation of the objectives of each phase, describes what occurred during the sessions, and discusses the specific issues that arose for the consumer researchers and for the practicum student. In addition, the number of meetings required to complete each phase is reported. As in any research project, several phases overlapped. Also, as the research project progressed, various committees formed with specific tasks and separate meeting

times. For example, two committees that formed were the literature review committee and the action planning committee. In addition, the group divided into teams during the initial phase of the data analysis to facilitate the data analysis process as well as to provide triangulation.

Orientation

Session Description

The first meeting of the research participants was designed as an orientation session. The objectives of the meeting, as defined by the practicum student in the agenda, were:

1. Introduction of the group to each other and facilitation of familiarity with the physical environment
2. Evaluation of the practicum research project (discussion of the components of the evaluation, questions, distribution of informed consent forms, distribution of a Consumer Constructed Empowerment Scale pre-test, distribution of participant log books)
3. Discussion of the participatory action research process
4. Development of ground rules for the group
5. Discussion of meeting times, availability, frequency, breaks, and other housekeeping

The initial meeting had quite an ambitious agenda, and the group did manage to get a great deal accomplished. All ten participants were present at this meeting, although two people arrived late. After introductions were made and people had a tour of the facilities

at FACES, the practicum student discussed participation in the evaluation of the practicum project, which was separate from participating in the participatory action research project. A script was read to the participants, explaining that they were under no obligation to participate in the evaluation even if they chose to participate in the research project (Appendix M). The three components to the evaluation were also discussed - A Consumer Constructed Empowerment Scale- pre and post-test (Appendix B), Consumer Skills Log Books (Appendix C), and post-intervention interview (Appendix E). Informed consent forms (Appendix L, as part of the Ethics Protocol Submission Form) were distributed. Two people did not agree to participate in the evaluation and did not sign the informed consent forms. The remaining eight participants signed the informed consent forms and completed the Consumer Constructed Empowerment Scale pre-test. Participant logbooks were also distributed. At the end of the meeting, both people who had declined to participate in the evaluation stated that they would not be returning to future sessions. A follow-up with these two individuals indicated that one felt uncomfortable being evaluated, and felt awkward about being the only one staying in the group and opting out of the evaluation while the other felt unready to commit to this type of structured project at this time.

Practicum Student Researcher Issues

At this point the practicum student assumed the role of leader / facilitator, and instructor, as the methodology was new to all consumer participants. The student attempted to create a comfortable and supportive environment by taking time to explain the project, bringing snacks and beverages, and asking for input. Building an atmosphere of trust and respect among researchers is fundamental to the PAR process (Becker, Israel, & Allen, 2005, p.

52). The practicum student also spent some time discussing the importance of reflection in the PAR process.

Consumer Researcher Issues

Discussing the actual research project and going through the research process sparked a lot of discussion. One question was, “would everyone be involved in the research at every point?” This provided an opportunity for the practicum student to discuss a strengths-based approach to group research, as well as comfort levels of participation. Some people started to identify their strengths, as well as to discuss areas where they felt they would perform well once the project was underway. Members of the group seemed to have an inherent understanding of the underlying principles of PAR, especially the action piece. There was some discussion of how a project of this nature could potentially fuel future research projects in mental health.

The group created the following norms, which it referred to as “Group Ground Rules / Guidelines”:

- ❑ There is no such thing as a stupid question.
- ❑ Each person should have an opportunity to speak and complete his/her own thoughts without interruption.
- ❑ Every person will be treated with respect.
- ❑ Confidentiality – What is spoken within the group stays within the group, unless otherwise specified.

- ❑ There will be a voluntary check-in at the beginning of each meeting. No questions asked those who refrain from participating. (A check-in is a time for each person in the group to speak candidly to the other members about how they are doing, how their week has been, and any other issues they wish to discuss.)
- ❑ Shared decision-making (consensus) will be used during the research process.
- ❑ The “group ground rules and guidelines” is an evolving document.

An analysis of these norms indicates that even very early on in the process, this research group was entrenched in democratic process. Inclusion and respect are pervasive values in the group’s choice of rules to guide it. All participants, except the two who decided to leave the group, participated in the discussion regarding group norms. It was also decided that weekly meetings were sufficient and that we would start work on the research project at the next meeting.

Resources / Handouts

The following resources were distributed to the research participants:

Schneider, B., Scissons, H., Arney, L., Benson, G., Derry, J., Lucas, K., et al. (2004).

Communication between people with schizophrenia and their medical professionals: A participatory research project. *Qualitative Health Research*, 14 (4), 562 – 577.

Schneider, B., Ali, J., Arney, L., Benson, G., Calderbank, C., Mathieu, C., et al.

(2006). Housing for people living with schizophrenia: Dilemmas of care and

control. Paper presented at the meeting of the Canadian Schizophrenia Society National Conference, Winnipeg, Manitoba.

Schneider, B., Ali, J., Arney, L., Benson, G., Calderbank, C., Mathieu, C., et al.

(2006). Fact sheet: Housing for people living with schizophrenia: Dilemmas of care and control. Paper presented at the meeting of the Canadian Schizophrenia Society National Conference, Winnipeg, Manitoba.

These three references are examples of collaboration between a university scholar and a self-help mental health community group working within a PAR framework. The Consumer Log Book (Appendix C) was also distributed.

Phase One: Choosing a Research Topic and Developing a Research Plan

Objectives

The objectives for this phase of the research project were to develop a research work plan for the team by assigning administrative and research tasks (develop research committees and terms of reference for research committees), choose a research issue and develop a research design.

Educational Sessions

The practicum student planned to cover the following topics in one session: how to develop a research question, discussion of critical inquiry, and discussion of participatory action research in a mental health setting. However, it took several sessions to complete the discussion of these topics. More importantly, during the initial few sessions, the practicum student quickly realized that the didactic style of teaching was not appropriate

for or appreciated by this group, as the members seemed to want to engage more in a dialectical approach. The style of the instruction component was modified to reflect more of an experiential learning environment, with more input from the consumer researchers. The educational component of the meetings was more often discussions of the research process; although, some aspects of the research (such as data analysis) still required a more structured learning approach. In order to accommodate this modification, the practicum student had to disseminate any reading material associated with the educational sessions much earlier, ensuring that everyone had ample time to read the material in advance of each discussion. Three of the research members complained that there was too much reading material, so this also had to be adjusted to a certain degree.

Most of the educational sessions became discussions around material that had been disseminated. Especially pertinent, in the second meeting, was a discussion of the articles about two PAR projects that had been undertaken in a mental health setting. It was obvious that the group had a solid understanding of the processes of these research projects. The topic of research was explored in general, including why and when we do research. There was also some discussion of how problems are defined and clarified, as the researchers were specifically working on developing a research question at this time. There was discussion on critical thinking, an integral concept of participatory action research. Most of the researchers felt that they already possessed this skill, especially as it related to mental health issues.

Description of Sessions

At the end of the orientation meeting, participants were asked to think about some of the issues that they would like to consider researching by identifying gaps in the mental

health system. The next three sessions focused primarily on brainstorming questions and issues, which were all recorded on a flip chart. These were recorded exactly as stated by committee members:

First Session

1. How to access the mental health system, overcome problems and barriers to elicit recovery. How can the process be simpler for recovery?
2. Do you feel overwhelmed when you first get diagnosed with a psychiatric illness?
3. Identify the problems within the mental health system which put pressure on persons who have to deal with them.
4. Is the mental health system more interested in protecting its own structure or in helping people in their recovery?
5. Are there really any opportunities (employment, education) for mental health consumers?

Second Session

1. How do we make the people in the mental health system more accountable?
2. Examining the doctor – patient relationship
3. What are people's experiences when disclosing a mental illness in the workplace?
4. Stigma / discrimination in the workplace
5. Paternalism of the mental health system

6. Implications of being labeled as mentally ill
7. How to prove a mental health disability to an employer
8. Giving control / losing control over your life
9. Challenging authority
10. Having to submit to authority to get needs met
11. What are people's experiences when they have to leave their job because of a mental health issue? What services are available for retraining? What income replacement is available? Barriers.
12. What supports do persons with mental health problems need to maintain employment?
13. Workplace accommodation for persons with mental illness
14. Returning to work after a lengthy absence due to mental illness
15. Discrimination in the workplace – Unable to access benefits. Mental illness not really given credibility. Lack of resources.
16. How mental illness affects work production

Third Session

1. What has been helpful to you in reducing stress and anxiety and therefore helping to reduce the severity of your mental illness?
2. What do you think has been helpful to your patients? (Psychiatrists, GPs)

3. How do you think the lines of communication could be improved between various stakeholders in the assistance of patients / clients going through recovery of mental illness?
4. How important a role has the mental health system played in your recovery?
5. Do you think recovery is possible for persons with mental illness?

The evolution of the question was interesting in that it came full circle, beginning and ending with the concept of recovery from mental illness. However, as evident from the list, there was no lack of subjects that participants were interested in exploring. The list also exemplifies many issues that the participants had faced while negotiating the mental health system, and problems that participants experienced with control of their own health. Workplace and mental health issues were also discussed as research possibilities. This was not surprising, as all of the participants had worked in the past.

Exploring the nature of recovery from mental illness was the one research topic that everyone in the group eventually agreed upon. This also fit well with the values of Partnership for Consumer Empowerment, as recovery is a focus of the organization. The group had discussed the values of the program in relation to determining the research question.

Consumer Researcher Issues

One of the reasons that this section took as long as it did to cover was the need to focus on relationship building within the group. According to Johnson and Johnson (2000), relationship building, or building trust, is a natural stage of group development, and often occurs after a group has decided how it is going to function and has had time to get

acquainted (p. 32). However, spending so much time relationship building meant that much more time was spent in general discussion than was originally planned. Also, the nature of the inquiry promoted several lengthy discussions, as there were so many common issues that arose. Participants were gradually getting to know each other. The group's cohesion was apparent, as the members continued to agree with each other and validate each other's statements by discussing similar experiences in the mental health system. There were also differences of experience and opinion in the group. This was mostly expressed around the use of language, or when some participants felt that the process was going too slow. However, members of the group were extremely respectful of each other at these times. Almost all of the ideas that were put forward came out of the group's personal experiences.

Several members of the group were dealing with very difficult personal and systemic issues, which were affecting their mental health. In spite of this, the attendance rate was quite high, with only one person missing frequently. The group was extremely supportive to any member who was dealing with personal issues, and often offered advice or help to each other.

The group was aware that discussions were taking up quite a bit of time, and this was frustrating to a couple of members, but all group members were willing to stay later for the meetings to get the project work done. The group also agreed to limit the check-in time to five minutes each at the beginning of each meeting, but this did not always happen. Some participants took much longer, as they were experiencing difficulties with mental health and / or systemic issues. When this happened, everyone was extremely

respectful and patient. Also, almost all of the issues that the group was discussing were pertinent to research in mental health, so they were relevant.

The group had agreed to meet weekly – on Fridays at 3:30 P.M. This occurred for three weeks until it was suggested by a member to meet twice weekly. Everyone agreed that meeting more frequently would benefit the group and assist in completing the research project in a timely fashion. As Christmas was approaching, some time for meeting informally was also scheduled.

Practicum Student Researcher Issues

One tactic employed by the practicum student was to arrive early for meetings. By doing this the practicum student was able to spend time connecting with several research participants in an informal manner before each session. This contributed to relationship building, as well as to better meeting organization, as the student had more time to set everything up. It also gave the student researcher an opportunity to speak to each committee member about how much material he or she felt comfortable receiving and about his or her individual learning style. The role of the student was still basically one of facilitator and instructor at this point.

The practicum student researcher had to re-evaluate the amount of material originally planned for each session, and had to worry less about accomplishing a large agenda in a short time. Instead of focusing solely on defining a research question immediately, the student took a couple of steps back so that the group could have some philosophically-based discussions around the importance of research and the methodology of PAR. This helped to establish a more in-depth knowledge of the PAR process for the group, which

would help in terms of the focus and process of the inquiry. It was also evident to the practicum student that the consumer researchers needed to be more active in creating the agenda for the meetings, as full participation is fundamental to participatory research. Therefore, instead of coming to each meeting with a finished agenda that could be added to, the student started to incorporate a section on agenda building at the end of each meeting so that agenda planning for the next meeting could become more of a team effort.

Resources / Handouts

Willinsky, C. (1999). Mental health promotion tool kit. Toronto, ON: Canadian Mental Health Association.

Work Group for Community Health and Development, University of Kansas. (2006). What is critical thinking? *Community Tool Box*, (<http://ctb.ku.edu>).

Work Group for Community Health and Development, University of Kansas. (2006). Defining and analyzing the problem, deciding on a problem statement, choosing which problem to solve, the nature of problems, clarifying the problem, deciding to solve the problem, analyzing the problem. *Community Tool Box*, (<http://ctb.ku.edu>).

Phase Two - Developing an Information Matrix and Developing Research

Assumptions

Objectives

The objectives for this section of the research were to expand the scope of the research topic by developing an information matrix and to list the group's assumptions related to

the research topic. According to Barnsley and Ellis (1992), an information matrix assists a group in determining and framing the following questions for researching a specific topic: What do we want to know about the topic? Why? What do we already know? Where do we go to find out? Whom do we ask? What kind of information is needed (p. 27)? Answering these questions provides a framework for the project and an opportunity to get the whole group's ideas onto paper. Listing assumptions is an important step in research and can redirect the research, if necessary. Assumptions are what people consider to be true about the topic, or their preconceived ideas. Everyone lists their assumptions, discusses whatever differences of opinion there may be, and works toward an agreement about what is at issue (Barnsley & Ellis, 1992, p. 34). This took four meetings.

Educational Sessions

The educational content for these sessions was adapted directly from Barnsley and Ellis (1992), who provide instructions for developing a research matrix. Very little explanation was required for this section, as the framework was laid out. There was more focus in the educational component of the phase on creating research assumptions, as most group members were not familiar with this concept.

Session Description

Once the topic was chosen, the group worked to refine the issues involved in researching recovery. As already stated, it did this by developing an information matrix. The focus of the research matrix was mostly on what the group wanted to know about the subject and from who and / or where information could come. When completed, it looked like this:

What do we want to know about the topic?

What do consumers have to go through to access assistance to recovery?

What are implications of recovery?

What does it mean to work toward recovery?

What is recovery? (concept / attitude of recovery)

What is the definition of recovery in relation to mental health?

What does recovering from a mental illness mean?

Where and from whom does information about recovery come from?

What is helpful for recovery?

What are barriers to recovery?

Is recovery self-directed, or directed by professionals? How much control do people with mental health problems feel they have in their recovery?

What are the negative implications of recovery?

How can the mental health system as a whole improve in assisting in the recovery of its clients?

What kind of information is needed?

The group, agreeing that it was important to see how different or similar different stakeholders' perceptions of recovery are, listed various ways this information could be gathered:

- definitions, descriptions
- surveys
- personal stories
- interviews
- face sheets (demographic information)
- focus groups

Why do we need to know?

- important to let taxpayers / funders / program executives / community know (about recovery-based programming)

Who can provide this information?

- Various stakeholders in the mental health system
- Clients of mental health services
- Friends / family (natural supports)
- Workers / service providers (professional supports)
- Mental health agency administrators
- Academics
- Doctors / psychiatrists

The group decided to incorporate the research assumptions into the information matrix. When answering the question, “what do we already know?” the group started to formulate its assumptions of what the members perceived some of the realities related to recovery and mental health to be. After the information matrix was completed, the group spent quite a bit of time refining its assumptions, which ultimately assisted greatly when it formulated its research goals and objectives.

PAR Research Assumptions

1. Consumers are not receiving consistent information about recovery. Many are receiving no information about recovery.
2. The mental health system is fragmented, creating a lack of communication and information flow among the various stakeholders.
3. Workplaces are not incorporating accommodations for employees with a mental illness. Many workplaces are not open to receiving information about mental illness.
4. Poverty is a barrier for people and can prevent recovery.
 - Lack of affordable housing
 - Lack of transportation
 - No money for things like clothing prevents job searching
5. People are afraid of losing their benefits (i.e. medication coverage) if they recover.
6. Consumers leaving hospital have no supports (often including housing).

7. There is a lack of culturally appropriate recovery-based services (i.e. for First Nations, immigrants).
8. Consumers cannot access appropriate and timely services:
 - long waits to get into mental health programs
 - lack of psychiatrists
 - no funded community-based psychological services
9. Most consumers do not know about services or how to access them.
10. People with mental illness face discrimination in their daily lives.

Consumer Researcher Group Issues

The group was very focused on the development of the information matrix, although there was some digression at times, especially when participants discussed personal experiences. The group still took quite a bit of time to get down to research business at each meeting. However, nobody minded staying longer to accomplish the agenda, and the digressions were always relevant to mental health issues. The scope of the research really expanded during these sessions, and some members of the group wanted a large research sample, which included several different groups of stakeholders from the mental health system in addition to mental health consumers.

There was also some discord around the position of the practicum student researcher, and some discussion around ownership of the project. Two of the consumer researchers stated that they were unhappy with the way the project was going – one stating that she / he felt that the agenda was being defined by the student, rather than by the consumer researchers. Another member stated that she / he did not feel like she /he was being heard by the practicum student. There was some discussion around the importance of the group

to the student's practicum and some questioning about the amount of reliance the student had on the group. The student had to explain that the evaluation of the practicum was separate from the group's research project. During this particular meeting, there were only four consumer researchers in attendance, and one person present (the person who said that the agenda was being defined by the student) had only attended once in the past month. According to Johnson and Johnson (2000), rebellion and differentiation is a normal stage of group development. Group members rebel against the coordinator, and differentiate themselves from each other. "On the road to maturity a group will go through a period ... of challenging the authority of the coordinator. It is an ordinary occurrence and should be expected" (p. 32).

There was also some discussion and discontent around the amount of time the process of shared decision-making took in the group process. One consumer researcher stated that he wanted to switch to decision-making through voting, especially for a decision regarding the number of professional stakeholders that the group wanted to interview. Others agreed that this might be a good idea, and that this could be accomplished through a secret ballot process. This was done at the next meeting, and was the only time that this method of decision-making was employed.

Attendance and attrition were a problem during this phase of research. One person left the group, due to personal reasons. Another member had only attended 25% of the sessions. This meant that even in the early stages, the consumer researcher group was already down to six regular attendees.

Practicum Student Researcher Issues

The practicum student had to re-evaluate her role and position in the group at this point of the research project. She also had to re-evaluate the timelines of the project and revise its completion date so that it did not solely reflect her academic deadlines.

As the group was at a difficult point it was essential for the student researcher to move out of the leadership position and quit owning preferences about the way things were done. Also, participants taking ownership of the process is integral to PAR, and it was important for the practicum student to assist the group members to establish autonomy (Johnson & Johnson, 2000, p. 33). One place where the student had to step back was in trying to rein in the researchers when they were discussing the large number of respondents they wanted to interview. The student had spent a fair amount of time trying to explain the amount of transcribing that would need to be done if the research sample was not kept to a smaller size, as well as the amount of time the project would take, especially analyzing the data. This was not appreciated by some members of the group and was seen as directing the research process. About half of the participants agreed with the practicum student.

During this phase of research, the practicum student focused on some of the positive things that were happening. For instance, it was obvious that the group was unafraid to raise issues, especially where questions of power and control were concerned. In participatory action research, it is important to keep all issues on the table because of power differentiations. Also, group leadership was developing as the group members were becoming more autonomous, and it was an opportune time for the practicum student to assume more of a consultative role with the group.

At the start of the next meeting the practicum student advised the group that she was moving out of the leadership position. She asked the group members if they wanted to choose a person to chair the group, and act as its leader. The group was in favour of this action and chose one of the members to lead the group. There was only one candidate nominated. The choice was unanimous.

Resources / Handouts

Deegan, P. (1988). The lived experience of rehabilitation. *Psychiatric Rehabilitation Journal*, 11 (4), 11 – 19.

Minister of Supply and Services Canada. (1988). *Mental health for Canadians: Striking a balance*. Ottawa.

Ralph, R.O. (2000). *Review of recovery literature: A synthesis of a sample of recovery literature*. Alexandria, VA: National Association of State Mental Health Program Directors; National Technical Assistance Center for State Mental Health Planning.

Phase Three- Developing and Defining Research Goals and Objectives

Objective

The objective of this phase was to outline the research goals and objectives of the project. Research goals are connected to the outcomes of the research – what one wants the research to accomplish. Research objectives are activities that must be done to accomplish goals (Barnsley & Ellis, 1992, p. 38).

Educational Sessions

By this point the group had already discussed many of its research objectives, so there was very little time spent on the educational content for this phase. Also, the group had familiarized itself with this concept during the first few meetings of the project when it had discussed the theoretical and practical implications of doing research.

The research goals had basically been laid out while working on the information matrix and the research assumptions. Building the goals and objectives of the project was more of an exercise in grouping common themes and deciding on what needed to be eliminated (Barnsley & Ellis, 1992, p. 38). The objectives were tied to how the information would be gathered. This was discussed during the educational component of this session.

Session Description

This was perhaps the phase that took the least amount of time, as everyone had very specific ideas of what the research goals and objectives were. Many of the objectives had already been defined during other meetings, so only one meeting was needed to hone this component of the project. The consumer researchers defined the research goals as:

1. To find out what recovering from a mental illness means to recipients of mental health services.
2. To find out where people receive information about recovery.
3. To find out what has been helpful to people and what some of the barriers to recovery have been.
4. To find out if recovery from a mental illness is recipient-driven

5. To understand how the mental health system can improve in assisting in recovery.
6. To understand how members of various professional associations (such as psychiatrists, psychologists, psychiatric nurses, and community mental health workers) understand the concept of recovery and how it relates to persons with a mental illness.

It was at this point that the research group began discussing using interviews to get the information that they required to answer these questions. Although most of the information could be gathered from recipients of mental health services, the group discussed the benefits of also consulting mental health service providers.

There had been quite a bit of discussion around what terminology the group wanted to use to describe persons who were receiving services from the mental health system. The consensus was to use the term “recipients of mental health services”, which was employed for the rest of the project

Consumer Researcher Group Issues

With new leadership, the group moved on very quickly. The newly acclaimed project Chair came prepared with an agenda and some new material on consensus decision-making, which he disseminated to the group. The new Chair’s agendas were different from the ones that the practicum student researcher had been making, which were in point form. The new Chair’s agendas were more explanatory, which was helpful to the group. The group was very focused on this phase of the research. Most members expressed a desire to move ahead to developing their research strategy. In spite of losing one member, there seemed to be some renewed enthusiasm at this point.

Practicum Student Researcher Issues

Having a consumer researcher take on a leadership role meant that more time would be spent meeting outside of the group time, as the practicum student had to meet with the Chairperson to organize meetings. However, these sessions, where agendas and research schedules were initially shaped, turned out to be extremely productive, as the Chair always had several interesting and enthusiastic ideas. The student researcher provided the new Chair with a copy of the Barnsley and Ellis (1992) reference guide for future planning. It was obvious to the student researcher that the Chair had a concrete understanding of the principles and process of PAR.

Resources / Handouts

The following resources were distributed during this research phase, mostly pertaining to the topic of recovery and the development of the literature review:

Anthony, W. (2003). The decade of the person and the walls that divide us.

Behavioral Healthcare Tomorrow, 23–26.

Highland Users Group. (2006). *RECOVERY – Our Thoughts on recovery and what helps us to recover from mental health problems*. WWW.HUG.ORG.UK.

Lunt, A. (2002). A theory of recovery. *Journal of Psychosocial Nursing and Mental Health Services*. 40 (12), 32 - 39.

Onken, S.J., Dumont, J.M., Ridgway, P., Dornan, D.H., & Ralph, R.O. (2002).

Mental health recovery: What helps and what hinders? A national research project for the development of recovery facilitating system performance

indicators (National Technical Centre for State Mental Health Planning, National Association of State Mental Health Program Directors).

Pitt, L., & Kilbride, M. (2006). Researching recovery from psychosis. *Mental Health Practice*. 9 (7), 20 – 23.

Young, S.L., & Ensing, D.S. (1999). Exploring recovery from the perspective of people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 22 (3), 219 – 231.

Phase Four – Deciding Which Data Gathering Tools to Use / Developing Data Gathering Tools

Objective

The objective of this research phase was to examine different data gathering tools and decide which one(s) to use for the project. This phase took six meetings due to the immense amount of material covered. Several phases overlapped during this phase of the project, including developing the data gathering tools and, to a lesser degree, the phase of determining the research samples and number of desired respondents.

Educational Sessions

These education sessions focused on learning about data gathering tools, including focus groups, interviews, surveys, and questionnaires, so that the group could make an informed choice about which data gathering tools to use for the project. The sessions also focused on designing interviews. Several resources were used for these sessions, including the two primary resources already identified. During this phase of the research

project, Patton's (2002) *Qualitative research & evaluation methods*, was invaluable to the lesson planning.

Session Description

Basically, the research team examined a number of research tools and commented on the usefulness of each one within the parameters of the research goals and objectives. Many of these tools were found in the Barnsley and Ellis (1992) guide. It took a fair amount of time for the practicum student to go through all the material with the group. Focus groups, interviews, and questionnaires were all given consideration for use in the project, and there was discussion of what kind of information might be useful and whether we needed to develop a face sheet for that purpose. We discussed the benefits of using a mixed method approach, but felt that the scope of the project was already getting too big to use more than one data-gathering tool. The members of the group knew that they wanted descriptive information, as they were inquiring about consumers' experiences in their recovery process and their experiences in the mental health system. They also wanted to use a format that would offer some consistency for comparative purposes, as they wanted to gather information from other sources as well. They discussed the benefits of creating a tool that could be modified for this purpose. The group decided that the one that fit best was a standardized open-ended interview format. According to Patton (2002), a standardized open-ended interview possesses the following characteristics: "the exact wording and sequence of questions are determined in advance. All interviewees are asked the same basic questions in the same order. Questions are worded in a completely open-ended format" (p. 349).

The committee also reviewed several strengths of this approach:

Respondents answer the same questions, thus increasing comparability of responses; data are complete for each person on the topics addressed in the interview ... Reduces interviewer effects and bias when several interviewers are used.... Facilitates organization and analysis of the data (Patton, 2002, p. 349).

The standardized open-ended interview could be used across the board with different samples, with some modification to the questions. After deciding on the research tool, the group spent two sessions refining questions based on the list of research goals. The first list of interview questions was designed for recipients of mental health services (Appendix V). This list of questions was then adapted for the other groups of respondents (Appendix W). An interview guide was also developed for the questions for recipients of mental health services (Appendix X), which provided prompts and probes for the prospective interviewer if the interview questions required explanation.

In addition to choosing which data-gathering tool to use and developing the actual instrument, several other things were happening with the research group during this time. One was the development of a literature review committee, which four members joined, including the student researcher. Another was the development of group interest in collaborating with other organizations, especially those that are consumer-driven. Members started doing more research outside of the project on organizations that had similar values and goals as the participatory action research project. The PAR committee members also consulted with Horst Peters, who provided information on the Canadian Coalition of Alternative Mental Health Resources, a new organization that was seeking involvement from people across the country to promote a consumer-driven mental health agenda, as well as to promote leadership for mental health consumers. Two members of

the group also took part in a national ‘webinar’, a national focus group where participants provided their responses to mental health related questions via the worldwide web. This project was headed by the National Network for Mental Health.

Consumer Researcher Group Issues

The group was very cohesive at this point and most members were extremely committed to the project. There was still one member who attended sporadically due to her / his mental health problems. Although this person missed most meetings, the group was extremely supportive of her /him. The members of the group maintained contact with each other outside of meeting times to organize and coordinate research activities.

Language was an important consideration for the consumer researchers during this phase of research. Members wanted to ensure that the questions for the recipients of mental health services were appropriately worded and easily understandable by the respondents. There was an assumption that most recipients of mental health services would be at least familiar with the term ‘recovery’.

Some members of the group became very focused on the action component of the project, and much discussion ensued as a result of all the dialogue around the issues developed in the matrix, especially issues around from whom the group wanted to receive information from. There was also some discussion of how members in the group felt they could fill some of the gaps by creating a consumer-run service that would assist other mental health recipients in navigating the mental health system after the research project was completed.

Practicum Student Researcher Issues

Working in an advisory capacity with the group, rather than leading or facilitating, provided an opportunity for the student researcher to examine the group from a different perspective. It was clear that the group could become much more autonomous, as the individual participants were highly skilled and very motivated. However, due to the nature of the educational sessions and the amount of material the group needed to peruse for this phase, the student researcher still played a major role in the meetings, but mostly as an educator and consultant, rather than a leader. The student researcher changed her seat to a neutral place, rather than at the head of the table.

Resources / Handouts

Several handouts were distributed during this phase of research, including examples of research tools from Barnsley and Ellis (1992):

Barnsley, J., & Ellis, D. (1992). *Research for change – Participatory action research for community groups*. Vancouver: The Women's Research Centre.

Work Group for Community Health and Development, University of Kansas. (2006). "Basics of conducting focus groups" in *Community Tool Box*, (<http://ctb.ku.edu>).

Work Group for Community Health and Development, University of Kansas. (2006). "General guidelines for conducting interviews" in *Community Tool Box*, (<http://ctb.ku.edu>).

Phase Five – Determining Research Sample(s) and Size of Sample(s) and Development of a Recruitment Strategy

Objective

The objective of this phase was to choose research samples and decide on the number of interviewees for the project. This phase was the culmination of several weeks of debate over how many respondents the research committee wanted to interview and from what groups of individuals, other than recipients of mental health services, the group wanted to receive information.

Educational Sessions

The educational sessions became more informal as the project progressed, and by this point were mainly discussion-based. Deciding on who the informants would be and how many informants were needed were questions that had been debated for some time prior to the educational material on determining a research sample. Therefore, the educational session focused on examining sampling strategies and rationales for choosing different samples. Two resources were utilized for this purpose – Patton's (2002) *Qualitative research & evaluation methods*, and Barnsley and Ellis (1999) *Research for change: Participatory action research for community groups*.

Questions that were examined in the educational discussion were, "What did we need to know? Who were the best people to get the information from? How much time and resources did we have for this project?" Also, because the group had discussed its interest in procuring information from different stakeholders in the mental health system, another question the group members had to ask themselves was, "Who do we know?"

Another aspect of the educational component was a discussion of what key informants are. The student researcher explained the role of key informants to the group and the characteristics of key informants – that they are selected because of what they know about others and their connection to members of their professional association.

Session Description

The consumer researchers chose purposeful sampling as their strategy for recruitment, as specific information was needed regarding experiences in the mental health system.

Recipients of mental health services were the main participants. The research group agreed to interview up to twenty recipients. Eligibility would be based on tenure as a service recipient in the mental health system, as well as being over eighteen years old. Respondents had to be consenting adults with at least one-year experience receiving services from the mental health system.

In addition to mental health service recipients, the research group wanted information from professionals who were direct service providers in the mental health system. After much debate, they chose to interview key informants from the medical system and the community mental health system.

Key informants are people who are particularly knowledgeable about the inquiry setting and articulate about their knowledge – people whose insights can prove particularly useful in helping an observer understand what is happening and why.... Key informants must be trained or developed in their role, not in a formal sense, but because they will be more valuable if they understand the purpose and

focus of the inquiry, the issues and questions under investigation, and the kinds of information that are needed and most valuable (Patton, 2002, p. 321).

The medical key informants were composed of one representative from each of psychiatry, psychiatric nursing, and psychology. The research group discussed people they knew or knew of from these areas and put forward names of potential respondents. The group agreed on the first names that were suggested from each area. The other group of key informants was from the area of community mental health. The recruitment choice was the same as for the key informants from the first group. Originally, three requests were made to representatives from community mental health. However, one invitee did not respond.

It was decided by the whole group that recipients of mental health services would be recruited by distributing information about the project to several Winnipeg mental health agencies and at FACES, where all the self-help mental health organizations in Winnipeg are located. Approximately one hundred and fifty information sheets with attached fax forms were printed and distributed (Appendix P). Letters were sent to several executive directors of community mental health organizations requesting assistance in distributing the recruitment information to mental health consumers by posting the notices at their agencies (Appendix R). Fourteen responses were received within two weeks. The first twenty recipients were booked for interviews with available interviewers (all consumer researchers).

Letters providing information about the project and requesting interviews were also sent to all six potential key informants (Appendix Q). The letters, signed by the practicum student, explained the purpose and process of the research, as well as the definition of

key informants. Prospective respondents were informed that the letters would be followed up by a telephone call from one of the consumer researchers within one week of receipt. All but one of the chosen key informants agreed to be interviewed by a consumer researcher. As previously mentioned, one prospective respondent from the group ‘community mental health workers’ did not respond to messages left requesting participation.

Consumer Researcher Group Issues

During this phase of the research project, there was much discussion and debate on who to interview and how many respondents should be interviewed. All of the PAR committee members agreed that recipients of mental health services would be the prime targets for information, as the interview questions were designed to elicit information on recipients’ perceptions of recovery from mental illness. The consumer research group also expressed an interest in receiving information from other stakeholders, as there was a research assumption that service providers were not really hearing what patients / clients were telling them about their experiences in the system.

One thing that took up a lot of time was the discussion of how many groups of key informants the group would try to interview. There was discord among group members over whether politicians and academics should also be interviewed. This would have doubled the number of interviews of key informants, and some members felt that this would be too much work in the remaining phases of the project – interviewing, transcribing and analyzing. A vote of all committee members indicated that the size of key informant respondents should be limited to six, so politicians and academics were excluded from the study.

One member of the consumer research committee was unhappy about the discord, feeling that the group was wasting time arguing. This member decided to quit the group at this point. Attendance was also a problem with two other members, due to mental health reasons. The consumer group membership was down to six.

Practicum Student Researcher Issues

This phase represented one point where there was quite a bit of difference of opinion between the student researcher and some of the consumer committee members. The student did not agree that so many groups of key informants should be interviewed and focused discussion on what the group was trying to accomplish in the project. The student researcher did not feel that politicians would give an audience to the group on two occasions so asked the group who it wanted to deliver the information to in the action phase. Some members believed that there would be no problem getting an interview in addition to an opportunity to present the findings to politicians. This created some discord in the group, as some members agreed with the student while others did not. In keeping with the principles of PAR, the student researcher left the decision up to the consumer group, who wanted to vote on this issue.

Resources / Handouts

Patton, M.Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, California: Sage Publications, Inc.

Canadian Mental Health Association, Winnipeg Region. (2006). *Mental health resource guide for Winnipeg, Tenth edition*. Winnipeg, MB: Canadian Mental Health Association, Winnipeg Region.

Deegan, P. (1990, October). *How recovery begins*. Paper presented at eighth annual conference of Alliance for the Mentally Ill of New York State.

Phase Six – Research Ethics Protocol / Sample Recruitment / Literature Review / Action Planning

Objectives

The objective of this phase was to complete a submission to the University of Manitoba Psychology / Sociology Research Ethics Board (REB), and (while awaiting approval) to learn interviewing skills and techniques (see next section). Some of the sessions in this phase overlapped with the previous phase, as planning for the REB submission had to take place before final decisions were made about recruitment. Also, work on developing the literature review for the final report was initiated during this phase, as well as developing strategies for action planning.

Educational Sessions

The educational sessions for the REB submission were mostly hands-on, as the student researcher and consumer researchers worked together to develop the submission. There was a large discussion on research ethics as it applied to researching vulnerable populations (however, the research group had been discussing issues of confidentiality since the beginning of the project). The practicum student and the consumer researchers spent much time examining the REB ethics “Guidelines”, as well as REB “Protocol Submission Form”, which outlines basic questions about the project.

The educational sessions were largely based on examining the questions about the project on the ethics protocol submission form and discussions regarding the implications of the

concept of informed consent. This was especially important, as the consumer researchers were going to be responsible for the data gathering; therefore, they needed to be able to explain this process, as well as the rationale, to all respondents prior to asking them to sign the informed consent forms.

The student researcher also spent time during this phase of research developing educational sessions for doing a literature review for the project. This involved working with the committee to develop a bibliography, as well as developing an outline of the report. Educational sessions were based on learning how to do library searches, researching material on recovery from mental illness (consumer perspectives and mental health professional perspectives), as well as learning how to develop an outline for and how to write a research report.

The Chair of the action planning committee presented the educational sessions for the action component of the project. With minimal input and resources from the student researcher, the Chair presented the group with several strategies for the action phase, including possible presentation methods for the research project: power point presentations, verbal presentations, focus groups, group forums, written reports, media presentations, interviews, and press releases. The group discussed the potential impact of these forms of presentations.

Session Description

After the samples and sample sizes were determined, the research group worked together to develop the submission to the University of Manitoba Psychology / Sociology Research Ethics Board. Upon approval from the REB, recruitment took place. This entire

process took over one month, as one submission plus an elaboration on some questions were required. The group practiced interview skills while awaiting REB approval.

The student researcher and the consumer researchers worked hand in hand to put together the main section of the REB submission. This included: writing a summary of the research project, including purpose and methodology, as well as describing and presenting all the research instruments that were employed (interview schedule for recipients of mental health services (Appendix V), interview schedules for key informants of mental health service providers and interview schedules for key informants of medical professionals (Appendix W). We also had to include a description of the study subjects and recruitment processes (Appendix S), copies of informed consent forms for all three subject groups (Appendix O), an explanation of whether using deception was being employed in any part of the process, the risks and benefits to participating subjects, and whether any compensation would be made to respondents (Appendix S). Letters to key informants (Appendix Q) and scripts for respondents (Appendices T & U) also had to be included in the REB submission.

This phase of the research project was one of the longest in terms of time consumption, as each part of the application to the REB was composed collaboratively. The practicum student was responsible for compiling the parts of the application and submitting it to the university.

After the research topic and subjects were chosen, the literature review committee and the action planning committee started to meet. Meetings for the literature review committee were held separately from the full group meetings, as not everyone in the group wanted to participate in this part of the research. Everyone in the group wanted to be a part of action

planning decisions, so the action planning committee did not become separate from the overall committee. Because of this, the action planning committee's work was integrated into regularly scheduled meetings. The Chair of the action planning committee began to integrate ideas of possible presentation alternatives into the meetings, as well as investigating the usefulness of initially presenting to members of the key informants' associations. There was also discussion of making presentations to government ministers and deputy ministers, university psychology professors and students, the general public, mental health organizations, and, as stated by the chair of the committee, "other consumer-based groups that may be interested in joining us to further our concerns pertaining to present mental health care procedures".

Recruiting potential respondents was a joint responsibility between the consumer researchers and the student researcher. The student researcher had to sign and distribute the letters to key informants, as well as contact any interested consumer respondents who answered the advertisement, to explain about the project and arrange for an interview. Members of the consumer group chose which key informants they wished to interview and those group members were responsible for follow up telephone calls to their respective interviewee(s) to arrange convenient meeting times. A schedule was created for interviewer availability.

Consumer Researcher Group Issues

Some members of the consumer researcher group expressed concern that this part of the research process was taking too much time. Some also raised concern that because the REB submission was a requirement of the university, the control of the project was moving away from the group. The group became even more disenchanted when the first

submission to the REB was held up because some concerns required addressing. The frustration of the group was directed toward the university, as the group had been collectively satisfied with the original submission, especially considering the amount of work that went into producing it. One of research members' biggest concerns was that the REB questioned why their names were cited in the letters sent to key informants, and what scientific objective was served by the decision to include them. This had been discussed at length during the preparation of the submission; the consumer researchers, understanding that they were full partners in the research project, desired credit for their participation.

Practicum Student Researcher Issues

The practicum student was also concerned about the amount of time that it took to process the application for the REB. The practicum student responded to the issues raised by the group regarding the REB submission by discussing informed consent in a generalized manner and by providing examples of non-university research projects that also required informed consent.

One of the biggest concerns for the student researcher was that the names of the consumer researchers could not also be included as principal researchers in the REB project information form, as they were not associated with the university. The practicum student discussed her concern with the consumer researchers, but all members stated that this was not a concern for them. They did want their names included in the letters that were to be addressed to the key informants, and were not concerned about their own confidentiality. They felt that it was important to let the key informants know who the

researchers were in case of any conflicts of interest regarding service provision. They had already discussed wanting to have their names published in the final report, as well.

Resources / Handouts

Corrigan, P.W., & Ralph, R.O. (2005). Introduction: Recovery as consumer vision and research paradigm. In P.W. Corrigan & R.O. Ralph (Eds.), *Recovery in mental illness: Broadening our understanding of wellness* (pp. 3 – 17).

Washington, DC: American Psychological Association.

Davidson, L., Sells, D., Sangster, S., & M. O’Connell. (2005). Qualitative studies of recovery: What can we learn from the person? In P.W. Corrigan & R.O. Ralph (Eds.), *Recovery in mental illness: Broadening our understanding of wellness* (pp. 147 – 170). Washington, DC: American Psychological Association.

Loveland, D., Weaver Randall, K., & P. Corrigan. (2005). Research methods for exploring and assessing recovery. In P.W. Corrigan & R.O. Ralph (Eds.), *Recovery in mental illness: Broadening our understanding of wellness* (pp. 19 – 58). Washington, DC: American Psychological Association.

Phase Seven – Data Gathering / Transcribing

Objectives

The objectives for this phase of the research project were to gather and transcribe the data acquired. Before these activities, while awaiting approval from the REB, the group spent three weeks practicing interviewing skills.

Educational Sessions

There were several educational sessions for the data-gathering portion of the project, mostly in the form of practicing interview skills. Everyone in the group had an opportunity to practice, except one person who was absent for a few weeks during this time due to mental health issues. The interview practice sessions were very formal. Members of the group practiced on each other. Most members had an opportunity to be both interviewer and interviewee. At the beginning, the group members who were interviewing used flip chart notes posted beside them for prompts. Having completed the submission to the University of Manitoba Research Ethics Board, the group was familiar with explaining confidentiality and informed consent. One of the group members developed a script for the interviews with mental health recipients (Appendix Y), which the group used. The members did interview simulations, taping each interview. The rest of the group members took notes while they listened to each interview. After the interview practice, the interviewee provided feedback about how the experience was for him / her. Then, the interviewer had an opportunity to debrief. After, the group offered feedback to the interviewer.

Session Description

As explained above, members of the group spent approximately three weeks honing their interviewing skills through practice. The group was very self-directed during this time, requiring very little formal input from the student researcher. The Chair, with assistance from the student researcher, had prepared agendas for all the meetings during this period, as other business also required tending to, including feedback from the REB and

commencing work on writing the literature review for the report. The group also wanted to continue to meet to discuss the action plan.

All mental health recipient interviews occurred at FACES. Four group members (excluding the student) were involved in interviewing, with one person taking the lion's share of the task because of availability. The interviews with the mental health recipient respondents were scheduled by the student researcher, as she had to ask respondents if they met the eligibility criteria proposed by the research committee and approved by the REB. A script was prepared for this purpose (Appendix T). In total, fourteen recipients of mental health services responded to the advertisements for recruitment. All were scheduled to be interviewed for the project over a span of three weeks. Four persons did not show up for their interview and did not respond to follow-up telephone calls. In total, ten recipients of mental health services were interviewed for the project.

Each key informant was contacted directly by the consumer researcher who would be interviewing him or her. The consumer researchers also had to use a prepared script for this purpose, explaining that agreeing to meet did not imply consent to participate in the interview (Appendix U). Each interview was scheduled by the consumer researcher and all except one took place at the offices where the key informants worked. As stated earlier, one key informant from the group 'community mental health workers' did not respond to requests for participation in the project.

During this period, the group met at scheduled times, but in a far less formal structure, to debrief and discuss the data gathering. Members of the group discussed the data that they were receiving and how closely the information related to their research assumptions.

Transcribing also took place while the data were being gathered. The group was very fortunate to have one member who was extremely proficient at this task. Although parts of the transcribing were done by all of the committee members except two, this one committee member transcribed approximately seventy percent of the interview tapes. The interviews were transcribed verbatim.

Consumer Researcher Group Issues

The consumer researchers raised several issues while preparing for the data-gathering phase. Most of these were concerned with providing a safe environment for the respondents who were recipients of mental health services. They wanted to ensure that the respondents would not experience any trauma from participating in the research project. This concern stemmed from their own experiences of discussing recovery when they were practicing the interviews. Some of the consumer researchers found it difficult to answer many of the questions due to the intensity of the subject, and discussing their life experiences in this way reopened wounds. They wanted to ensure that some support would be in place for respondents, and discussed alternative methods of providing this. It was decided that, because there were no professional therapeutic supports available at FACES, the interviewer would offer some numbers that respondents could call if they needed assistance after the interview. The interviewer would also suggest to the respondent that they might contact their mental health worker, if they had one, if they were feeling like they required post-interview support. Numbers of the Klinik Crisis 24 Hour Line and the Winnipeg Regional Health Authority's Mobile Crisis Unit were distributed at the end of each interview, as well. In addition, a script was prepared by one of the consumer researchers, which employed supportive language, and was meant to

create an atmosphere of comfort for the interviewees. This script was not a part of the requirements for the REB submission.

The consumer researchers were also concerned about each other possibly experiencing vicarious trauma as a result of interviewing other mental health recipients. To remedy this they decided to have a back-up person from the group as a support for each interviewer. This person would not be present at the interview, but would be in house if needed. This would also ensure that there would be someone to debrief with after each interview. The group did not see a similar need for debriefing after key informant interviews.

The members of the group met with an outside person who was involved in community development to discuss possible connections and funding opportunities for potential projects following the research. The group members were interested in receiving ideas about how to start a consumer-operated service. Specifically, they were talking about ways in which consumers could assist people with mental health problems to navigate the mental health service system, an issue that was particularly important to one member of the research committee. The practicum student arranged for the group to meet with someone that she knew who was involved with community development and who had knowledge of mental health issues, as well as some experience forming a consumer-run business in a rural community. The group received some interesting information at this meeting; however, as it did not apply to the research project, decided to put this information “on the backburner” until the conclusion of the project.

The one member that had quit the research project the previous month returned at the request of another group member. This committee member had expressed dissatisfaction

at how slow things were progressing when she / he had left, but was now satisfied that the project was moving at a faster pace.

Practicum Student Researcher Issues

The student researcher was in contact with all group members throughout this time and attended all the meetings; however, the role of the student researcher was more of coordinator and supporter. This was a period of much activity for the entire group. As a coordinator and supporter, the student researcher had to ensure that all logistical considerations were addressed. The student continued to work closely with the Chair to prepare agendas for each meeting. In addition, the student researcher and the Chair worked hand in hand to prepare all materials for the interviewing sessions. They developed a system where interview respondents were given a code number for identification. Each number corresponded to a package that contained everything that was required for each interview: two copies of the informed consent form, script (to be read by the interviewer) explaining informed consent, a copy of the interview schedule, a copy of the interview guide, a blank tape (numbered), and a copy of the crisis line contact numbers to give to the interviewee. When the student researcher contacted the consumer researcher to schedule the interviews with the recipient respondents, the student provided the interviewer with the number for the recipient, and the interviewer used the package with the corresponding number for that interview. All the envelopes were stored in a locked filing cabinet at FACES, which was accessible to the group. After the interview, the envelope was sealed. This system helped the group stay organized when so many people were doing interviews.

The student researcher was able to listen to the interview tapes before they were transcribed. All of the interviewers had closely followed the interview format. It was obvious that the information that they were gathering was important, and that the interviewers were doing an excellent job. The student researcher was impressed with the patience of the interviewers; they listened intently while interviewees answered the questions and told the stories of their experiences living with a mental illness. For the most part they remained unbiased, and even explained the necessity of remaining unbiased to the interviewees. They asked only the questions that were listed on the interview schedule, and elaborated only when asked to explain or clarify a question. Predominantly, the practicum student noticed that the interviewers were able to quickly develop a rapport with the interview respondents. This may have been due to the fact that interviewees knew that the people interviewing them had possibly shared similar experiences. This connection may have made it easier for respondents to tell their stories. Patton (2002) states that interviewing people is:

... invigorating and stimulating, (and creates) the opportunity for a short period of time to enter another person's world. New worlds are opened up to the interviewer on these journeys ... To be a good interviewer you must like doing it. This means being interested in what people have to say. You must yourself believe that the thoughts and experiences of the people being interviewed are worth knowing. In short, you must have the utmost respect for these persons who are willing to share with you some of their time to help you understand their world (pp. 416 – 417).

The interviewers were both respectful and sensitive to the respondents. They seemed able to push for information when needed while maintaining a comfort level for the respondents. They often told interviewees to take their time while answering, not to worry if they could not remember something – that they could come back to it, as well as reinforcing to interviewees that they understood how difficult it must be to discuss some of the issues connected to the respondents' recovery. Patton (2002) discusses the importance of sensitivity to these issues as paramount to qualitative research (p. 415).

At one point during this research phase, the practicum student had to be absent for a week due to a death in her family. The group functioned without any difficulty, assuming all responsibilities. By this stage it became apparent to the practicum student that the group had progressed through stage five and six of Johnson & Johnson's (2000) seven stages of group development – “committing to and taking ownership for the goals, procedures, and other members” and “functioning maturely and productively” (p. 31). During the commitment and ownership stage:

... dependence on the coordinator and conformity to the prescribed procedures are replaced by dependence on other members of the group and personal commitment to the collaborative nature of the experience. The “changing hands” from the coordinator's group to our group that began in the previous stage is finalized in this stage. The group becomes “ours” rather than “the coordinator's”. Group norms become internalized and group members enforce the norms on themselves. Motivation becomes intrinsic rather than extrinsic. Members become committed to the procedures and accept responsibility for maximizing the performance of all group members. Group members also become concerned about each other's

welfare, provide support and assistance, believe that they can rely on the support and assistance of other group members, and truly become friends (Johnson & Johnson, 2000, p. 33).

The group shifted to autonomy during this phase, using the practicum student only for collaboration or consultation purposes. Members of the group often spoke of the practicum student as an equal partner in the research process. In terms of being concerned about each other's welfare, and receiving support from other group members, this group had achieved that aspect much earlier in the process. This is possibly due to the amount of time the group spent initially discussing their issues at the beginning of the research process and the members' connection to mental health problems.

As discussed by Johnson & Johnson (2000):

(When a) group achieves maturity, autonomy, and productivity, a group identity emerges. Group members work together to achieve a variety of goals and deal with conflict in constructive ways. Group members clearly collaborate to achieve the group's goals while ensuring that their relationships with each other are maintained at a high-quality level. The coordinator becomes a consultant to the group rather than a directive leader. The relationships among group members continue to improve, as does the relationship between the coordinator and the members. (p. 33).

This was true for the participatory action researchers. Part of the reason for this could have been due to the fact that as a PAR group, autonomy was an expectation. Group process in a PAR setting was addressed throughout the course of the project and was

often a subject of dialogue. This may have created a more trusting relationship between the consumer researchers and the practicum student.

Resources / Handouts

Patton, M.Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, California: Sage Publications, Inc.

Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York, NY: New York Teachers College Press.

The group used Patton's (2002) exhibit page, titled "Tips for Tape-Recording Interviews: How to Keep Transcribers Sane" (p. 382), from *Qualitative research & evaluation methods* as a practical guide for interviewing. In addition, all members of the group read and discussed a chapter on interview technique from Seidman's (2006) *Interviewing as qualitative research – A guide for researchers in education and the social sciences* (pp. 78 – 94).

Phase Eight - Data Analysis and Report Preparation

Objective

The objective of this phase was to analyze and interpret the data from the interviews of the mental health recipient respondents and the key informant respondents, as well as to write a report describing the research process and findings

Educational Sessions

The educational sessions for this phase began as the data started to come in, and while transcription was taking place. The student researcher prepared two sessions to go through the different phases and types of analyses, using the Barnsley and Ellis (1999) manual, and the Patton (2002) text as primary guides. The first session was more structured, as the material was new to most of the consumer researchers. The student initially discussed data analysis as it related to the framework of participatory action research. According to Patton (2002),

Action research reporting... varies a great deal. In some action research, the process is the product, so no report (is) produced for outside consumption. On the other hand, some action research efforts are undertaken to test organizational or community development theory and therefore require fairly scholarly reports and publications. Action research undertaken by a group of people to solve a specific problem may involve the group sharing the analysis process to generate a mutually understood and acceptable solution with no permanent, written record of the analysis... The rigor, duration, and procedures of analysis will vary depending on the study's purpose and audience (p. 436).

The committee members had discussed the purpose of the research right from the beginning of the study, and a written report discussing the process and the findings was something that they wanted to leave with groups like government officials. They also wanted to use the project as an example for possible future funding opportunities, so they agreed that a more rigorous analysis of the data was necessary. The educational sessions were based on this.

The student researcher presented two options for analysis of the data in the educational sessions, the case study approach and the analytical framework approach (Patton, 2002, p. 439). The student explained that the case study approach was more conducive to analyzing the data from the key informants, as the basic unit of analysis was each distinct group. The student researcher explained how the data from each key informant group could be written up in the report, and then compared and contrasted with the other key informant groups, as well as with the recipients in the final analysis. Analysis of the data from the group of mental health recipients could be undertaken within an analytical framework approach, as it could be examined and compared question by question. “Responses to interviews can be organized question by question, especially where a standardized interviewing format was used... Responses to ... questions would be grouped together (Patton, 2002, p.439).” The student researcher explained the concepts of pattern, theme, and content analysis to the group, and used examples from the transcripts to display how this process could be used to analyze the data. The student researcher also discussed how the findings would be incorporated into a final research report.

Session Description

The group had planned to analyze the data as it came in. Doing this allowed us to see if any emergent patterns were evident, as well as keeping close attention to whether we were missing important data. As transcripts were being created simultaneously, we had to rely on the interviewers for most of the preliminary information, although we also listened to some of the taped interviews together. During this time there was much discussion about how the data compared to the research assumptions developed at the

beginning of the project. It was evident that committee members shared several experiences with the mental health recipient interviewees. The committee members also discussed what they were learning from the interviewees that differed from their own experiences.

Completed transcriptions of interviews were distributed to the committee members so that each person could make his or her individual notes. Particular caution was taken to ensure that there was no identifying information on any of the transcripts. When all of the interviews were transcribed they were distributed, and the committee broke into two teams for the next phase of analysis. Initially, one team took the key informants, as those transcripts were ready earlier than those from the service recipient respondents. This group was able to meet right away and chose to meet for long periods of time to accomplish this task. The key informant analysis was different from the service recipient respondents in that there were only five interviewees representing four professions. The group had decided to use a narrative technique to discuss the analyses of the key informants in the research report, so each narrative was written after the individual key informant analysis. The key informants from the medical professions had only one representative each, so there was no cross-case analysis required during the initial phase. As there were two representatives from the community mental health group, those interviews had to be analyzed together to interpret common themes. Key word analysis was used for this process. After all the key informant narratives were written they were compared to each other. After the analysis of the mental health recipient group was complete, the key informant's responses were compared to that group.

Analysis of the mental health recipients' data was more complex because of the volume of material. In total, ten mental health recipients were interviewed. Some transcripts were also substantially longer than others. The two sub groups of researchers divided up the questions and met separately for the most part while analyzing the data. Both groups worked within the analytical framework approach, identifying patterns and themes. Eventually, as it did not take the group analyzing the key informants' data as long, the whole research group worked together to finish analyzing the data from the mental health recipient respondents. Members of the group also made a list of relevant quotations that they felt might be useful for the report or for presentations. They reviewed the original research assumptions to see if there were any links, and added that to their analysis. They also triangulated their findings with findings from other similar projects that they had studied for the literature review. A cross-case analysis was done with the data from the key informants to further enrich the study.

Writing the report was a group effort. Initially, the committee members of the sub committee did the most work on it, including creating an outline for discussion and writing up the literature review. The chair also became involved in the report writing, and ended up writing a large portion of the final report. The report is near completion at this time.

Consumer Researcher Group Issues

In spite of the group consensus to incorporate a more rigorous analysis into the project, some of the consumer researchers complained that the educational sessions for the data analysis phase were onerous, and that they were too theoretically based. There was also some controversy about employing language that one consumer researcher thought was

particularly insulting to consumers, as it was heavily used in the mental health system. This was the term “case study”. The consumer researcher was adamantly opposed to using this term to describe the analysis of the key informants, although he was not opposed to the analytic strategy itself. Some members of the group supported his view. It was agreed by the whole group to use the term “narrative” to describe the process in which the key informants’ data would be written up.

This segment of the research took the longest time – almost two months – as there was so much material to analyze. Also, because the transcription had been such a time-consuming task, there was a sense of fatigue within the consumer researcher group. Two of the consumer researchers were absent for a large portion of this part of the project. This resulted in a lack of continuity to a certain degree; however, the main core of six researchers (including the student researcher) compensated for these absences. In spite of this lull in the actual mechanics of the project there was still much enthusiasm, especially because the consumer researchers could see the value of the data that they had collected and how it could be used for the action phase. They also understood that inclusion of everyone in the group may have contributed to the slow process, as interpretation of the data often took a long time, especially when people disagreed or differed in their interpretation. During these times, challenging each other was encouraged, and was considered a natural part of the process.

Practicum Student Researcher Issues

At this point the role of the student researcher vacillated between instructor / consultant and co-participant. The student was also involved with the report writing, as this was accomplished within the group format. The educational sessions had to be modified from

the student's original approach, which was more didactic in nature due to the content of the material. First, the practicum student had to avoid an overdependence on academic resources for the educational sessions, and start using examples from our own research project to explain the nature of data analysis. As this phase of research was the weakest in terms of the student's overall research knowledge base, the student had mostly relied on academic resources for the educational sessions. The student researcher started incorporating the instructional parts of the meetings into the regular meeting times, to make them less formal. The student researcher also had to be cognizant of not employing too much academic jargon, as the consumer researchers had expressed some disapproval with the language of the educational sessions. This was not a problem, as negotiating language had become commonplace during the entire research process.

During this time the student researcher had to emphasize to the group that it needed to stick to the data that it received from the respondents, and for the members to avoid using their own opinions when interpreting the data. The student researcher also had to ensure that she was not interpreting the data from her own position of community mental health worker. The research committee had to find a balance where the findings from the research participants' perspective could be presented, but where the researchers' voice was still included. The practicum student was perhaps too cautious when explaining how the data should be interpreted, and experienced some difficulty separating the two. It was not until the research team wrote up its findings, including its recommendations, that the practicum student was able to see how valuable the researchers' voice was, and that including the voice of the researchers, as well as the respondents, was integral to the philosophical underpinnings of participatory action research. .

Resources / Handouts

Barnsley, J., & Ellis, D. (1992) *Research for change – Participatory action research for community groups*. Vancouver, BC: The Women's Research Centre.

Patton, M.Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA Sage Publications, Inc.

Trainor, J., Pomeroy, E., & B. Pape. (2004). *A framework for support: Third edition*. Ottawa, ON: Canadian Mental Health Association.

Ad hoc Committee on Mental Health to the Provincial Council of Women of Manitoba, Inc. (2006, November). *The way we see it: A discussion paper which examines perspectives of families and clients within the current mental health system in Manitoba*.

Phase Nine - Action

Objectives

The objectives for this phase were learning how to take action on the research through the dissemination of research findings and disseminating the research findings.

Educational Sessions

There were no formal educational sessions for this phase. Rather, the student researcher worked closely with the Chair of the action planning committee and the consumer researcher group throughout the project to develop a plan for action that would adequately describe the scope and process of the project, discuss the research findings, and offer recommendations for changes within the system. The student researcher

provided material directly to the Chair of the action planning committee, who was responsible for explaining and disseminating the material to the group.

The student researcher was initially responsible for explaining the concept of action to the group early on in the project, and discussion of the how the action on the research findings would be actualized ensued for the entire project. Some of the questions that were used for discussion were: Who do we want to reach with our findings, and why? Will we need to create a report? If so, how will it be written? Who will benefit from the information we will gather? How can we promote ourselves? From the outset, creativity was stressed, as action research can be disseminated through several media (Barnsley & Ellis, 1992, p. 66).

Session Description

Planning for the action phase of the project was ongoing, and remains so. In participatory action research planning is usually done in advance, and adjustments are made throughout and at the completion of the project (Barnsley & Ellis, 1992, p. 65). It is also important to focus on the intervention, or the process of participatory action research, as part of the action plan.

During the initial phases of research, ideas were being generated by the whole group in terms of where the members wanted the action to be directed. Most of the consumer researchers were disenchanted with some or several aspects of the mental health system or had experienced institutional or societal discrimination due to having a mental illness. The mental health system and its key stakeholders provided the main target for the initial action planning, including recipients of mental health services and their families,

administrators and practitioners in mental health service agencies, psychiatrists, psychologists, and other hospital workers, including psychiatric nurses. The group agreed from the beginning that it wanted to discuss its findings with provincial politicians, those in power and those from opposing political parties. There was also discussion of taking the research findings to colleges and universities. A copy of the report will also be sent to the Honourable Senator Michael J. L. Kirby, Chair of the Senate Standing Committee on Social Affairs, Science and Technology. The Committee recently produced the report, *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada* (2006).

Thus far, the group has made three formal presentations to the mental health community, one presentation focusing solely on the process of action research and the experiences of mental health consumers' participation in shared decision making (Appendix Z). This presentation took place at the Canadian Mental Health Association (CMHA) Manitoba Division regional meeting, which was attended by board directors and executive directors representing the Manitoba CMHA regional offices. Following that presentation the research group was offered an opportunity to travel north to the Burntwood region to make presentations in several different northern Manitoba locations, including Thompson, Flin Flon, and Snow Lake. In addition, the group has been asked to do presentations at several northern First Nations communities, as well as Inco Mines. The researchers have also been requested to present their research findings to the Manitoba Psychological Society, as well as the Winnipeg Regional Health Authority, and the group has already made a presentation of the preliminary findings at the annual general meeting

of CMHA Winnipeg Region (Appendix AA) and the Annual General meeting of CMHA Manitoba Division (Appendix AB).

Consumer Researcher Group Issues

The consumer researchers were invested in this phase of the research right from the inception of the project. Everyone was pleased to be advancing the profile of mental health issues, especially articulating the voice of persons experiencing mental illness. The consumer researchers were enthusiastic about creating social change through research, and making a difference to their communities. Taking part in this research also provided an opportunity for some of the consumer researchers to reconnect with the mental health community and work in developing relationships with other consumers in the mental health community.

During the project there was much discussion of some of the researchers continuing to work together in a helping capacity. As the Chair of the action planning committee had several years of business experience, he was very committed to the idea of creating a service that would assist persons with mental health problems to navigate the system. This service would be consumer-driven. Although not all members are interested in pursuing this, the Chair of the action planning committee has some support from the group and has potential support from members of some of the self-help groups at FACES, including some of the people who were interviewed as respondents for the project.

Practicum Student Researcher Issues

The student researcher's focus during this phase of the project was predominantly consultative and supportive. Although the practicum student assisted in putting the power

point presentations together, the consumer researchers assumed full responsibility for delivering the presentations. As previously stated, discussions about the action phase of the project were ongoing from the outset of the process. Therefore, the student's focus was basically on capacity building throughout each phase. Ideas for the action piece were created the same way that most decisions were made – through group consensus. The consumer researchers had several ideas about how to pursue the action phase, and there was very little need for the student researcher to offer anything else other than ongoing support and consultation regarding potential audiences.

Validity and Researcher Bias in Participatory Action Research

Due to the nature of participatory research the student had to spend time throughout the process focusing on addressing the possible limitations of this approach in terms of validity and researcher bias. The student emphasized that PAR does not have to be non-scientific and does not have to use non-traditional tools. The student followed the research design closely while teaching and explaining each research phase, and this helped, although at times it may have been too formal. The focus was on knowledge of the research process, and it helped that everyone was involved in most aspects, as this contributed to good general knowledge. There was much discussion of maintaining validity in the research project from the beginning, as both the consumer researchers and the practicum student felt that the research methodology (PAR) could be suspect because of its untraditional nature of non-professional involvement.

There was also much discussion regarding ethics from the beginning of the project, as well as discussions around how important it was to draw recommendations from the data that were generated, rather than just from the group's research assumptions. Sampling

was done purposefully for information richness (Patton, 2002, p. 230). When designing the interview questions the group was cautious to ensure that the open ended interview questions were not leading in any way. Consistency was also maintained by asking the same questions of the mental health recipients and the key informants. Much time was spent preparing for the interviews, which helped the interviewers avoid many pitfalls such as being too biased when questioning. They received adequate feedback from practicing prior to the actual interviews from the other researchers, including the practicum student. The interviews were all taped and transcribed verbatim, so it would have been evident if any of the interviewers were posing leading questions or directing answers. Triangulation was used in the data analysis by working in teams.

CHAPTER FOUR – EVALUATION

Introduction

This chapter provides information regarding the evaluation of this participatory research project, as well as an explanation of the instruments employed to accomplish this task. In addition, the learning objectives of the practicum student and the assessment of progress toward those objectives are discussed. The rationale for data gathering and analyses are also addressed. Both qualitative and quantitative instruments were chosen to measure the success of the intervention to ensure as much rigor as possible. The intervention, as well as the usefulness of the knowledge produced by the research, was evaluated.

Part I - Evaluation of Student's Learning Objectives

The next section will discuss the practicum student's learning goals and the steps taken to achieve these goals. Data gathering tools will be discussed in this section, as well as the findings from the student's journal, the Student Supervision Form, and the Post-Intervention Organizational Interview. These tools were developed to measure the student's progress in project management, research management and research team coordination within a participatory action research framework, as described in Chapter One, Table 1. This section will also discuss the practicum student's position in the research team and how it evolved throughout the process of the project. Group process and development will be assessed.

Learning Objective: Student will learn the skills to facilitate a Participatory action research project.

The student's learning goals were assessed by evaluating the skills and knowledge acquired while facilitating a participatory action research project. According to Danley &

Langer Ellison (1999), these skills include project management skills, research management skills and research team coordination skills. Project management skills include: overseeing project implementation and assuring project completion, conducting team meetings, recruiting research participants, and understanding the issues related to the mental health community. Research management skills include: scheduling research tasks, facilitating research decisions, teaching research skills, and maintaining research integrity by complying with participatory research guidelines. Research team coordination skills are: defining needs of research participants, developing and managing accommodations and special resources, and providing support to research team members.

Data Gathering

The student tracked the above while progressing through the stages of the research project by using a process journal. The process journal contained a record of each phase of the research project, and was chronologically dated. As previously discussed, the student's journal was also used as a guide for supervision with the organizational supervisors and contained sections for planning activities and reflection. The format was designed to mimic the consumer co-researchers' log books in terms of listing acquired skills, but also focused on the objectives of the overall research project (the student's practicum) and what was done to accomplish them. All aspects of the intervention were documented in the student researcher's journal. Harper et al. (2003) have employed a semi-structured group facilitator journal when undertaking a university / community research collaboration. They recommend using four distinct sections: session content, group process, session problems, and personal reactions (Harper et al., 2003, p. 59). The student researcher used these topics as a framework. Session content has already been

addressed in chapter three, as well as some commentary on session problems. The student's journal also contained reflexive analyses of the researcher's location, providing an opportunity for discussion of power relations within the research process. Reflection around issues of power was fundamental to the successful facilitation of this participatory action research project, and the practicum student had to create and maintain an open dialogue with fellow research participants to ensure that this took place. The student constantly had to examine the implications of her changing roles, and how those changes impacted power relations. This practicum student comes from multiple locations, including academic and mental health service provider, two disciplines largely connected to the medical / clinical resource knowledge base and which have been historically oppressive to persons with mental illness. Reporting on the 'influences and contradictions' of these locations was necessary, and allowed for transparency in the research process (Ristock & Pennell, 1996, p. 68). To facilitate this, the student researcher and fellow research participants created a continuous dialogue around issues of power relations. As Ristock and Pennell (1996) aptly state,

The focus is on strategic ways of negotiating power relations. Instead of denying or ignoring areas of tension in our work, we must learn how to anticipate, think through, negotiate, and work with power as a way of enriching the research process and maintaining its integrity (p. 68).

The student's journal was one place where these strategies and negotiations were recorded and assessed, and where the transition from academic and service provider roles to that of an egalitarian collaborator role was self-assessed. As Ochacka, Janzen and Nelson (2002) state of their experience with PAR, "the role of professional researchers

change(s) from expert to facilitator, trainer, and supporter (p. 381)”. The discussion of the student’s transition was located in the ‘group process’ section of the journal, although it could probably have been placed into any of the sections, given the vast role that the examination of power plays in participatory action research.

Two other tools were developed for the organization’s evaluation of the student’s performance. These were the Student Supervision Form (Appendix F) and the Post-Intervention Organizational Interview (Appendix H). These tools were developed to measure progress and outcome. The Student Supervision Form had a numerical rating system as well as space for anecdotal elaboration, and was completed at the end of the practicum by the organizational supervisors. The Student Supervision Form was also designed to cover project management skills, research management skills and research team coordination skills. Originally, this form was to be filled out twice by each supervisor, after observing group research sessions. However, as each supervisor only observed one session due to scheduling difficulties, the Student Supervision Form was only filled out once, at the end of the research process. Therefore, as there were very few data generated by this tool, it was analyzed by examining the responses question by question. The numerical rating scale system was used for each question, and was as follows: 1 = complete mastery, 2 = almost complete mastery, 3 = some mastery, 4 = little mastery and 5 = no mastery at all. The organizational supervisors were asked to rate the practicum student’s performance in each category and add anecdotal comments if they wished.

The approach for the organizational Post-Intervention Interview was standardized, open-ended questions. Both organizational supervisors completed the interview at the

completion of the research project. An interview guide for this tool was adapted from the “Standards for Assessment of Community Based Scholarship” (Appendix G), which was designed to measure students’ adherence to principles of community-based scholarship. Glassick’s (1997) standards to assess the work of scholars in community-based research (Seifer, 2003, p. 431) were used as a guide when creating the questions for the interview. The standards are: clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique (Seifer, 2003, p. 430). Each standard lists a number of questions regarding scholarly application. For the practicum student’s purpose, this tool was used to create interview questions that determined how closely the student followed the standards in the context of the participatory research project. Similar to the post-intervention interview for the participants, analysis of the organization post-intervention interviews was inductive, and was accomplished through an open coding process using content analysis (Patton, 2002, p. 453). There were seven questions in the interview.

Findings

The evaluation of the practicum student’s performance was organized around the specific learning goals, and was analyzed similarly. The following is a description of each learning goal, and an analysis of data from each tool that was employed in the evaluation of that goal. Additionally, group process, which is involved in all learning goals in one way or another, is discussed separately.

Project Management

Skills related to project management included: overseeing project implementation and assuring project completion, conducting team meetings, recruiting research participants, and managing resource allocation. Implicit to project management in the area of mental health research is an understanding of issues related to community mental health.

Competencies for project management included skills in facilitating group process, and experience working with people who have psychiatric disabilities (Danley & Langer Ellison, 1999, p. 11). The student was evaluated in this area utilizing the three sources of data: the student's journal, the Student Supervision Form and the organizational post-intervention interview.

Notes from the student's journal indicate that there was evidence of several instances when these skills were utilized throughout the project. At the beginning of the project the student had limited experience with research project management, having co-facilitated two focus groups – one at her place of employment in a mental health case management program and the other at her volunteer position as a board member at a non-profit mental health agency. The student also had some experience working with groups and facilitating meetings while working as a mental health professional, as well as some experience recruiting participants for projects in her current and former professional positions. The student has been working in the mental health field for fourteen years, and has acquired volunteer board experience at a mental health agency. Therefore, the student began this project with a substantial amount of knowledge of mental health issues, and had already developed skills working with persons with psychiatric illnesses.

The practicum student was solely responsible for recruiting participants for the project. As described in chapter three, the student developed criteria for eligibility, selected a sample size, and developed a method for the recruitment process. The student interviewed each potential candidate before determining the final consumer research committee. The student had to employ communication skills, as well as networking skills in this process. Advertisements were made and letters were sent out to several representatives of community mental health agencies, requesting assistance in distributing the recruitment information. Information about the project was also included on the web site of a major mental health agency, as well as the web site of Partnership for Consumer Empowerment, indicating strong community support for the project. Advertisements contained important information, and were designed to be inviting. Danley & Langer Ellison (1999) state that this type of information should include “a brief description of the project, the reason for inviting participation... and the potential benefits to ...the individual” (p. 14). These criteria were fulfilled, as evidenced by the generation of a healthy response of replies within one week of distribution.

Interviewing potential candidates also required good interview skills, as participants had to be convinced of the value of the project prior to their agreeing to dedicate a significant amount of time and energy to it. This involved displaying a personal investment and commitment to the project, as well as motivating people to become partners. Convincing potential candidates of the importance of the project was even more integral, as there was no financial compensation involved in participation. Therefore, the student had to relate involvement in the project with the individual’s personal goals to convince them of the project’s worth. This involved the ability to quickly engage people to discover their

motivation for contacting the student, and to develop trusting relationships with persons from the beginning. The student also had to explain the principles of participatory action research to each potential candidate and orient each person to the process. Therefore, a sound knowledge of the foundations of PAR philosophy was required, as well as the ability to answer questions relating to the project. This was especially important, as the student was not acquainted with any of the candidates before the initial interviews. The student was successful in initially recruiting all the participants that she interviewed for the project after the first meeting. However, as two participants terminated at the first group meeting due to mental health issues, the student might have been more vigilant in assessing the readiness of participants by incorporating more questions about their mental health status at the initial interview. The practicum student was able to identify the problems faced by the terminated participants as mental health issues by speaking directly to them, as well as receiving collateral information from one of their service providers. The student could also have followed up the interviews with telephone calls to see if the participants had any questions or if they required clarification on the information they received.

Overseeing implementation and assuring project completion was the responsibility of the practicum student, although the consumer researchers took on increasing responsibility throughout the project. Even when the group of researchers was at its most autonomous, the student researcher ensured that all steps of the research were being covered by maintaining constant contact and communication with the members of the group. The student's journal indicated that there were at least one to two telephone calls per week

with the research chairperson, as well as an average of one telephone call per week each to most members of the committee for planning or support purposes.

The practicum student conducted team meetings until a research chairperson was chosen by the group, and managed resource allocation throughout the research process.

Conducting team meetings required facilitation skills, with a specific focus on shared decision-making. This was one area where the student's journal indicated growth, especially within the shared decision-making process. Kaner (1996) states that the core values of participatory decision-making are full participation, mutual understanding, inclusive solutions, and shared responsibility (p.24). The practicum student attempted to incorporate these values into the facilitation of the research meetings, and gained more proficiency in these areas as the project progressed. The student's journal indicated that she encouraged participation at almost every meeting. Examples of this were: ensuring that all members had an opportunity to speak, letting members know that disagreeing with others was alright, and encouraging members to raise issues, even if they were difficult. The student promoted mutual understanding by connecting members' ideas with others, thus displaying how ideas generate further ideas. The student's journal also contained many examples of when the student spent substantial time clarifying ideas to ensure that everyone was clear on what had been stated or suggested. The student promoted inclusive solutions by summarizing perspectives during group problem solving and brainstorming, in most cases writing them down on a flipchart.

Allocating resources was ongoing throughout the process, and involved disseminating information both formally and informally. Formal dissemination was accomplished through educational sessions with the whole team and through individual consultation,

especially with the research group chairperson and the committee chairpersons. As indicated in chapter three, printed resources were also disseminated, far more than most members were willing to read. Informal dissemination was ongoing and occurred frequently when sharing information with individuals outside of regular meeting times. This type of informal communication contributed to individual capacity building, team building, and relationship development.

The student received favourable feedback from the organizational supervisors for facilitating and conducting team meetings, and received a rating of 1 (complete mastery) from both supervisors on the Student Supervision Form. The organizational supervisors also commented that the student demonstrated leadership in this area by encouraging collective ownership and collaborative processes. “PAR participants and student worked well together. The process moved from student as facilitator to group ownership and facilitation.” Analysis of the post intervention interview for the organization also discussed the student’s strength in this area. The student’s supervisor commented that the student was able to foster an atmosphere of shared responsibility by teaching facilitation skills and promoting the development of participants’ strengths in this area.

Research Management

Research management for the practicum project involved scheduling research tasks, facilitating research decisions, teaching research skills, and maintaining research integrity. According to Danley & Langer Ellison (1999), the competencies for this section included a broad knowledge of research methodology, experience with shared decision-making, teaching skills and experience, and a commitment to PAR philosophy (p. 11). Before undertaking this project, the practicum student possessed some theoretical

knowledge of research methodology obtained academically, and some practical knowledge of focus groups, surveys, and interviews. The student also had experience with shared decision-making and incorporation of empowerment principles in clinical professional practice and volunteer work, as well as some experience teaching research skills to colleagues and fellow board members. The student's commitment to feminist and structural social work values precipitated this research project.

The student's goals were to gain a more thorough knowledge of participatory action research methodology, including designing the project, gathering and analyzing data, and taking action. The student also wanted to enhance her ability in facilitating shared decision-making, as well as learn ways to incorporate empowerment principles into research in community mental health. The student wanted to enhance her experience in teaching research skills to research participants, including teaching research design and instrumentation. Ultimately, by undertaking this project, the student wished to demonstrate her commitment to the philosophy of participatory action research. Tools for the evaluation of this section were the Student Supervision Form, the Post-Intervention Organizational Interview, and the student's journal.

In order to schedule research tasks, the practicum student had to become proficient in participatory action research methodology. As the practicum student had little experience in this area, there was a steep learning curve. The student spent several months preparing for the project, studying the history of PAR and learning the underlying foundation of the methodology. The student also examined several manuals specific to the PAR process, as well as researching projects that have incorporated PAR principles. Much time was spent

studying the relationship between this methodology and mental health to determine its compatibility and usefulness for this area of inquiry.

The student spent seven months working together with consumers of mental health services while teaching the participatory action research process to them. Educational opportunities occurred both formally and informally. Although some of the consumer researchers had previous experience in research, none were familiar with this methodology. Therefore, learning opportunities had to be incorporated into the process. Teaching these skills was a fundamental component of the research project, and took up a substantial amount of time during and between meetings. The student's performance was rated highly in this area by the organizational supervisors. In terms of scheduling research tasks, the supervisors both gave the student a score of 1 (complete mastery), although one of the supervisors commented that much more time was required on the project than was originally anticipated. The student also received the highest rating (1 – complete mastery) for achievement in the following areas: scheduling research tasks accordingly (displaying a theoretical knowledge of research methodology), ability to facilitate research decisions (utilizing shared decision-making and incorporating empowering principles during research meetings), and displaying a commitment to the philosophy of participatory action research. It was noted by one of the organizational supervisors that facilitating research decisions was clearly one of the student's assets, and that the student was able to teach by example, as well as support the consumer researchers as they assumed research tasks and activities. The other organizational supervisor had spent significant time with the consumer researchers outside of the formal meeting times, and indicated that the group's growth was apparent, as participants were able to demonstrate the ability to

conduct research effectively. Comments about the student's commitment to the philosophy of PAR were positive as well, and it was noted that the student was able to sensitize others to the opportunities and attributes of the PAR process.

The themes that emerged from the organizational post-intervention interview for the student's proficiency in research management were: the student's ability to transfer research skills and knowledge, facilitation of shared decision-making, and commitment and adherence to PAR values.

Student's Ability to Transfer Research Skills and Knowledge

Both organizational supervisors stated that they felt that the student possessed the knowledge and skills to conduct the research project, and that knowledge and skills were transferred to the consumer researchers. They also stated that there was evidence over time that the research became more focused, and that participant strengths were developing. "The group became more focused, and participants were clear on developing their process...of identifying who they were going to interview and where they were going to gather their information and how they were going to gather their information." The student researcher was able to identify individual strengths, as well as facilitate each individual's ability to identify personal strengths and assets. Collective strength was also identified and used as a resource by the student. It was noted by the organization that there was an increase in levels of self-confidence and self-efficacy of consumer researchers throughout the process, contributing to group success. Community expertise, or existing knowledge specific to the group under study (in this case experiential as pertaining to mental illness) and other knowledge gained over time - was identified by the student. The student was able to tap into the existing knowledge and skills of the

participants, and assist participants in expanding their knowledge and skill bases. Skills were transferred from the student to the group. Eventually, the group was able to function independently. The group presented its research findings and provided rationales for their analyses and recommendations.

The organizational perspective of the student's success in this area was also based on the project outcomes, which the organization viewed as being impactful and sustainable. The organization viewed both the process and outcome of the research project as successful in that it provided a clearer understanding of how the organization's delivery of service needs to be directed to target people's needs. According to the student's supervisor, the information produced by the research will help the organization to be better informed at the board level, as well as at the regional level. (S)he also stated that the process embraces strength and capacity building of mental health consumers, enhances and reinforces the work that the organization is already doing, and is congruent with the principles of recovery. The project also provided a clearer understanding of how mental health recipients and mental health professionals view recovery.

The organization expressed a sense of pride and ownership in the project, and has expressed a desire to continue working in partnership with the consumer researchers, as well as with the student researcher. The organization has also expressed a desire to market the success of the project, as well as to use the findings of the research as a springboard for further investigation of recovery.

Facilitation of Shared Decision-Making

According to feedback from the organizational representatives, the student was successful in creating an atmosphere of “collective responsibility and authority.” This was largely accomplished through the facilitation of shared decision-making. Consensus was utilized from the outset of the project, even though it was often a painfully long process. The lengthiness of the process due to the time spent on decision-making was noted by one organizational representative when discussing the student’s original anticipated schedule and the actual time that it took to complete the project:

There was no doubt in my mind that the student researcher understood what she was getting into, until she got into it... and then what I observed was a growing understanding that her learnedness wasn’t going to equip her as well as the experience of the research project..... I thought and I thought (the student) thought that we could probably map the process and how it would fall out. And I think that what we learned in trying was that the depth to which we understood was perhaps not there.

Even though consensus was a long process, the organization felt that it resulted in richness for the research, as participants often shared information about their personal experiences, which formed the basis of their opinions, and ultimately, the basis for the research question:

Their experiences were such that the dialogue added a level of richness so that things didn’t go as fast as they could have. It was that they were researching something that they had intimate knowledge of, that the (student) researcher didn’t have intimate knowledge in the same way because she hadn’t walked in those shoes. And that process was slow coming to consensus, but always is. They

all had experiences that they wanted to share. There could have been a pre-meeting before every one of (the) gatherings that could have had a topic that had an agenda item that could have taken one hour and then the work could have happened, and you know in thinking about it things might have happened in a way that would feel quicker - perhaps with less richness, perhaps with less ownership. Ownership for something isn't always easily understood.

Shared decision-making contributed to shared ownership of the project. The organization felt that the student researcher ensured that participants were involved in all phases of the research project.

Commitment and Adherence to PAR Values

The organizational supervisors often noted the practicum student's commitment and adherence to PAR principles in their responses. As previously stated, transfer and exchange of knowledge is paramount to participatory action research, and is connected to power. "For PAR to achieve its aims, sharing power among team members is essential. Training and supervision are an efficient and effective means of power sharing" (Danley & Langer Ellison, 1999, p.18). Sharing power was also identified by the organizational supervisors as the student's ability to act as a guide and consultant in providing advice to the participants, rather than maintaining control over the research project.

What I saw in terms of the student researcher was the opportunity to insert herself, where appropriately for a limited period of time and then withdraw and let the dialogue happen that would take things to the next area. There was a real

effort on the student researcher's part to make herself a part of the process, not controlling the process.

Encouraging full involvement of all participants and increasing capacity by providing opportunities were identified as strengths of the practicum student. For example, one organizational supervisor noted that the practicum student supported the consumer researchers during their presentations, although the student did not participate in the presentation itself. The student encouraged group autonomy and group ownership of the knowledge produced by the research. As one supervisor stated, "It was obvious that the consumer researchers were fully involved in the project and that they were the ones doing the research."

Reflections from the student's journal indicate that the process of fostering an atmosphere of shared responsibility was not as easy as the student had anticipated. Even though the practicum student had good intentions and had acquired a sound understanding of the theory of participatory action research, putting it into practice was not a smooth process. One of the weaknesses of the student was not understanding group process sufficiently. Because of this the student failed to identify the emergence of leadership in the group early enough, and continued in a leadership role when she should have progressed to a more consultative and supportive role. On the other hand, when this caused a problem in the group, the student showed that she was able to focus on the strength of the group in its ability to discuss difficult matters when they arose. Identifying strengths of individuals and the group as a whole was practiced often, and the practicum student would consider this to be one of her stronger abilities. Shared responsibility, assisting the members to "feel a strong sense of responsibility for creating and developing sustainable agreements"

(Kaner, 1996, p. 24), became less of a problem for the practicum student, as she came to understand that this group of consumer researchers was ready to assume collective responsibility and accountability for the project fairly early in the process.

Research Team Coordination

Research team coordination skills include defining needs of research participants, developing and managing accommodations and special resources, and providing support to research team members (Danley & Langer Ellison, 1999, p.12). Prior to undertaking this project, the practicum student had demonstrated ability in this area as a professional in the mental health field, and had experience connecting with mental health consumers on both individual and group levels. The student also had some previous experience working with mental health consumers in a focus group research setting. Through her work, the practicum student had achieved competence in addressing accommodations for mental health consumers, and had developed a solid knowledge of mental health issues. However, the student had limited experience in a research setting. Therefore, enhancement of these skills specific to the research setting defined the student's goals in this category. Tools used for the analyses of these goals were the student's journal, and the Student Supervision Form. There were no questions relating to research team coordination in the Post-Intervention Organizational Interview.

The student recorded several instances when she provided support and accommodation in her journal. These ranged from individual support around problems and issues of consumer research group members to group support and accommodations. During the course of the research project, which spanned seven months, several of the consumer researchers had problems dealing with very difficult personal and systemic issues, which

affected their mental health. At these times the practicum student put aside time during and outside of research meetings to offer assistance, either listening, assisting with problem solving, or assisting in accessing resources. Consumer researchers also dealt with symptoms of their illness from time to time, and required time away from the project. The student assured each participant that absences were not a problem, and the student attempted to keep in contact with participants who missed meetings and keep them up to date on what was happening with the group. She also encouraged other group members to do the same, thus promoting more cohesion in the group. The group was especially helpful to one of the members who did not develop a close relationship with the practicum student. Several of the members provided support to this person, even though she / he was often unable to attend meetings.

Accommodating members' different learning styles was an area where the student's journal indicated growth. The student was able to develop educational sessions that were less formal to meet group needs and was also able to work with individual members in addressing certain accommodations and / or styles of learning. Close personal contact with group members helped in this area, as well as having input from the consumer logbooks. The practicum student was able to identify strengths, as well as to work together with individuals to assist them if they were encountering difficulty with the research material.

The student's supervisors from the organization rated the student with the highest marks in this category – 1 for complete mastery. Comments were made about the student's communication skills and ability to understand participants' needs throughout the process.

Student Supervision Form – Summary of Quantitative Analysis

As previously stated, the Student Supervision Form had a numerical rating system and was completed at the end of the practicum by both organizational supervisors. This tool covered project management skills, research management skills and research team coordination skills. The numerical rating scale system used for the evaluation form was: 1 = complete mastery, 2 = almost complete mastery, 3 = some mastery, 4 = little mastery, 5 = no mastery at all. The organizational supervisors were asked to rate the practicum student's performance in each category.

The mean score across all items for each rater was 1 (standard deviation = 0), indicating that the both supervisors felt that the student had achieved complete mastery in all categories.

Group Process and the Practicum Student's Role as a Research Partner

When undertaking a participatory action research project, it is impossible to overlook the importance of group process and the location of the student researcher in the research process. The student researcher kept careful notes regarding the group process and her role within the group in her journal.

Analysis of Group Process

The success of any PAR endeavour rests on the ability of a group of individuals, often from diverse backgrounds, to work together toward a common goal. According to Becker, Israel, and Allen (2005), some of the challenges that participatory action researchers face that may hinder successful partnerships are, "lack of trust and respect among ...partners, inequitable distribution of power and control, and conflicts associated

with differences in perspectives, priorities, assumptions, values, beliefs, and language” (p. 53). Therefore, it is imperative to address these challenges by paying close attention to group dynamics throughout the process. Effective groups have been identified as having,

...clear and operational goals that emphasize cooperation but reflect individual interests, open communication, equitably distributed participation and leadership, and influence and power that is derived from members’ capacities. In addition, effective groups use decision-making procedures that match specific situations, create an environment that encourages the creative use of conflict, emphasize group members’ skills, and endorse individuality while advancing cohesion through high levels of inclusion, support, and trust (Becker, Israel, & Allen, 2005, p. 55 – 56).

The authors have identified several elements of group dynamics that are relevant to community based participatory research partnerships:

...group membership, equitable participation and open communication, establishing norms for working together, developing trust, selecting and prioritizing goals and objectives, identifying community strengths and concerns, leadership, power and influence, addressing conflict, decision making, specific strategies for working in diverse populations, importance of partnership assessment (Becker, Israel, and Allen, 2005, p. 55 – 56).

Several of these themes emerged in the practicum student’s journal.

Group Membership

Throughout the process of the research project, most members of the PAR group, but especially a core group of five members who attended regularly, expressed that they felt a sense of belonging. During the first few meetings of the project, the practicum student ensured that a substantial amount of time was devoted to relationship building by creating opportunities for the group members to get to know each other and hear each others' stories. Members displayed empathy toward their fellow researchers and discovered early on in the process that they had common experiences and common goals. Everyone agreed that the mental health system required dramatic changes to improve the lives of persons living with mental illness. All members were patient with each other, even when people were taking a long time to explain their situation or experience. As the project progressed, all of the researchers continued to encourage each other and assist each other. At times, resources were shared, such as information on where to access certain types of service. In addition, the researchers continued to provide emotional support to each other. This was especially evident by the way everyone kept in contact, and by the way people were welcomed back to the group after an absence. The practicum student also acted as a support to group members by maintaining contact with members who were absent from meetings, as well as assisting with advocacy issues and providing support when group members were experiencing mental health difficulties. As the practicum student is a mental health professional specializing in psychosocial rehabilitation and case management, she was also able to direct individual group members to resources within the system and in the community.

Equitable Participation and Open Communication

Equitable participation implies that members' skills and knowledge are being used productively and that members have the opportunity to contribute equally to group discussions at meetings (Becker, Israel, and Allen, 2005, p. 55). Members were encouraged to identify their existing and acquired skills throughout the process, as well as to identify areas where they wanted to learn more. This was done through open dialogue within the group and individually with the student researcher, as well as recording in the consumer logs books. Members were also encouraged to join different committees, but without feeling pressured. There was much participation on the committees, as well as high meeting attendance from five members (three members missed only two meetings during the process, two others each had one longer period of absence each). The group members learned to work with each other well, and showed respect for those members that were not as assertive. At times, members would remind someone that another member had been speaking if that person felt that he or she was interrupted while making a statement.

Another characteristic that contributed to equitable participation and communication was the size of the group. "A smaller group size is better for effective communication" (Johnson & Johnson, 2003, in Becker, Israel, and Allen, 2005, p. 56). Keeping the initial group to ten was planned to enhance opportunities for participation of group members. Committees were formed, which were also composed of smaller numbers, contributing to group communication effectiveness and members' sense of shared responsibility.

Facilitation strategies also contributed to group participation and communication. Kaner (1996) states, "The facilitator's job is to support everyone to do their best thinking. To do

this the facilitator encourages full participation, promotes mutual understanding, and cultivates shared responsibility” (p. 32). The practicum student facilitated the research meetings for the first few phases of the research project, and then changed roles to more of an educator and consultant. Facilitation skills that contributed to group participation included active listening, paraphrasing, teaching new skills, and encouraging participants. Most importantly, the facilitator always attempted to encourage reflexivity in the research process by setting aside time at the end of each meeting to discuss what was going well and what needed to be modified, as well as encouraging feedback from the participants in their logbooks. The student also attempted to create a safe environment where ‘nobody was wrong’ and everyone could contribute at his or her own level of comfort. When the practicum student’s role changed to consultant, facilitation skills were transferred to the consumer facilitator through consultation and coaching. The practicum student met with the consumer facilitator before each meeting to discuss the agenda and any other issues pertaining to the group process. The practicum student and consumer facilitator also kept in close telephone contact between meetings.

Having an agenda for meetings also contributed to better communication, as committee members knew what was planned and knew what to expect. The consumer facilitator was especially adept at creating excellent agendas, which differed from the practicum student’s in that they were more explanatory, thus easier to understand. All members were always encouraged to contribute to the agenda, and contributions occurred frequently, especially as different committees met between large group meetings and needed to provide reports. Meetings were well-organized, and even though they occurred twice weekly, having set times made it easier for committee members to schedule.

Establishing Norms for Working Together

Becker, Israel, and Allen (2005) emphasize that having a set of norms for working together is instrumental to the success of a community-based participatory research group. The practicum student initiated this process at the first meeting, and the research group worked together to compile a set of group ground rules. These ground rules were based on respect for each individual and his or her level of knowledge, respect for confidentiality, and consideration of group members' experiences. The group also included shared decision-making through consensus building as a process that was listed in the group norms, which set the stage for inclusion right from the beginning. All members contributed to defining the group norms and all agreed that the "Group Ground Rules" document was to be considered as an evolving document. This showed flexibility in the group members, as well as group ownership, as everyone knew that they could contribute to the norms. This document did not change over time, as the members indicated no desire or need for modifications.

Developing Trust

Developing trust is one of the most important aspects of participatory action research group development, especially in mental health, as this is one area where there have been imbalances in relationships between service users and providers. As Becker, Israel, and Allen (2005) state, "mistrust may be present from the outset in a partnership's development not because of specific experiences that partners have had with each other but because partners carry with them the histories of the institutions they represent" (p. 60). The practicum student researcher had to demonstrate trustworthiness, rather than just assume that the consumer researchers would understand that best intentions were driving

her motives to participate as an equal researcher. Becker, Israel, and Allen (2005) list four ways that partners can work to gain each other's trust: show respect, follow through, respect confidentiality, and attend to each other's interests and needs. These were all evident in the group. Establishing and maintaining the group norms was one way that the consumer research group members developed trust among themselves and with the practicum student. The group ground rules, although not discussed often, were almost always respected. Group members listened to each other, maintained confidentiality, and all group members expressed that they felt they were respected and supported by the other members throughout the process. As previously described, the relationship building between the consumer researchers and the practicum student researcher was addressed within the parameters of power relations. The same rules applied. However, more emphasis was directed to the position of the student researcher in terms of her life experiences and how they differed from consumer researchers. Openness in discussing the mental health system, with all its inadequacies, was necessary. This was accomplished through emphasis on encouraging the use of critical thinking skills in the research process, and viewing this as a strength for the research project. Discussion of PAR principles was ongoing, especially as they related to the merits of reciprocal collaboration. These discussions increased members' sense of value and ownership of the project.

Personal support was an integral component of developing trust. It was important for the practicum student researcher to listen to each member's story and to offer support to each member. This happened on several occasions, and was one area where it was advantageous to have a professional background in community mental health, as many

problems faced by the participants resulted from mental health issues. Throughout the research process the practicum student's role vacillated between peer and professional supporter, depending on the issues.

Providing a comfortable and safe environment was also helpful in establishing positive relationship building. The practicum student attempted to do this by creating a positive atmosphere for meetings, including providing refreshments, taking time to celebrate (birthdays, research milestones, etc.), providing rides home from meetings, and incorporating social activities outside of meeting times for fun.

Selecting and Prioritizing Goals and Objectives

This group was extremely focused on issues pertaining to mental health and shared common concerns, which contributed to keeping on track in the research. Also, the members of the group all seemed to have a clear understanding of the fundamental principles of participatory research. Brainstorming activities and discussion around what needed to be improved in the mental health system helped to build a framework for defining a research question. Timelines were also established so all members had clear ideas of what tasks needed to be done and by when they needed to be done. This was one area of strength of the practicum student. The student developed facilitation skills in keeping the group on track and was well-prepared for each meeting. Also, the student ensured that all participants had an adequate understanding of participatory action research by explaining it, providing written material about it, and discussing the concept during meetings. The student used it as a focal point for reference often during the course of the project.

Identifying Community Strengths and Concerns

Individual strengths were identified during the research process through self-assessment and consultation with the practicum student, who was responsible for teaching research skills. Throughout the process, new skills were acquired and identified. Experiential knowledge was viewed as extremely positive, although other knowledge bases were acknowledged as well.

Leadership

Although it took some time for the practicum student to acknowledge that leadership was developing within the group, and that she should have moved out of the leadership position earlier, when it happened the transition was very smooth. Developing leadership is integral to participatory action research. There was only one consumer researcher who undertook the research chair position. However, other consumer researchers took on other leadership roles, such as chair of the action planning committee and chair of the report committee. Leadership developed in less defined areas, as committee members discovered strengths in particular areas of the research process. For example, one of the researchers displayed real skill in transcribing. Another researcher showed great development in writing and researching the literature review and report. These were considered as development of leadership, especially because these committee members' level of proficiency was high enough for them to teach the skill to others. Another researcher was excellent at keeping the group on track.

Power and Influence

As crucial as it is to the research process, examining and documenting the question of power is often overlooked by researchers (Ristock & Pennell, 1996, p. 66). However, participatory action research, with its emphasis on participant empowerment and reflexivity, embraces and demands this examination.

... the purpose of self-reflexivity is to improve the quality of research ... Clarity about power issues is particularly important in community-based research, where researcher / participant interaction is often intense and research outcomes are expected to serve as bases for action. Self-reflexivity can show us areas in our data analysis and conclusions that are not accounted for in even the best-laid plans for community action research (Ristock & Pennell, 1996, p. 66).

The previous statement about the best-laid plans could not have been more true for this practicum student. Even though the literature supported almost every challenge or problem that arose in the research project around the issue of shared power, these struggles were not always anticipated. However, as the question of the role of the practicum student arose early on in the research project, a process for addressing power was established from the outset. Some participants' mistrust toward the practicum student evolved initially from the student's position as a worker in the mental health field, especially one participant who had a strong mistrust of mental health workers and identified this as being a problem. There was also one point in the research process where the student had to clarify her role as a student, when a group member questioned the student's reliance on the group with respect to her acquisition of a graduate degree resulting from the practicum evaluation. The student had to clarify that the research

project and the evaluation were separate, and that members could participate in the project without participating in the practicum evaluation. Eventually, the member who had a strong mistrust of mental health professionals opted out of participation in the evaluation.

The student put the subject of power on the table from the beginning at the initial meeting, therefore opening up the opportunity to discuss this aspect of the research freely. Open dialogue and reflection were two processes that helped when issues of power arose during the research project. For the most part, the ongoing dialogue was not hostile. However, as previously discussed, there was one time when dissatisfaction was expressed by two consumer researchers that the practicum student's agenda was guiding the research more than the consumers' agenda. This was early on in the research project. One of the consumer researchers stated that the practicum student was doing things her own way and the other consumer researcher informed the student that (s)he was not feeling heard by the student. Although these comments were very difficult for the practicum student to hear, the student applauded the two group members for speaking up. The student attempted to clarify the situation by asking for examples, and focused on the strength of the group in being able to address conflict. As previously stated in Chapter Three, a leader from the consumer group was acclaimed at the next meeting, and this helped in showing the consumer researchers that the student could move out of the leadership position. The practicum student attempted to use this example as an indication that this was a learning experience for everyone, including the student, and that perhaps the student should have considered this action earlier.

From this point on there were more open discussions of the position of the practicum student within the research group. The student focused discussion on collaborative principles of research and the benefits of reciprocity in the student / consumer relationship. Although this incident was isolated to only two people, the practicum student chose to deal with it by addressing the group and the group's well-being, as issues of power affected all group members.

On another occasion, power and the use of language became an issue. This occurred during an educational session on data analysis, so the group was quite advanced into the research at this point. The group was deciding on what method of analysis it was going to employ for the key informants' interviews. The student was discussing the advantages of using a case study approach for analyzing the data from the key informant interviews, and one consumer researcher was adamantly opposed to using this terminology, as (s)he found it insulting to mental health consumers. Understanding that she had been relying solely on academic research terminology, the practicum student asked the consumer researcher if changing the term to 'narrative' would help with the language problem. The consumer researcher agreed, and this decision was supported by other group members.

These were the only two instances where problems between the consumer researchers and the practicum student arose due to issues related to perspectives of power. However, mistrust of the mental health system was prevalent in the group throughout the process of the project. At one time a member of the committee referred to the practicum student as "the best of a bad bunch", which was meant to be (and was taken as) complimentary.

Addressing Conflict

Addressing conflict was one place where this group really excelled. The reason for this was because, although there were several instances of disagreement, conflict among group members was rarely personal. Because of this, the group did not seem to view conflict as problematic. Only one group member expressed discomfort over disagreeing with others in the group. An established set of norms for working together also helped the group members, as they were able to reference the norms if problems arose. Members of the group were always able to address differences when they arose, and no one ever had to refer to the group norms to address issues of conflict.

Decision Making

As previously discussed, consensus was used throughout the research process, contributing to shared decision-making. This was reinforced repeatedly by the consumer facilitator, who had an excellent understanding of group process. There were only two times when the group opted to use a voting model for making a decision, and those were only after consensus was used to decide on voting. These were when the group acclaimed a chairperson and when the group voted on the number of key informants to interview in the project.

Partnership Assessment

An open dialogue between all group members contributed to ongoing assessment of the partnership. This was discussed early on in the research project. The need to create a dialogue around issues of partnership was raised by the practicum student, and was precipitated by her preparatory research for the project. Several authors writing about

collaborative research have indicated the need for reflexivity and transparency in the research process when addressing partnership issues (Herr & Anderson, 2005, Ristock & Pennell, 1996, Stringer, 1999). Reflexivity has been defined by Ristock and Pennell (1996) as:

... awareness of how we as researchers observe and affect actions and discourse; how we attribute meaning and intentions; what understandings we are creating; and how we are creating them. Reflexivity also means being prepared to adjust our research methods to reflect what we learn both from the community and from our own reflections (p. 116).

The authors define transparency as, “making the researcher visible in the research process” (p. 116). The practicum student attempted to use reflexivity and transparency during the research process through employing and encouraging critical thinking throughout the project. This enabled all participants, including the practicum student, to feel comfortable examining institutions of power, such as the mental health system and academia, two systems associated with the student. Examining these institutions, especially the mental health system, was not always comfortable for the student, as her connection to these systems reinforced for some participants that she was part of the problem, especially at the beginning of the project. Trust between the practicum student researcher and the consumer researchers was something that had to be developed, and the practicum student could only acquire trust by acknowledging her position of power and discussing this in relation to what she and the members of the group had to gain by participating in the project. This was accomplished by focusing discussion on collaborative principles of research and the benefits of reciprocity in the student /

consumer relationship. The student displayed a high respect for the knowledge that the participants brought to the project, and emphasized this. Participants stated that they felt that this type of collaboration contributed to the quality and relevance of the research. The partnership was seen as a win-win situation. Only one member, who did not participate in the student's evaluation, did not express this opinion, although he / she remained participating in the project.

The consumer log books contained a section for perspectives of what went well and what could be done differently, as well as a section for comments on shared decision-making. This was one way that the practicum student received feedback and was able to respond to participant issues regarding partnerships during the process of the research project. The student was able to make adjustments, as suggested by the consumer researchers. Adjustments that were made included the number of resources that were distributed to the researchers and changes in the student's facilitation style. Some of the consumer researchers indicated the student was disseminating too much written information, and that this was overwhelming. The student had to adjust the amount of material for some of the participants, and find alternate methods of incorporating necessary material into the project. The student also had to learn to become less of an educator, and more of a regular citizen who had acquired specific knowledge of research and was willing to pass it on to fellow citizens. This was difficult for the student, as, in spite of her intentions, she was heavily entrenched in the value and application of academic knowledge. Her willingness and ability to compromise in this area were integral. In fact, only after she was able to compromise did participants acknowledge the importance of academic knowledge in the collaborative research process. The student learned that participating as

a full partner in collaborative research involved understanding from where the consumer members were coming from, and that language had to be adapted at times to ensure inclusion. The practicum student also had to learn and impart that experiential knowledge was the most fundamental component of participatory action research. Although the practicum student had extrapolated this theory from the outset, she grew to a more acute awareness of this as the project progressed, as she could see the value of the participants' contributions and how the meaningfulness of the research was enhanced by their experiences.

Also helpful to the group partnership was that the members of the group were aware that they would be able to contribute their ideas to the student's practicum, which was separate from the participatory action research project. Participants were eager for their research to have a transformative impact on society, especially the mental health system, but they were also interested in the process of the project, and the effects that participation in the research project had on them.

The student began the process in a leadership and educator position and through time, evolved into a consultant and full partner in the research process. At times, the position of the student changed in relation to her role in the research, especially at times when certain phases of the research required that her role as an educator should be emphasized, such as the data analysis phase and writing the research report, two areas where the group required more academic consultation. At the end of the process the student was still viewed as a consultant, but more of an equal partner in the group.

Conclusion – Student's Learning Goals

By undertaking the facilitation of a full participatory action research project, this student attempted to meet several learning objectives. These objectives were broken down into project management skills, research management skills, and research team coordination skills. Self assessment, through critical reflection and feedback from the organizational supervisors, supports growth in these areas, although the student acknowledges that there is much more growth needed to gain proficiency as a facilitator and partner in participatory action research. The student was able to identify increased ability in facilitation skills, as well as project management skills. However, in terms of recruitment, the student would need to be more acutely aware of the needs of prospective participants if undertaking another project of this kind. The student experienced the greatest growth in the areas of knowledge of methodology, and shared decision-making. Through teaching, the student learned much more about qualitative research methodology, and would be better equipped to undertake a qualitative research project in the future. The student's understanding of participatory action research also increased greatly as a result of teaching this methodology to the consumer researchers. Unfortunately, the student did not have the time or the required expertise to teach quantitative methodology in the same way, which could have contributed greatly to the participants' learning and to the project in general. In terms of shared decision-making, the student entered the project with high expectations, and perhaps a little naivety that this would be a smooth experience. The student learned that assumptions were just that, and that although it was beneficial to understand where one was coming from, in terms of position within the group, consumer members did not share the same assumptions as the student or understand the student's

motives for participating. Transparency and reflexivity became fundamental to the student for the success of the intervention. The student was able to examine her position in the research process through ongoing dialogue with the research team, as well as through consultation with her academic advisor. This ability to learn to self-analyze and to receive feedback was one of the greatest experiences of the project for the practicum student.

Although the student experienced much support and encouragement from the host organization, the amount of work coordinating and facilitating the research project was immense, especially for one person. The literature suggests that a team approach be used when undertaking a PAR project (Danley & Langer Ellison, 1999). The student would definitely agree with this, especially for the initial project. The student spent several hours per week preparing materials and educational sessions for meetings. Having support and assistance from experienced PAR researchers would facilitate this process for new researchers greatly. In this way, the student was extremely grateful for the weekly consultation of her academic advisor, who assisted in guiding her through the process, as well as consulting on group development. One of the best outcomes for this researcher is the fact that there are now six consumers of mental health services who have become researchers in their own right who would be ideal candidates for partnership in another project.

New and Ongoing Learning Goals

The practicum student witnessed much growth and satisfaction from undertaking this project. However, it remains apparent that there are several areas where levels of mastery could be improved. As described in Table 1 (p. 20 – 22), the student attempted to

increase knowledge in the areas of project management, research management, and research team coordination. The student was satisfied with her progress in the area of project management, especially in learning organizational and facilitation skills. More expertise in the area of recruiting would be beneficial to the student for future projects. The student experienced a high attrition rate (30%) for the project, two persons leaving the group after the first meeting. In the future the student would like to increase her knowledge in assessing readiness for participation in a PAR project. The student would be better prepared for this, as well, as she is more fully aware of the time commitment and personal investment required by participants. The student also now understands that mental health status requires addressing during the recruitment phase.

Resource allocation is also an area that the student will be cognizant of modifying when undertaking another project, as well as understanding the importance of acknowledging different learning styles when organizing educational sessions. The student now knows that she must reduce the amount of written material, as it can be intimidating to some people. Discussing learning styles with each group member at the outset of the project will help as well in future projects, as the facilitator can adjust the educational sessions accordingly.

Although understanding group process was one of the highest areas of growth for the practicum student, much more expertise could be developed in this area. The student could develop improved general knowledge of group process. This would help for troubleshooting potential conflicts that can arise in participatory action settings around issues of power sharing and shared decision-making.

Research management posed some problems that the practicum student can improve on, especially in the development of knowledge of quantitative research methodology, and, to a lesser degree, qualitative methodology. The student did not possess the skill level necessary to teach quantitative research, and was unable to pass on this information to the consumer researchers. Having this knowledge may have prevented the consumer researchers from choosing only qualitative methodology, thus adding triangulation to their study.

The student was satisfied with her development of skill in the area of resource coordination, and felt that her professional background in the field of mental health assisted greatly in connecting with and supporting people with mental health problems. The student promoted accommodation, but would need to also learn to promote accountability in future projects.

The practicum student would encourage other researchers to adopt a collaborative model when facilitating research projects or when acting in an advisory capacity to community groups undertaking research studies. Although it is time consuming and labour intensive, the participatory action framework offers much in the way of connecting to grassroots communities where social workers often apply their work. Ultimately, establishing these close relationships open doors to more meaningful and relevant research findings. Social work researchers must be open, however, to critical reflection about their position in the research relationship, and the impact that their position has with community researchers. This is not always easy, but awareness and preparedness helps to assist in troubleshooting areas of potential conflict.

Part II - Evaluation of Process and Outcomes of the Intervention

The processes of participation and collaboration have an impact on participants and collaborators quite beyond whatever findings or report they may produce by working together. In the process of participating in research, participants are exposed to and have the opportunity to learn the logic of evidence-based inquiry and the discipline of evidentiary reasoning. Skills are acquired in problem identification, criteria specification, and data collection, analysis, and interpretation. Through acquisition of inquiry skills and ways of thinking, a collaborative inquiry process can have an impact beyond the findings generated from a particular study (Patton, 2002, pp. 183 – 184).

Methods

“An empowerment and participatory approach to evaluation emphasizes self-determination and evaluation skills building” (Suarez-Balcazar et al., 2003, p. 6). PAR is a reflexive intervention. Therefore, it is fundamental to examine and evaluate the process of the study as well as the outcomes. As Suarez-Balcazar and Harper (2003) state, “...the end value of empowerment and participatory evaluation is not the report itself, but a continuous process of program improvement and capacity building” (p. 3). A monitoring process examining what occurred during the project to accomplish the goals and objectives of the intervention and how it occurred was established from the beginning. “Documentation captures the activities and effects of the initiative as they unfold” (Fawcett et al., 2003, p. 28). Documentation described the work accomplished in the project and its relevance to meeting project goals and objectives, as well as identifying the resources that were developed to increase awareness, skill development and links to

community (Green, et al., 1996). The monitoring process included perceptions of participation, what the strengths and limitations of the approach were, and what processes required changing or adapting (Depoy & French Gilson, 2003). Reflexive monitoring is grounded in empowerment evaluation theory based on evaluation for development, evaluation for accountability, and evaluation of knowledge (Chelimsky, 1997, in Wandersman et al., 2004). Strengths based, reflexive inquiry contributed to team building and helped to make sense of roles and responsibilities. Reflexive analysis also assisted the student in identifying and examining her location in the research process, and helped to keep discussions regarding power ‘on the table’.

Green et al. (1996) have established the following indicators of increased public participation which are reflective of principles of participatory action research:

1. The people who experience the health or social issue the project addresses are involved in making decisions about the project.
2. The project reaches the consumers it wants to reach.
3. Skills and knowledge are transferred from individuals to the community (e.g., increased sensitivity, interpersonal skills).
4. Social support networks are expanded.
5. Consumers are involved in every aspect of the project, from planning to evaluation.
6. Those involved with the project gain knowledge and skills through their involvement (e.g., increased self-confidence, organizational skills).
7. Increased collective action.

8. Those involved with the program form a foundation for ongoing social change (p. 58).

These criteria incorporate the three levels of empowerment – psychological (individual), community (group), and organizational (society). All tools developed to evaluate this practicum attempted to reflect these criteria in some capacity while answering the following questions:

1. What changes in skills and knowledge did consumers experience as a result of their involvement in the project? What opportunities will consumers have to use them after the project (Green et al., 1996)?
2. How has the knowledge produced affected or contributed to social change?

To ensure that these indicators were measured accordingly and to provide the research project with triangulation, a mixed methodological approach was employed, using both qualitative and quantitative data. “Triangulation strengthens a study by combining methods” (Patton, 2002, p. 247). Evaluation sources included: participant feedback (pre and post questionnaires, logbooks, and post-intervention interviews), researcher documentation (field notes – journal / diary style), and supervision feedback and assessment tools, including a post-intervention interview for the organization. From these sources, empowerment was measured at the individual, group and community levels.

As discussed, the effectiveness of the intervention was evaluated on the consumer researchers’ levels of gained perceptions of empowerment through increases in self-esteem, learning skills, the acquisition of resources, and knowledge obtained about research in mental health that will potentially be transferable to future community-based

(organizational / group) endeavours. How the knowledge produced has the potential to affect social change was also evaluated.

Social action research is congruent with empowerment evaluation. It “works on the basis that research should not be detached from practical activities. Projects should learn from the information produced by the research, as it emerges, and should incorporate it into the process” (Fleming & Ward, 1999, p. 372). There are several layers of analysis in empowerment evaluation; therefore it offers itself to a wide range of monitoring possibilities. A mixed-method design is one of the best to use, especially in reflexive intervention, as it integrates approaches and “allows for pluralism in data collection and analysis” (DePoy & Gilson, 2003, p. 172). Its strength also lies in its ability and flexibility to engage multiple interest groups/stakeholders (DePoy & Gilson, 2003, p. 172). Using a variety of data gathering methods ensured more chance of producing reliable, valid results.

Consumer Participant Logbooks

As defined in Chapter Three, Participatory Action Research typically has nine stages (Fleming & Ward, 1999, p. 377):

1. Orientation
2. Establishing and setting up the research group
3. Defining the parameters of the research
4. Gathering and analyzing the data
5. Presentation and discussion of interim findings
6. Further information collection
7. Analysis of collected information
8. Preparation and presentation of final report
9. Dissemination of findings

The practicum student assisted in facilitating knowledge acquisition through the sharing of information, modeling, teaching, and allocating resources to participants. As the research project progressed, participants' acquired skills and knowledge were identified and recorded. Individual logbooks were used for this purpose (Appendix C).

Participants' prior experience, knowledge, insights, skills, and abilities also were recorded, as it was assumed that the participants entered the project with skills and knowledge, experiential and otherwise (Harper, et al., 2003, p. 55). This process was mostly accomplished individually (logbooks), and to a lesser degree in groups. When done in groups it was structured in the form of informal brainstorming sessions. The intention was for the consumer participants to use the information generated by the brainstorming sessions to support their logbook entries. Suarez-Balcazar et al. (2003) have used brainstorming sessions in participatory evaluation settings and recommend it, as it provides an opportunity for participants to engage in a discussion about the project, thus fostering critical thinking and self-determination. "These sessions (were) ... intended to explore methods that allow(ed) for systematic documentation of indicators of ... success (e.g. changes in participants' knowledge, skills and attitudes)" (Suarez-Balcazar et al., 2003, p. 10).

During these sessions there was a discussion of the skills that were required for each upcoming phase of research. The consumer researchers were able to identify the skills they already possessed that would enable them to contribute to each research phase. This contributed to fuller participation, although they were still encouraged to participate at their own comfort level and to determine their own contribution to the process through self-reflection and consultation. Many of the skills discussed in the group brainstorming

format were associated with the following themes: roles and responsibilities of committees and committee members, participation strategies and techniques, accessing information, resources and supports, and facilitation skills. Educational sessions were focused more on the acquisition of specific skills needed to participate in a research project and to produce a research project, such as learning about and planning administrative tasks, developing research questions, defining goals and objectives, deciding who informants would be and how many were required (sample and sample size), developing data-gathering tools and learning the skills associated with each one, ensuring ethical research practices, analyzing and interpreting data, writing reports, and researching and writing literature reviews (Barnsley & Ellis, 1992).

The inquiry process involve(d) participants in learning inquiry logic and skills, for example, the nature of evidence, establishing priorities, focusing questions, interpreting data, data-based decision making, and connecting processes to outcomes (Patton, 2002, p. 185).

Other skills and resources were identified by the participants. Processes of achievement included “opportunities to develop and practice skills, to learn about resource development and management, to work with others on a common goal, to expand one’s social support network, and to develop leadership skills” (Zimmerman, 1995, p. 584). Participant logbooks were used for this purpose. The student researcher initially planned that participants would submit a minimum of eleven entries for each logbook (each entry corresponding to a phase of research). However, this did not turn out as planned, as this tool was cumbersome in its design, contributing to general dissatisfaction with it. Participants expressed that the questions were confusing and redundant. While analyzing

the data, the student researcher also noted that there was confusion over the terms ‘knowledge’, ‘skills’, and ‘resources’, and that participants often used them interchangeably when answering the questions. In hindsight, the practicum student should have worked together with the consumer researchers to improve and clarify the logbooks. However, the student did not think of this, and did not fully understand that she could have adapted the research tool during the process of the project.

Although the logbooks did not turn out to be as beneficial as planned, they did reveal some important data that contributed to the analyses, especially because the input was mostly produced at the beginning and the middle of the project, which helped to identify skills and resources with which the participants entered the project, those they acquired during the process of the project, and when they identified learning those skills. The logbooks also served as a reminder to participants of the importance of reflection in the PAR process and the importance of acknowledging and recording personal strengths and skills.

The data from the logbooks were coded and categorized, and a process / outcomes matrix was used to organize the data. Patton (2002) describes how a process / outcomes matrix is constructed:

Major program processes or identified implementation components are listed along the left side. Types or levels of outcomes are listed across the top. The category systems for program processes and outcomes are developed from the data in the same way that other typologies are constructed. The cross-classification of any process with any outcome produces a cell in the matrix. The information that goes in (the) cell describes linkages, patterns, themes,

experiences, content, or actual activities that help us understand the relationships between processes and outcomes (Patton, 20002, p. 472).

Processes included research skills teaching and resource sharing, group process, and shared decision-making. Questions in the logbooks were separated into knowledge, skills, and resources, as well as group participation and decision-making. Participants' responses were categorized similarly. Participants reported on knowledge and skills acquired from the educational sessions of each research phase, in addition to their experiences as group members and participants in the decision-making process. Each response from the logbooks was entered into an appropriate cell for the matrix.

Information was received from six participants, indicating that two participants did not submit any entries from their logbooks. Also, one participant submitted only two entries, early on in the research project. It is possible that this is the person who left the group in the second month, although this would not be conclusive, as the skill logs were numbered to maintain confidentiality. One participant contributed ten logbook submissions. Two participants handed in six submissions, one handed in four, one handed in three, and one handed in two. The logbooks were devised so that participants could list the skills, knowledge, and resources that they already possessed, as well as acquired skills. One section covered shared decision-making, so that participants could comment on whether they felt they had opportunity to fully participate in the research project.

Analysis of Mental Health Consumer Logbooks

Several themes emerged from the logbook analysis. These included: experiential knowledge, interpersonal skills, research skills and knowledge, critical thinking skills,

shared decision-making and social support. The following findings do not include the two participants who did not submit logbooks.

The following table represents the process / outcomes matrix developed by the student. The horizontal lines represent the processes, or interventions, while the vertical lines represent the outcomes as listed from the data in the consumer logbooks. Included in the matrix is a section for pre-existing characteristics, which were identified by the consumer researchers. Following the table is an anecdotal account of the data analysis.

Table 2: Process / Outcomes Matrix of Consumer Logbook Data

	A) Knowledge	B) Skills	C) Resources
Pre-existing Characteristics	Experiential knowledge Experience and involvement in research projects Committee experience Experience with self-help organizations Self-taught research with peers Some quantitative methodology (surveys) Computer expertise Knowledge of illness Knowledge of mental health system Knowledge of recovery Academic knowledge	Listening skills Ability to help others Critical thinking skills Ability to navigate the mental health system Facilitation skills Empathy Articulation Patience / self-control Objectivity Mediation	Intelligence Inquisitive personality – “curiosity” Resiliency Understanding of others’ experiences

Research Skills Teaching	<p>Qualitative methodology</p> <p>PAR methodology</p> <p>Transferability of skills when using different research subjects</p> <p>Understanding research process</p> <p>Research ethics</p> <p>Qualitative methodology</p> <p>Computer expertise</p> <p>Increased computer expertise</p> <p>Increased knowledge of recovery</p>	<p>Defining a research issue / problem</p> <p>Developing a research matrix</p> <p>Designing a research question</p> <p>Formulating open-ended interviews</p> <p>Choosing a research sample</p> <p>Recruiting</p> <p>Interviewing Skills</p> <p>Analyzing data</p> <p>Literature search</p> <p>Writing a research report</p> <p>Developing a literature review</p> <p>Writing a summary for key informants</p>	<p>Written information about research</p> <p>Ability to focus</p>
Resource sharing	<p>Experiential knowledge</p> <p>Increased knowledge of mental health system</p>	<p>Navigating mental health system</p> <p>Increased ability to help others</p>	<p>Increased resiliency</p> <p>Ability to share experiences</p>
Group process	<p>Knowledge of group facilitation</p> <p>Developing an agenda</p> <p>Benefits of working together on a common goal</p>	<p>Listening skills</p> <p>Communication skills</p> <p>Questioning</p> <p>Articulation</p> <p>Increased</p>	<p>Patience / self-control</p> <p>Ability to stay focused</p> <p>Increased confidence</p>

		objectivity Cooperation Assertiveness Facilitation / mediation skills Diplomacy Clarify / validate others' experiences	Sense of belonging
Shared decision making	Knowledge of consensus model	Increased critical thinking skills Connecting personal to political	Increased Understanding of others' experiences Experiential knowledge

Experiential Knowledge

Experiential knowledge was identified by every participant as a skill that he or she already possessed that helped him or her to contribute to the research project at the beginning of the process. This included individual knowledge of mental illness, as well as knowledge of the mental health system, which were often identified separately, and often connected to critical thinking skills. Experiential knowledge was also defined by two participants as 'life experience', which included both individual and mental health system issues. One of the consumer researchers commented that (s)he had been undertaking her or his own research for years, studying the mental health system by having hundreds of informal interviews with peers. Life experience associated with experiential knowledge also included attributes like empathy – ability to understand that others have similar

experiences, and insight into the illness. Two individuals spoke of having experience going through the recovery process.

The fact that experiential knowledge was noted by all consumer researchers who participated in filling out the logbooks indicates that they all felt that this was integral information that they were contributing to the project. As one participant stated, “Sharing our experience allows us to focus as more of a unit. Everyone has a piece of the puzzle.”

As the project progressed, participants stopped listing experiential knowledge as a contribution as often and started to identify other skills that they were acquiring from the research sessions.

Interpersonal Skills - Individual Skills and Group Functioning

Interpersonal skills were separated into two categories in the logbook analysis – individual skills and skills related to group functioning. Individual skills were the most commonly listed. However, few were identified early on, compared to later in the research process, indicating that they were acquired skills. Patience was identified by three participants (one identifying patience as a skill s/he already possessed prior to involvement in the research project), as well as listening skills (three participants), and communication skills (three participants). Included in communication skills were examples such as questioning - the “ability to ask questions and make comments that make people think”, and articulation – “being able to articulate helped in making my position understood”. Objectivity – defined by one respondent as “the ability to think and speak objectively” – was noted by three participants, one indicating that this skill was gained from participating in this project. Another participant wrote that working in a

group situation contributed to her ability to stay focused – “keep concentration while conversation is going on around me”. Some participants commented that they were learning cooperation while working towards a common goal. One participant listed “the ability to remain calm” as a skill acquired from participating.

Two participants commented that they acquired assertiveness skills through participation in the group. Another participant used the term ‘stubbornness’, which s/he equated with assertiveness, implying that s/he was unafraid to defend her/his position, even if it was different from the rest of the group. Self-control was acknowledged as a skill acquired by one participant – “...that I can easily be annoyed but can remain a certain amount in control over my reactions.” Another participant stated that his / her self-worth had improved as his / her skills increased. “As we gain skills our self-worth increases and we become a valuable community resource.” Confidence was acknowledged as a skill gained by another participant – “I gained the confidence to present something I helped create to others.”

Although three participants identified group skills from the outset of the project, by week four all participants who submitted logbooks identified marked improvement in interpersonal skills that contributed to positive group functioning. One person in the group entered the project with extensive experience working in group situations, having been on several committees, participating in research projects, and owning a business. This person had also previously attended leadership training programs, which s/he felt contributed to group functioning. One participant had board experience at a human service organization. This person, as well as one other participant, acknowledged previous experience working with groups in an academic setting. Three participants

stated they had previous involvement in self-help group settings, one in a facilitator's capacity.

Growth in interpersonal skill attributes that contributed to group effectiveness was noted by all six participants who submitted logbooks. Two participants listed facilitation skills and mediation skills, one noting that these were both skills possessed prior to the research project, but enhanced through participation. Facilitating was also defined as, "ability to keep group more on topic", "ability to assist the group in focusing on what we were supposed to accomplish at the meeting", and "helping the meeting move along".

Developing an agenda was also noted by one participant as a facilitation skill. Diplomacy was noted by another participant, while four other participants described increased ability in working collaboratively with others toward a common goal. The ability to clarify, as well as to validate other participants' experience, and encourage other members were noted as acquired skills.

Critical Thinking Skills

Although only one participant identified the "ability to think critically" as a skill s/he possessed before participating in the research project, all six acknowledged growth in this area. Four of the six participants who submitted logbooks specifically used the term "critical thinking skills", while the other two used examples that described critical thinking processes. For instance, one participant used the following phrases (in separate submissions) to describe advancement in this area:

...the ability to work with others to understand what is wrong with the system...Understanding others have similar experiences...Connect personal to political... Want to see how system is perceived by each of the stakeholders.

Another participant used similar wording when describing critical thinking. “(The research session) helped me think outside of just how the client thinks.” Willingness to examine life issues from another perspective rather than just one’s own was evident in participants’ discussions of the mental health system in relation to the experience of other group members. While some acknowledged a new comprehension of others having similar experiences, others suggested they now understand how problems within the system can affect everyone differently.

Critical thinking as a skill was linked to shared decision-making in that the consensus model applied by the group during the research process was credited by some of the participants as providing opportunities to hear and consider others’ opinions before making decisions about the research.

Shared Decision-making

The logbooks were designed to include a question about each person’s participation in the group’s decision-making process. Participants were asked if they felt that they were a part of the decision-making process in (each) research session and were asked to provide examples of how this happened. Of the thirty-one logbook submissions, there were a total of five negative responses to this question from two participants, four providing rationales, including (from the first session) “(had to deal with) a couple of dominant personalities”, and (from later sessions) “I came back after missing a few meetings and

needed to catch up”. Symptomology and fatigue were also given as reasons for not participating fully.

Twenty-four responses to this question were favourable, although there were not always rationales attached. Some positive anecdotal comments discussed group processes that contributed to participation, including consensus, respect among group members and willingness of group members to listen and pay attention to each other, comfort, inclusion, and common purpose. Other rationales included specific research tasks, such as providing committee reports, reading minutes, facilitating, clarifying, and problem solving.

Research Skills and Knowledge

All six participants who filled out the logbooks noted progress in learning research skills. The participants also discussed research resources, both internal and external. Internal resources refer to personal attributes, such as intelligence, while external resources refer to literature and other resources about research that participants received.

Three of the participants indicated that they had previous research experience. One had been involved in research at her / his former place of employment; one had been involved in a research project at a post-secondary educational setting, and one claimed that s/he was self-taught, stating that s/he possessed “a good understanding of how (the) mental health system affects end users based on hundreds of informal interviews with peers”. The other three did not specify that they had any previous involvement with research.

Six participants recorded acquiring research skills in their logbooks. Most of these were specific to the phases of research that the group was undertaking at the time of recording,

although some entries were based on research generalities. Specific research abilities included: defining a research issue (four responses), developing a research matrix (one) and ability to define a research problem (two). Respondents became much more specific as the study progressed. All participants who submitted logbooks after the third phase of research commented on improved ability in designing research questions and formulating open-ended interviews. In addition, three participants discussed the ability to transfer this skill when using different research samples. Four participants discussed an increased knowledge of research ethics.

Although not everyone continued to submit logbooks throughout the entire process, two out of the three who submitted the most discussed marked improvement in the skill of interviewing. Three commented on acquiring skills in choosing a research sample, and two participants said they learned how to analyze data. In addition, one participant included acquiring the following skills: how to do a literature search, how to compose an outline for a research report, how to write a research report, how to write a summary of a key informant interview.

Other abilities listed were more general, including “understanding the complexity of research”, understanding the process of research (three responses), understanding the scope and limits of research (four responses), understanding how to reflect on the research process, and acquiring a better idea of the specifics involved in research. Another participant commented on learning the difference between quantitative and qualitative research.

Participants wrote of resources and resourcefulness in their logbooks. Not surprisingly, there were several comments about the amount of research literature disseminated by the

practicum student, mostly positive. There were two comments about participants feeling overwhelmed by the amount of reading material. In total, there were thirteen entries regarding written resources.

Participants' personal attributes were considered to be resources by several respondents. Examples provided included: an inquisitive personality, ability to focus, intelligence / knowledge, and curiosity. Participants also spoke of the importance of experiential knowledge to the research process, as well as learning how research can make an impact on society. Three participants possessed technical experience, and listed computer expertise as a research ability that they possessed before participating in the project.

Group / social support

As there was a section in the logbooks that focused on what participants felt went well and what could have been done better in the sessions, it is not surprising that group functioning was addressed by all of the participants in their logbooks. Specifically, the importance of group cohesion and support was noted by all but one participant in the logbooks. Although there were some initial concerns about potential conflicts among members in the group at the beginning of the research project raised by two members, positive comments regarding the group were pervasive. The importance of the social aspect and the bonding of group participants were discussed, as well as the potential for the group to continue to evolve after the research project was over. Information sharing among the participants and peer support were reasons given for the success of the cohesiveness of the group, as well as respect and politeness. For instance, one participant noted, "I feel comfortable with the group. I feel that this group has the ability to listen and pay attention to one another."

The power of collaboration and the importance of mutual support were also patterns that emerged from the consumer logbooks. “We are supportive of each other’s needs; as a group our assets are increasing and we become more effective than just one person.”

Conclusion – Data Analysis of Logbooks

Primarily, research skills were identified most often in the consumer logbooks in all areas of knowledge, skills, and resource acquisition, but mostly in skill acquisition. All participants identified growth in understanding theoretical premises of qualitative methodologies as well as practical applications of same. An understanding of the principles of participatory action research was also evident from the logbook data. Group process was discussed often. Several logbook entries focused on group participation, as well as group development. It was evident that there was a marked improvement in interpersonal skills of group members, as members noted enhanced communication skills such as listening, articulating, and clarifying. Knowledge of group facilitation was also a common theme. Several participants commented on the benefits of working together on a common goal in their logbooks.

Shared decision-making, an integral component of participatory action research, was also a theme that arose often in the logbook data. Benefits (and struggles) of the consensus model utilized by the group during the research process were noted in several entries. Most of the comments were positive, and some of the group members credited improved critical thinking skills to the employment of this model, noting that consensus provided an opportunity for everyone to listen to the opinions of the other members, which helped in expanding their understanding of others’ opinions and experiences, in turn creating a

broad understanding of the mental health system and the implications of participating in that system.

As previously stated, the logbooks could have perhaps been a better tool if they had been adjusted during the research process. Never the less, the data collected were valuable, especially in the areas of identifying pre-existing skills and knowledge of the participants. It was also a strengths-based tool, and was empowering in its intent, as participants could identify areas of growth from phase to phase of the research.

Mental Health Consumer Post-intervention Interviews

In addition to monitoring individual growth and capacity building, the mental health consumer post-intervention interview (Appendix E) was designed to solicit participant feedback regarding how acquired skills might be used in the future, especially in regard to further organizational and / or community participation. One question specifically discussed participants' perceptions of the benefits of the knowledge produced by the research. Feedback was also solicited regarding how participation might affect future educational and/or employment goals. Participants were also asked about their experiences of participatory decision-making during the research process.

Participants were interviewed individually and were asked to discuss their perceptions of individual (psychological) empowerment, as well as how they felt it related to levels of organizational and community empowerment. The development of the questions was partially based on Zimmerman's (2000) definition of empowerment theory:

...empowerment encompasses the development of participatory competence that is composed of a positive sense of competence and self-concept, construction of

an analytical understanding of the social and political environment, and cultivation of personal and collective resources for social action” (Kieffer, (1984), in Zimmerman, 2000, p. 49).

The questions in the post-intervention interview focused on individual benefits, including contributions to the project, research skills that consumer researchers brought to the project, and skills learned from participating in the project, as well as how those skills assisted each individual in completing the project. Participants were also asked how participation in the project impacted other parts of their lives, and how, and if participating might contribute to their future goals of education and / or employment. Six participants agreed to be interviewed after the intervention. Of those six, five were from the core group of researchers who had high attendance throughout the project. One of respondents had only a 50% attendance rate, and had missed several meetings toward the end.

Data analysis of the post intervention interviews was inductive, and was accomplished through an open coding process using content analysis (Patton, 2002, p. 453). Interview content was organized into topics and files, and coding categories were developed. The researcher searched for emergent themes and patterns and then formally coded these in a systematic way. “Content analysis...involves identifying, coding, categorizing, classifying, and labeling the primary patterns in the data” (Patton, 2002, p. 463).

Regularities, or emergent patterns were then judged by two criteria: internal homogeneity (similarities) and external heterogeneity (differences or overlapping data) (Patton, 2002, p. 465). “The analyst then work(ed) back and forth between the data and the classification system to verify the meaningfulness and accuracy of the categories and the placement of

data in categories” (Patton, 2002, pp. 465 – 466). The coding process ended when the data reached a point of saturation – repetition and redundancy. “New information tends to confirm our existing classification scheme and discrepant cases stop appearing” (Padgett, 1998, p. 79).

Several of the themes that emerged from the analysis of the consumer post-intervention interview were similar to those from the consumer logbooks, especially those that are indicators of psychological empowerment. These were interpersonal skills, research skills, shared decision-making and social support. One theme that emerged in the post intervention interviews that was not as present in the logbooks was self-esteem (although confidence, related to self-efficacy and self-esteem, was present in the logbooks). Other themes, connected with group / organizational indicators of empowerment, were opportunities for further community / organizational involvement, future educational and employment goals, and hope for the future. Two themes emerged from the questions about the knowledge produced by the research project, and participants’ perceptions of the impacts of this knowledge on society – mental health consumers as role models and the power of mental health consumers to promote societal change.

Interpersonal Skills /Personal Attributes

Participants discussed the importance of interpersonal skills to the research process, as well as personal attributes that contributed to group functioning. The most frequently mentioned were the latter, which differed from the logbook responses. All participants stated that increased group skills helped them to contribute. The most frequently listed were facilitation skills, which were defined as assets that helped promote group

discussion, group decision-making, cooperation, and group harmony. As one participant stated:

I learned how to be more understanding ... learned how to compromise. I also learned that taking credit is not as important as sharing credit ... I think I also became more patient, and I learned to trust other people more.

Listening, articulating, interpreting, clarifying and paraphrasing were also individual skills that participants stated helped them contribute to the research process, as well as giving and receiving feedback. Some of these skills were acquired during the research project while others felt that they entered the program with them.

Other personal attributes that the participants discussed were intelligence, patience, perseverance, curiosity and ability to take risks, some of which were identified as pre-existing, others as acquired from participating in the project. Consumer researchers also described growth of pre-existing attributes resulting from participation.

Research Skills

All participants who were interviewed acknowledged the acquisition of research skills. Although three participants stated that they had previous experience with research (one self-taught), all participants stated that their knowledge and understanding of qualitative methodology had increased. Most of the discussion of increased knowledge was general. People spoke of refining skills of research, and learning how to do research, as well as learning the process of research. More specific skills, such as learning how to transcribe data, learning how to take action on the research findings, and formulating an action plan were also mentioned, as well as learning how to do a literature review, how to write up

research findings, and how to analyze data. Participants spoke with a sense of pride as they discussed their specific contributions:

Well I think the biggest contribution was my zany ideas at first and then the transcribing, which I did the bulk. I did the bulk of that, which I'm proud of, and it was a tough job and I learned a lot there.

Only two participants specifically referred to learning about the participatory action research process. An enhanced understanding of research ethics was mentioned by the same two participants. One explained how s/he felt ethics applied to both the informants in the recovery research and the participatory action research group. Her / his ability to connect the group's submission to the university Research Ethics Board to the participatory action research group and to the larger society shows an understanding of the importance of ethics in research, as well the importance of transferring those ethics to everyday practice:

I felt I brought in a sense of loyalty to the method of the project, to the ethics of what we need to stick to. And that for me personally is very important. If you say you are going to do something and you don't do it, to me that is an ethics problem. I know that with our ethics it was more of an ethics board that we had to go to get their permission for a lot of the stuff, so that we could protect the rights of the other people. But for me ethics also plays a role in how we treat each other.

The participant who had self-taught research skills explained how participation in the research project expanded her/his range of inquiry:

Research is so much a part of my being now that I don't even consider it a skill anymore. I had a lot of raw talent in it but not a lot of refinement to it. So that's what this helped me to do is take all the things that I've been doing without really realizing it for such a long time and then to sort of understand how to narrow it into something that can be used effectively in the real world.

Increased Awareness of Mental Health and Recovery

Four participants stated that they had increased their knowledge of recovery from mental illness, which was the topic of the study undertaken by the group. Three participants claimed that increased awareness of this topic assisted them in understanding their own recovery. There were also suggestions of significant increases in general mental health knowledge, increased knowledge of health determinants and social issues, and the ability to transfer research skills to other areas of life. One participant stated, "A lot of the issues we have are common to a lot of other groups." Increased empathy and awareness of mental illness were mentioned by participants as particularly helpful in completing the research project.

Research Process

There were also some negative comments about the research process. Four participants expressed displeasure over the amount of time spent "quibbling over language".

Specifically, two participants said that too much time was spent wording the interview questions. Another problem raised by the participants during the interviews was spending too much time on reflection, and spending too much time telling personal stories. One

person commented that the introduction to the research process was somewhat overwhelming. Another participant added that the research deadline added a lot of stress.

Critical Awareness

Although the term ‘critical thinking’ was not used by respondents in the interviews, as it had been in the logbooks, the participants offered several examples of increased capacity in the area of critical awareness. Comments like, “I am now able to direct my anger in a more positive way”, and “I am able to put myself in other people’s places, look for solutions, rather than blame”, were typical and displayed growth in ability to see beyond one’s own experience, as well as an understanding that anger over injustice must be redirected in order to promote change. Participants also expressed more willingness to challenge the system, and more comfort in taking risks.

There was evidence that critical awareness was enhanced by listening to and processing the data from the group’s research project, as well as by listening to each other’s stories. There were several comments about how people felt they learned from each other by trying to understand other people’s positions. For instance,

...learning about what other people thought and the things that they saw missing from the mental health system was very educating, because I didn’t know that, or it wouldn’t have occurred to me that a lot of things were happening or could happen or were needed in the first place.

Members of the group demonstrated an understanding of the socio-political environment (in this case the mental health system) from their discourses with each other and from the responses of the research project participants. The group’s research assumptions, as

recorded in chapter three, were reinforced by participating in the project, as they came to understand more fully how power relations affect those involved in the system. Speaking to each other, and analyzing the data from the research project respondents, became impetuses for mobilization for the group members, as they examined the structure of the mental health system and its impact on mental health consumers.

Self-esteem / self-efficacy

When asked about how participation in the project impacted other areas of their lives, several participants commented on increased self-confidence. Feeling more positive about life and feeling more content were also acknowledged as benefits. Four participants commented that they felt less isolated, and that participation helped them to see they were not the only ones in their position. As one participant stated, “(it) proved to me that I don’t have to be defined by my mental illness – that I can transcend the victimized role within the system.” This idea was felt by other participants. “I feel what I have done here is important. I don’t have to prove myself as much.” Another participant expressed similar sentiments:

(This project) has helped in other parts of my life because I’ve gained self-confidence in other areas ... I don’t care what people say because I feel important in what I am doing here. I’ll continue on. I have the ability and the skills and people have reinforced that I have the skills. I am looking for opportunities now but I feel that I don’t have to prove that much to myself now. And it’s more a contentment of day-to-day living. Working with people who have common goals with you and actually realizing that people have the same dreams as I do - it just changes your whole demeanor and you just respond more positively.

The ability to identify their own strengths and attributes was identified by some participants, as well as the ability to identify others' strengths and abilities. Participants also noted an increase in optimism, and hope for the future. One group member responded, "This has been a positive step for me and just increased my self-confidence on a personal level so that I know that no matter what I go through, I'll be able to handle it." A sense of satisfaction, accomplishment, and pride in the project was evident from the interviews, especially when the researchers spoke of the potential impact of the project.

What happened was what was supposed to happen. Our research is valid and our findings validate the experience of mental health consumers. We are all on the same page; we are agreed that there is something wrong here. Our research points out specific areas that have worked and haven't worked. Service providers can see that consumers have the answers to their problems. They will listen to what we say. We know what we are talking about.

Other comments which were not directly related to improvement of self-esteem, but to the enhancement of participants' sense of well-being, included, having a sense of control over life, feeling important, and learning balance. Other participants commented on how learning new skills and gaining knowledge contributed to the enhancement of their situations. Three participants indicated that they had experienced reduced symptoms of their psychiatric illnesses since participating in the project, which improved their coping abilities and helped them to think more clearly. One participant claimed that participation in the project raised her/his social status, which added to increased self-esteem.

Shared decision-making

Shared decision-making is an integral part of participatory action research. Participants were questioned about their treatment during the research process and asked if they felt they had a large part in making decisions that affected the project. All responses from the post-intervention interviews were positive, except one participant who claimed that she did not always feel like she was able to contribute fully due to frequent absences. All respondents said that they were happy with the way they were treated, claiming that communication among members contributed to their feelings of ease within the group. Others attributed fairness to consensus decision-making.

Accommodation and inclusion were also listed as positive factors. Members felt a sense of inclusion in the group:

During this project, I felt I was treated very well. I was very understood when I was having days and weeks when I was too anxious to leave my house. And there was no pressure whatsoever put on me or anyone telling me, “We need you here. You have to be here. We need to work on this.” Everybody was always very welcoming if you were away for a meeting or two. It’s always, “Welcome back. We missed you.”

Another participant commented that while accommodation was very important to her / him, people still needed to be accountable to the group, and that aspect may have been missing. This participant was commenting on her / his own situation, having been present for only half of the meetings.

Social Support and Inclusion

The importance of social support emerged as one of the strongest themes from the interview data. All participants taking part in the evaluation expressed the importance of inclusion - having a sense of belonging and contributing to the group as being some of the best outcomes of their experience in the project.

Opportunities for further community / organizational involvement

Overall, participants felt positive about using the skills and knowledge acquired from the research project in future community involvement. This was evident by their actions and plans. Several of the members mentioned that they have applied for board positions.

Three members are working in a volunteer capacity for peer / self-help groups. Increased advocacy skills and increased interest in working toward change in the mental health field were given as reasons for movement in this direction for the participants. Another participant spoke of returning to some of his old volunteer roles:

I'd like to get out there and help people. I'll probably get back into coaching and umpiring, and doing all kinds of different things and helping family and friends. Hopefully I can leave a mark before I'm finished.

Several participants discussed the transferability of the skills they had learned to future research projects and expressed interest in continuing with research in mental health, as well as studying poverty issues. Developing collaborative partnerships and networking with other organizations that advocate for social justice and equality were goals of some of the participants. When asked how participation in the project might affect future participation in organizational or community involvement, one participant stated:

It will encourage it. I am going to continue on in an advocacy role. I am currently interested in a new advocacy issue - several actually. I am interested in mental health advocacy. I am interested in poverty issues. I am interested in basic rights. I would like to work with other organizations to challenge governments.

Future educational / employment goals

All participants, except one already employed in the mental health field, stated that participating in the project motivated them to pursue new educational or employment goals. As a result of its first presentation to the CMHA Manitoba regional boards and executive directors, the research group was asked to travel to some northern Manitoba communities to give workshops and presentations. One participant is still planning on doing this, as well as developing a plan for a service which will assist consumers of mental health to navigate the system. Another participant is interested in pursuing a grant to start up a working co-op for mental health consumers, and is investigating the process, possibly applying for funding from SEED Winnipeg, Inc.¹. One participant is pursuing a career in advocacy, and has registered in the Disability and Community Support Program offered at the local community college. Another expressed an interest in working with human resource offices or schools to promote mental health and educate people in schools and workplaces. The participant who discovered an aptitude in transcribing is going to try freelancing. S/he stated, “(This project) has allowed me to see that I can push myself more now than I thought I was able to. It showed me that I can handle a job now.

¹ SEED Winnipeg, Inc. is a non-profit agency that assists individuals and groups to start small businesses. Some of the services offered by SEED are business management training, individual consulting, and access to small business loans

To me this worked very well.” One member has been hired as a researcher in a mental health organization / university research collaborative project on housing and mental health.

Three of the participants said that they are going to continue learning informally, and that participating in this research project has provided them with skills that they can share with other consumers. Participants also spoke of the action phase of the research project, and presenting their findings to more stakeholders, including government officials and other decision-makers as being a continuation of their own learning experience.

Impact of Research on the Mental Health System

Participants were asked whether they felt that the knowledge produced in the research project will benefit the mental health system and in what ways that might happen. There was agreement from all participants that the research produced has already benefited the mental health community and still has the potential to have further impact. They identified four ways: a) impact on the consumer researchers themselves, b) impact on other mental health consumers, c) impact on professional stakeholders in the mental health system, and d) impact on the general public.

a) Impact on the Consumer Researchers

Most participants acknowledged that the process of participating in the project had benefited them already, and in that way had already benefited society. The general feeling of participants was that the acquisition of new research skills was particularly helpful in increasing their sense of self-worth, personal growth, and ability to contribute to society. Overall, participating also contributed to the consumer researchers' recovery

process. One participant stated, “Now I feel I have some control over the issues and am able to do something about it.” Another stated:

It already has benefited us (the participants). It’s already worked! Whether people accept our findings? That’s a whole other game. First couple of toes in the pool there and it seems to be the right temperature. I think everybody’s hopeful.

b) Impact on Other Mental Health Consumers

There was general agreement from the participants that the research would be taken seriously by other mental health consumers and that other consumers would be more willing to believe the findings because they came from persons who have had similar experiences. Participants also felt that the findings from the research will produce a message to consumers that recovery is possible.

For the recipients I’m really hoping that it will help them to believe that there is a light at the end of the tunnel. That ... even though they might not be feeling like they are in recovery there are ways to get there. And that these are some of the resources; this is where you can find some of them, and there is such a thing as recovery from mental illness.

The researchers felt that, as role models, their participation has impacted other consumers. One participant said that other consumers can now see that they can participate successfully in a project like this, even if they do not have the education for it, and that new skills can be learned. Another participant stated that participation in this project has already had a ripple effect where s/he volunteers, as other consumers who

attend there are interested in the project and asking about future opportunities for involvement.

Participants also suggested that the skills they have acquired are now transferable to the community, and that other mental health consumers can benefit by participating in similar research projects. Many of the consumer researchers stated that they would be willing to share their expertise by teaching the skills that they have gained with others in future projects. In this way they could keep on building on what they have already accomplished.

c) Impact on Professional Stakeholders in the Mental Health System.

Although some spoke with more cautious optimism than others, all participants were hopeful that the research produced would continue to have a positive effect on the mental health system at all levels. The researchers spoke of the power of mental health consumers to promote change and their power to influence decision makers. They felt that, as community educators, they were contributing by changing people's attitudes toward mental health consumers, and that this would help with the acceptance of persons with mental illness. Some of the researchers spoke of the successful presentations undertaken already, and the favourable responses from their audiences, who were mainly composed of mental health professionals. They felt that the lines of communication were opening up between mental health recipients and the system, and that the strengths and assets of consumer researchers were being realized:

Our research is valid. Our findings validate the experience of mental health consumers. We are all agreed there is something wrong here. Our research points

out specific areas that have worked and haven't worked. Service providers can see that consumers have answers to their problems. They will listen to what we say, and mental health consumers will be taken more seriously.

Participants all expressed agreement that the research project has the potential to influence mental health workers and other people working in the system, and view the project as an impetus for further action:

Participation in this project has given me purpose and hope, and the realization that there is a need for change, which is going to give me the focus and direction in which to try and take further action based on what we found out already.

d) Impact on the General Public

The consumer researchers also expressed hope that their presentations will have the capacity to reach people that really need information about mental illness, especially the general public:

...there may be people who don't have mental illnesses but who are family members, or people who have a high standing position or some influence over their communities that will be there. And they will see that these people (the researchers) are totally rational, intelligent, well-spoken, that they know what they are doing. They have obviously done this research project and have received accolades from it. And the people (at the presentations) can hopefully help the people in their communities that are saying, "You know, there's something wrong and I can't understand and I don't know what is happening." And they (people attending the presentations) can say, "Well, you know, we went to this

presentation and we heard some of these things, and maybe we can help you to get some kind of help.” That’s what I’m hoping it will do.

Conclusion – Data Analysis of Consumer Post-Intervention Interviews

The data from the Consumer Post-Intervention Interviews provided an opportunity for the practicum student to see how the consumer researchers viewed their progress throughout the research process, as well as understanding how the consumer researchers felt the project itself impacted stakeholders in the community, including other mental health consumers, families, and mental health professionals.

Predominantly, the consumer researchers discussed the acquisition of interpersonal skills, and research skills, which contributed to their perceptions of empowerment. They also discussed the benefits of shared decision-making, social support, and the positive aspects of working with others toward a common goal. Another theme that emerged in the post intervention interviews was self-esteem. The researchers spoke of how participating in the project contributed to their feelings of self-worth and to the enhancement of the quality of their lives.

Other themes, connected with group and organizational indicators of empowerment, were discussions of opportunities for further community and organizational involvement, as well as future educational and employment goals. All participants had a new sense of direction, as well as a new hope for the future, after completing the research project.

The research participants also expressed an increased sense of power in their ability to motivate themselves, other consumers, professional stakeholders, and society at large.

Overall, the participants felt that they have become role models and wish to continue to

work toward promoting advancement and equality for consumers of mental health services.

Consumer Constructed Empowerment Scale

Another data gathering tool that was employed in this research project to measure participants' perceptions of personal empowerment was the "Consumer Constructed Empowerment Scale" (Rogers, Sciarrapa & Chamberlin, 1994), which was used as a pre and post-test measurement. This scale has twenty-eight items, each rated on a four-point Likert scale ranging from strongly agree to strongly disagree, and is intended to measure the personal construct of empowerment as defined by consumers of mental health services. The tool was developed with the assistance of ten members of a consumer research advisory board under the direction of Judi Chamberlin, Sc.D. (Rogers et al., 1997, p. 1043). The advisory board studied several standard psychological instruments as measures of empowerment before developing the list of attributes of empowerment used to develop the tool. The final list was designed specifically for its relevance to persons with a mental illness, and includes:

1. Having decision-making power.
2. Having access to information and resources.
3. Having a range of options from which to make choices (not just yes/no, either/or).
4. Assertiveness.
5. A feeling that the individual can make a difference (being hopeful).
6. Learning to think critically; unlearning the conditioning; seeing things differently;
e.g., a) Learning to redefine who one is (speaking in one's own voice). b)

Learning to redefine what one can do. c) Learning to redefine one's relationships to institutionalized power.

7. Learning about and expressing anger.
8. Not feeling alone; feeling part of a group.
9. Understanding that a person has rights.
10. Effecting change in one's life and in one's community.
11. Learning skills (for example, communication) that one defines as important.
12. Changing others' perceptions of one's competency and capacity to act.
13. Coming out of the closet.
14. Growth and change that is never-ending and self-initiated.
15. Increasing one's positive self-image and overcoming stigma (Rogers et al., 1997, p. 1043).

The development of this tool was significant as it was one of the first empirical studies undertaken of empowerment as a construct, process or outcome (Roger et al., 1997, p. 1042).

The tool covers the following dimensions: self-efficacy / self-esteem (9 items), power / powerlessness (7 items, 1 item loaded on more than one factor), community activism and autonomy (6 items), righteous anger (4 items), and optimism / control over the future (3 items). Nineteen items are worded in such a way that a positive response yields a lower score. The scores for the remaining items are reversed before summing up. "The total or the average score can be used and a positive answer will be reflected by lower average or total score" (Rogers, Sciarra & Chamberlin, 1994). This tool was chosen by the practicum student for its ability to measure indicators across the three interconnected

levels (intrapersonal, interpersonal, and political) of empowerment as outlined by Gutierrez, Parsons and Cox (1998, p. 20) earlier in this report, and the intrapersonal, interactional and behavioural components of empowerment as defined by Zimmerman (2000, p. 50).

A Consumer Constructed Empowerment Scale was field-tested by the authors for validity and reliability with two hundred seventy-one members of six mental health self-help groups across the United States. Mental health self-help groups were chosen because of their ideological connection to consumer empowerment. Correlations, t tests, regressions, and descriptive statistics were used to examine the validity of the instrument. The authors also used analysis of variance to test for differences among programs and for differences related to respondent characteristics. “To examine the psychometric properties of the scale, (they) used factor analysis and statistics to examine internal consistency” (Roger et al., 1997, p. 1044). They also dummy coded several demographic variables for multiple regressions, including marital status, housing status, and ethnic status. In addition to the Empowerment Scale, other instruments were created for this study to test for correlations of empowerment, including:

...a checklist of twenty-two traditional mental health services on which respondents indicated whether they had used each service in the past year; a five-item scale to assess the effect of self-help on social supports; an eleven-item scale to assess the effect of self-help on quality of life; a five-item scale to assess the effect of self-help on self-esteem; a nineteen-item scale to assess participants’ satisfaction with their self-help program; a sixteen-item community activity checklist; and a demographic questionnaire. The questionnaire asked respondents

about the length of time they had been involved in self-help and how many hours on average they attended their program each week, as well as requesting their demographic characteristics (Roger et al., 1997, p. 1043).

The authors predicted that self-help involvement and empowerment would be positively related (Roger et al., 1997, p. 1044). They also predicted that individual constructs of empowerment, as named above, would be related to self-help.

Results of the averaged empowerment score indicated that the 271 respondents scored above the middle range of the scale (Mean = 2.94, SD = .32, range = 1.82 – 3.79, maximum score = 4.0). Analysis of variance showed that empowerment scores did not differ significantly among the six self-help programs (Roger et al., 1997, p. 1044), evidence of external validity. Cronbach's alpha (.86) suggested that the Empowerment Scale showed a high degree of internal consistency.

In terms of construct validity the authors found that there were no significant correlations between the total Empowerment Scale and hours spent in the self-help program or total years involved in any self-help movement, signifying that the relationship between self-help and empowerment may be weak. This raises a concern, as the authors had predicted a positive relationship between the two. On the other hand, the results may indicate that length of participation in a self-help program may not be a factor of increased empowerment.

The authors also tested for correlations between empowerment and the number of community activities participants were engaged in, as well as empowerment and participants' use of traditional mental health services. "A small, but statistically

significant relationship was found between the number of community activities engaged in and empowerment... (and) a small but statistically significant inverse correlation was found between use of traditional mental health services and empowerment” (Roger et al., 1997, p. 1044), contributing to evidence of the scale’s construct validity. There were no significant relationships between empowerment and education level achieved or total number of psychiatric hospitalizations. Theoretically, empowerment should be positively related to educational level and negatively related to hospitalizations. Positive correlations were also found between empowerment and quality of life, social support and self-esteem, as well as hours engaged in productive activities, supporting the construct validity of the scale. According to Rogers et al., (1997) “the correlation with self-esteem may be explained... by the fact that items explicitly tapping self-esteem were included in the Empowerment Scale” (p. 1045). A significantly positive relationship between respondents’ satisfaction with their self-help programs was also noted by the authors, adding to evidence of construct validity.

Statistical examination of the relationship between the Empowerment Scale scores and the demographic characteristics of the respondents showed that there was little difference between male and female respondents’ feelings of empowerment, as well as little difference by race or marital status. There was also a non-significant difference in the scores between respondents who were working in regular employment, sheltered or volunteer work, retired, in school, or unemployed. However, there was a significant relationship between total monthly income and respondents’ scores, indicating that an increase in economic power may contribute to empowerment.

In terms of respondents' characteristics, "including age, gender, educational status, ethnicity, age at first psychiatric contact, work status, housing status, marital status, total monthly income, and total number of lifetime psychiatric hospitalizations... only total monthly income emerged as a significant predictor of empowerment" (Rogers et al., 1997, p. 1045).

Non-demographic measures were more useful when determining correlates of empowerment. "The most useful predictors were items measuring quality of life, number of traditional mental health services received, number of community activities engaged in, and overall life satisfaction. The items measuring satisfaction with the self-help program and satisfaction with social supports were not useful predictors of empowerment (Rogers et al., 1997, p. 1045).

The authors also administered the Consumer Constructed Empowerment Scale to 56 hospital inpatients and 200 college students to test for known groups validity. These two groups provided additional validation of the scale's "ability to discriminate among groups of respondents who one would hypothesize would have lesser or greater feelings of empowerment than those who participate in self-help programs" (Rogers et al., 1997, p. 5). In the patients' group the mean was 2.29 (SD = .24). The mean for the college students was 3.16 (SD = .24). These means are approximately two standard deviations below (patients) and two standard deviations above (students) the mean found in the author's study. "These results lend credence to the scale's ability to discriminate among groups of respondents whose feelings of empowerment are different from those of participants in self-help programs" (Rogers et al., 1997, p. 1045). Rogers et al. finding

that inpatients were more empowered than students may indicate a validity problem with the scale.

According to Rogers et al. (1997), the findings from this study set a framework for an understanding of the concept of empowerment consisting of:

- Self-esteem / self-efficacy and optimism or control over the future
- Actual power
- Righteous anger and community activism (p. 5)

“As predicted, a positive relationship was found between empowerment scores and community activities engaged in” (Rogers et al., 1997, p. 5). This study yielded a valid and reliable measure of empowerment that was developed from the perspective of consumer activists and it further served to clarify the components of empowerment and its relationship to other factors. Results of this study suggest that programs wishing to promote empowerment among their members must focus on increasing self-esteem and self-efficacy, decreasing feelings of powerlessness and increasing feelings of power, especially by increasing financial resources, and must focus on heightening socio-political consciousness through community activism (Rogers et al., 1997, p. 6).

Empowerment is not necessarily related to demographic factors, indicating that anyone has the potential to be empowered.

Wowra and McCarter (1999) have tested the Consumer Constructed Empowerment Scale with consumers in a South Carolina outpatient public mental health system. “The purpose of (their) study was to confirm the psychometric properties of the instrument and define predictors of empowerment by distributing the Empowerment Scale to an entire state

mental health system via a mass mailing” (p. 2). The researchers received only 283 responses from their 2,000 mailed surveys, a low response rate of 16.5%. However, the researchers felt that the sample reflected the state mental health population in gender, race, age, and employment, except that respondents had more educational experience than the general state mental health population (Wowra & McCarter, 1999, p. 3).

Demographic variables were dummy coded to allow for descriptive statistics and more sophisticated analyses. Correlations and reliability analyses were used to test the internal consistency of the empowerment subscales. Stepwise multiple regression of demographic variables was conducted to determine predictors of empowerment. A factor analysis was conducted to confirm the original factor structure of the instrument (Wowra & McCarter, 1999, p.3).

Most of Roger et al’s (1997) findings were reinforced by Wowra and McCarter’s (1999) study. Cronbach’s alpha for the Empowerment Scale suggested a high degree of internal consistency ($\alpha = .85$, $N = 264$), very similar to Roger’s study. A breakdown of the five subscales for Cronbach’s alpha showed .91 for self-esteem, .67 for activism, .66 for control, .60 for anger, and .55 for power (p. 5). They also confirmed that the Consumer Constructed Empowerment Scale has a stable factor structure, evidence of construct validity. However, their findings differed from Rogers et al. in that respondents who were employed full-time scored significantly higher on overall empowerment and three of the five factor subscales, and respondents with a college education or college experience scored higher on overall empowerment. Also, education level was associated with higher scores on the power factor (Wowra & McCarter, 1999, p.4). Wowra and McCarter’s findings indicate that employment and education could be predictors of

empowerment. The authors claim that attributes of empowerment as defined by mental health consumers in the design of this tool, such as “having access to information and resources (and) learning skills that the individual defines as important” (Chamberlin, 1997, p.44), are connected to education and employment, thus lending credence to the theoretical relationship between education and employment and empowerment.

Construct validity of this instrument has also been tested by Corrigan, Faber, Rashid, and Leary (1998), who hypothesized that a factor analysis of the seven subscales of the Empowerment Scale would produce two superordinate factors reflecting self and community orientations to empowerment (p.3). They also examined the relationship of these two superordinate factors to several psychosocial variables (Corrigan et al., 1998, p.1). A self-orientation to empowerment was significantly positively associated with quality of life, social support, self-esteem, global functioning, and negatively associated with psychiatric symptoms. Community orientation was correlated with self-esteem, resources, verbal intelligences, and ethnicity (Corrigan et al., 1998, p. 1).

In terms of a self-orientation, (the authors) expect(ed) persons with fewer symptoms and better global functioning to represent themselves as more empowered. In addition, (they) expect(ed) a self-orientation to empowerment to be associated with quality of life and self-esteem. A community orientation to empowerment (was) expected to be associated with personal and social assets because the person feels relatively confident in the face of a sometimes hostile world. These would include intelligence, social support, and personal resources (Corrigan et al., 1998, p. 3).

Scales loading significantly into the self-orientation factor included a sense of self-efficacy, self-esteem, and optimism about the future. Scales loading into community orientation included an interest in community action, a lack of feeling powerless in the face of the community, and a confidence in effecting change (Corrigan et al., 1998, p.8), ‘conservatively’ supporting the predictions of the authors. “For the most part, psychosocial correlates to self-orientation were not found to be associated with community orientation” (Corrigan et al., 1998, p.8).

Basically, this study supported the analysis of construct validity reported by Rogers et al. However, two outcomes of this study differ significantly from the results of Rogers et al (1997), challenging the validity of the Consumer Constructed Empowerment Scale. Community orientation was significantly related to ethnicity, as minorities reported higher community orientation scores on the Empowerment Scale, and self-orientation to empowerment was significantly correlated with symptomology, as persons with greater psychiatric symptoms showed less self-orientation on the Empowerment Scale (Corrigan et al., 1998, p.6). Another unexpected finding of the study by Corrigan et al was the “significant relationship between self-orientation to empowerment and social support; persons reporting larger support networks had more positive self-orientation scores” (Corrigan et al., 1998, p. 8).

Especially significant to this student’s practicum was the tool’s employment to evaluate a consumer leadership education and training program, which is similar to this practicum project (Bullock, Ensing, Alloy, and Weddle, 1999, in Ralph, Kidder, and Phillips, 2000, p. 20 – 21). “Consumer trainee scores on the “Consumer Constructed Empowerment

Scale” showed significant improvement pre-post training compared with control group scores” (p. 21).

The Consumer Constructed Empowerment Scale is a good quantitative tool for measuring empowerment outcomes of participatory action research with mental health consumers. Many PAR principles, including increased decision-making, increased opportunity to develop supportive relationships, increased self-efficacy and self-esteem, and increased collective action have been associated with constructs of empowerment. Also, studies indicate that PAR values are congruent with principles of self-help (Nelson, Ochocka, Griffin & Lord, 1998), creating parallels with tests for validity of the tool by Rogers et al. Self and community orientations to empowerment, as tested by Corrigan et al., are present in participatory action research. If used alone, this tool could have presented problems, especially in a one-group pre / post-test design, which does not control for rival hypotheses. However, when used together with the consumer logbooks and the post-intervention interview, the scale provided an added quantifiable dimension to the study.

The Wilcoxon matched-pairs signed rank test was a good statistic for comparing the data from this pre and post-test, as it is used to test the median difference in paired data. As the responses in this tool are on an ordinal scale, the Wilcoxon test allowed for measuring the magnitude of the difference, unlike the paired samples t-test. “The Wilcoxon matched-pairs signed rank test uses the information about the size of the difference between the two members of a pair. That’s why it’s more likely to detect true differences when they exist” (Norusis, 1998, p. 330).

Eight consumer researchers participated in the pre-test and six participated in the post-test. However, statistics were computed from the six participants who completed the post-test. The difference in participation was due to one person leaving the group and another consumer researcher opting out of participating in the practicum evaluation.

The following table displays the descriptive statistics from the total scale from the pre-test and the post-test: number of participants taking part, pre and post-test mean, standard deviations, and minimum and maximum scores. As stated earlier, lower scores reflect positive outcomes.

Table 3 – A Consumer Constructed Empowerment Scale Pre and Post-test Total Scores

Scale	Number	Mean	Standard Deviation	Minimum	Maximum
Total	6	66.8333	10.9985	57.00	87.00
Total - Post-test	6	58.3000	8.9342	42.00	65.00

The twenty-eight items of the Empowerment Scale were summed and averaged, creating an overall empowerment mean score. The mean total score for the pre-test was 66.8333 (standard deviation 10.9985) and 58.3000 for the post-test (standard deviation 8.9342), indicating improvement in empowerment scores for the group as a whole.

The following table displays the results of the group median differences in the pre and post-test mean scores for the subscales self-esteem / efficacy, power / powerlessness,

community activism and autonomy, optimism / control over the future, and righteous anger, and for the total scale. The alpha level was set at .05. The alpha level, used to judge the observed significance level, tells one “how often (one) would expect to see a difference at least as large as the one observed when the null hypothesis is true” (Norusis, p. 244).

Table 4 – A Consumer Constructed Empowerment Scale Pre and Post-test Medians of Mean Scale Scores.

Scale	Pre-test Median	Post-test Median	Z	One-tailed probability
Self-esteem / Efficacy	2.2778	2.1667	-1.483	.08076
Power / Powerlessness	2.2143	2.2857	-.736	.24196
Community Activism and Autonomy	1.7500	1.9167	.000	.50000
Optimism /Control Over the Future	2.2500	1.2222	-2.201	.01390
Righteous Anger	2.2500	2.0000	-1.656	.05480
Total	2.2500	2.2321	1.892	.03593

Self-esteem / Efficacy

Differences in consumer researchers' pre to post-test median scores on the self-esteem / self-efficacy scale approached significance. The Wilcoxon signed rank test indicated that individual scores ranked lower in four cases, higher in one case, and tied in one case.

Power /Powerlessness

Differences in pre to post-test mean scores in the power / powerlessness subscale were not significant. Four participants ranked negatively, while two ranked positively. There were no ties.

Community Activism and Autonomy

There was no indication of change in the community activism subscale, with the sum of negative ranks equaling the sum of positive ranks, and two ties. Therefore, in this subscale, the null hypothesis (no change in empowerment levels from pre and post-test) must be accepted.

Optimism /Control over the Future

Significant change between pre and post-test medians was witnessed in this subscale, with all participants marking lower scores in the post-test.

Righteous Anger

The subscale 'righteous anger' showed borderline significance in improvement from pre to post-test, with four participants ranking negatively, one ranking positively, and one tie. With a one-tailed probability of .05480 it equals the alpha level.

Total Scale Score

The total scale showed significant improvement from pre to post-test, indicating that overall, as a group, the participants' empowerment levels increased. Analysis of total pre and post-median scores show that five out of six participants scored lower (5 negative ranks), while one scored higher (1 positive rank), which indicated that one respondent displayed deterioration.

Conclusion – Data Analysis of A Consumer Constructed Empowerment Scale

Positive trends toward empowerment were witnessed in the total score and in one subscale (Optimism / Control over the future), with two subscales (Righteous anger and Self-esteem) approaching significance, and two subscales with no indication of change (Community activism and Power / powerlessness). The most clearly significant change was witnessed in the subscale “optimism / control over the future”, indicating that the research participants felt more hopeful, more self-determined, and more optimistic than when they began the project (Rogers et al., p. 7). The subscale “righteous anger” approached significance. Improvement in empowerment levels in this subscale indicate changes in feelings of assertiveness and activism, and the feeling that anger is a force that can be used positively to work to change injustices and social inequalities (Rogers et al., p. 8). Self-esteem and efficacy also demonstrated changes approaching significance. This subscale had the highest number of questions loaded into it at nine items, ranging from capability and accomplishment, to overcoming barriers, and following through.

As discussed, there was insignificant change in the opposite direction to that hypothesized for empowerment levels in the subscale power / powerlessness. An

improvement in empowerment levels in this subscale would indicate less inclination to see oneself as a victim, optimism in overcoming bureaucratic obstacles, and feeling less need for reliance on professionals (Rogers et al., p. 7).

Interestingly, there was insignificant change in the opposite direction to that hypothesized in consumer research participants' feelings of empowerment for the subscale community activism and autonomy. The questions in this category mostly focused on the power and advantages of working together as a group toward change.

The practicum student chose to use the Consumer Constructed Empowerment Scale to provide triangulation in the research findings through the use of a quantitative tool.

Significant change in the total scale score is the main evidence of triangulation. However, the lack of significant change in the community activism and autonomy scale displays lack of triangulation, which may raise doubts about the qualitative findings. These findings are similar to Corrigan et al. (1998), who found that psychosocial correlates to self-orientation were not found to be associated with community orientation (p. 8). A close examination of the six items that make up the subscale indicate that most of the statements focus on the effectiveness of working together on a common goal:

1. People have a right to make decisions, even if they are bad ones.
2. People should try to live their lives the way they want to.
3. People working together can have an effect on their community.
4. People have more power if they join together as a group.
5. Working with others in my community can help to change things for the better.

6. Very often a problem can be solved by taking action.

It is unclear why community activism and power witnessed insignificant change in the opposite direction to that hypothesized in consumer research participants' feelings of empowerment. However, one can speculate that these two variables are perhaps the end result of a continuum that begins with optimism (increased hope and self-determination), and proceeds to increased self-esteem. Perhaps righteous anger, which approached significance, is a prerequisite for the sense of power that promotes community activism. It is possible that at the time of post-test the respondents were not yet at that point. Also, at the time the post-test was administered the research participants had not yet presented the results from their research project on Recovery, and had not witnessed the success that followed two presentations of the findings which were favourably received. This could have influenced their perceptions of the effectiveness of working together in groups. Another idea presented by one of the research participants is that critical consciousness is not necessarily empowering.

Employing this tool posed a potential problem, as the use of a small sample can lead to a type II error, leading to a threat to statistical conclusion validity. A type II error results from failing to reject the null hypothesis when it is actually false. "This type of error becomes particularly critical to consider when differences are assumed to exist but are very small or the errors around the estimates are large (Aday, 1996, p. 153 – 154), as they are in several of the subscales. Type II errors decrease as sample size increases, as estimates obtained from larger samples are more reliable. Six subjects, the sample used in this evaluation, is a very small sample for this instrument.

Organizational Post-Intervention Interviews

Although they were not directly related to participants' perceptions of empowerment, some questions from the organizational post-intervention interviews examined the relationship between the participatory action research project and the benefits to the organization. Organizational mobilization and growth resulting from participation are outcomes of empowering practices. Representatives from the organization, Canadian Mental Health Association Manitoba Division, and its program Partnership for Consumer Empowerment were asked about the involvement of consumer research participants in the dissemination of the findings of the PAR project. They were also asked if the research project has resulted in positive outcomes in the community and in the organization, and how the knowledge produced by the project has contributed to both. Responses from the organizational representatives indicate that both the process (practicum intervention) and outcomes (research findings and dissemination) have impacted the organization favourably. At the time of the interviews, the research group had given two presentations. One presentation was focused on the process of the intervention, and its effects on participants. This was presented to the CMHA Manitoba Division quarterly forum, attended by senior staff and board representatives from throughout the province. The other presentation was a report of the research findings, delivered by the participatory action research team to the annual general meeting of the CMHA Winnipeg Region. Although the practicum student was in attendance at both presentations, she was not an active participant.

Organizational Impact -Process of the Intervention

The organizational representatives viewed understanding how building the capacity of mental health consumers can influence the thinking of employees and board members of the organization as “hugely positive”. As one respondent indicated,

We have had the opportunity to see that with training in a particular discipline called research, we can do our work with anybody, and so I think that this project has brought for the organization hope, pride, a sense of ownership ourselves that we have a team here that we are involved with – that we have supported – that can conduct research. Which isn’t an area we’ve been able to do any work in up until now. So they filled a huge void for us that we only now are beginning to realize the potential of.

Consumer capacity building is a fundamental objective of Partnership for Consumer Empowerment. Therefore, sponsoring an intervention that specifically focuses on increasing consumer skills and abilities is congruent with the program’s values.

Organizational Impact – Outcomes of the Research

The results from the participatory action research project “Perceptions of recovery of mental health service recipients and their key service providers” have also provided valuable information for the organization, as it can be used as a learning tool on two levels, the usefulness of the knowledge produced and the demonstration of consumer capacity in the advancement of mental health:

We will be better informed at the board level in particular and at the regions level where we don’t have staff developed in the same way and perhaps in the same

philosophical way around recovery orientation. That question being answered and the answers being delivered by the research team will be huge for our division.

CMHA Manitoba Division is interested in marketing the project's success. One organizational representative indicated that the participatory action research model would continue to be employed by CMHA in Manitoba and that the organization is interested in furthering its work with the present group of researchers by working on another project, perhaps examining the concept of recovery from a different lens, or perhaps researching something completely different. This organizational representative also discussed the relevance and meaningfulness of the research done by consumers:

This research project is so much more than I thought it would be... and I think that in terms of research into mental health areas by people who have experienced their own mental health issues is the finest way of doing research. And this is an appropriate way for us to think about some of the questions that we want to understand better or some of the service implications of understanding what's behind how we do our work better. So I think that I saw this as a beginning and an end project initially. I don't see the end being quite so definable and I see it being for this organization opportunity.

Organizational representatives also agreed that the research produced will enhance and reinforce the work that Partnership for Consumer Empowerment is doing, as PCE has been examining the issues of recovery since the program's inception.

Cross-analysis of Evaluation Tools

Psychological, Organizational and Community Empowerment

Analyses of qualitative evaluation tools indicated a positive movement in consumer researchers' overall perceptions of psychological empowerment as a result of participating in the action research project, as well as perceived subsequent improvements at the small group (organizational) and community levels. Themes that emerged in the analyses connected to empowerment were: research skills and knowledge, access to resources, interpersonal and group skills, self-esteem and efficacy, shared decision-making, critical awareness, social support, and hope for the future. Analysis of the quantitative tool was not as positive, especially in the areas of community activism and power / powerlessness. However, results from the analysis of the Consumer Constructed Empowerment Scale showed significance in improvement from pre to post-test in the total scale and in the area of optimism and control over the future.

Foremost, increased capacity building through learning research skills was identified as having the greatest impact for the consumer researchers. All consumers who were interviewed, as well as everyone who submitted consumer logbooks, stated that they had gained skills in research that impacted on their feelings of self-empowerment. In addition, data from organizational interviews stressed the importance of consumer skill building as being instrumental to organizational development. Access to information, both written material pertaining to research methodology and material specific to the research project, as well as information received from the practicum student during educational sessions, were also identified by consumers as resources that contributed to knowledge building. Access to resources is an extremely important empowerment process, as persons with

mental illness have historically experienced “disenfranchisement from resources, rights, and privileges” (Clark & Krupa, 2002, p. 343). Participants identified several skills specifically related to the knowledge gained from participating in the research project, including choosing a research question, choosing a research sample, interviewing, analyzing data, writing a literature review and research report, and acting on the research by developing and presenting the report generated by the research. Consumer researchers also discussed the transferability of the skills they acquired to other situations and environments, such as advocacy, or working and volunteering with self-help groups. They also felt that the research findings from the project have already impacted positively in the field of mental health for other consumers, as well as mental health professionals, and would continue to have potential favourable outcomes as the findings continue to be generated in future months.

Increased capacity building in the areas of interpersonal and group skills was also significantly noted in the consumer logbooks, as well as the post-intervention consumer researcher interviews, and the post-intervention organizational interviews. This included specific skills related to the research project, such as facilitation skills, to increased interpersonal skills associated with increases in self-efficacy and self-esteem.

Improvements in the area of self-esteem, however, were not as evident in the Consumer Constructed Empowerment Scale post-test results. According to Clark & Krupa (2002), self-esteem and efficacy are closely related to the construct of power – as having power, or power-to, as opposed to feeling powerless, or power-over. “Empowerment, whether understood from the perspective of the individual, small group or community, is essentially about power, control, and struggle (p. 343).” Labonte (1996, as cited in Clark

& Krupa, 2002) states, “Power-to is one’s personal power, an inner energy or vitality that might include self-knowledge, self-discipline, self-esteem or some inner sense of integrity” (p. 343). The theme of power and powerlessness was addressed as a separate sub-scale for the Consumer Constructed Empowerment Scale, and showed deterioration at an insignificant level from pre to post-test.

Questions related to shared decision-making were pervasive in the inquiry because cooperation in decision-making is an integral component of participatory action research. As discussed earlier, this topic was covered in the consumer researcher logbooks, as well as the post-intervention interview, the organizational interview, and the practicum student’s evaluation form. Shared decision-making is also a part of community activism, a sub-scale of the Consumer Constructed Empowerment Scale. This is where the findings differed the most in the analyses. Findings from the logbooks, consumer interviews, organizational interviews, and student evaluation forms all suggested increased levels of empowerment in this area, mostly explained by the process of consensus; however, the sub-scale ‘community activism and autonomy’, which most closely related to shared decision-making, demonstrated deterioration in the group median. This, and the area of righteous anger, was inconsistent across research tools.

The theme of critical thinking, or critical awareness, was evident in the consumer logbooks, consumer post-intervention interviews, as well as in the sub-scale ‘righteous anger’ of the Consumer Constructed Empowerment Scale. Individual and small group empowerment was especially evident, as the consumer researchers discussed the importance of experiential knowledge, as well as the transformation to sociopolitical consciousness during the research process.

Optimism, and control over the future was another area that showed significant improvement, especially in the analyses of the Consumer Constructed Empowerment Scale and the Consumer Post-intervention Interviews. This is also one area that extends to organizational and community levels of empowerment, as almost all participants reported that they were planning on continuing to learn informally, do more research, or move into educational or employment-related goals as a result of participating in the project. This finding is consistent with Ochaka, Janzen, and Nelson's (2002) study. "The involvement in research studies gives consumers / survivors employment opportunities, contacts with people and places, and important research and social skills (p. 383)." Findings from the organizational interviews also reinforced this emergent theme, as the host organization is extremely interested in continuing its relationship with the research group after this project ends. Optimism and control over the future are also related to outcomes of power, specifically regaining power.

The findings from the research tools that were employed to measure the effectiveness of the practicum intervention showed consistency for the most part, with the largest predictors of empowerment being increased capacity building of knowledge and skills, interpersonal skill development, social support, shared decision-making, and self-esteem. Critical thinking, or using anger diligently to create social change by increasing awareness of the socio-political environment, was also a significant predictor. Collaboration and social support also emerged as pertinent themes, which is consistent with the theory that empowerment occurs within a community context (Clark & Krupa, 2002, p. 343).

The community provides the conditions necessary for the sense of self-determination, self-worth and competence, and the actual opportunities for meaningful participation. It provides the avenues for expression of human gifts and strengths and the opportunity to touch the lives of others through these gifts (Clark & Krupa, 2002, p. 343).”

Results of this study are consistent with this theory, and indicate that empowerment can be fostered within a supported environment where values connected to social justice prevail. The major themes that emerged from the findings of the practicum evaluation study all closely relate to inclusion, equality, and capacity building, all important components of social justice.

The research project produced by the participatory action research team also has potential to affect systems change. Although the group report, *Perceptions of recovery of mental health recipients and their key service providers*, is incomplete at this time, the findings are relevant to the field of mental health (Appendix AC). The results from the study indicate general agreement from the group’s research respondents, both mental health service recipients and mental health service providers, that there needs to be continued movement toward a recovery-based mental health system where persons experiencing mental illness have more control in choosing and accessing services and resources. Results from the project will continue to be delivered through presentations to upcoming audiences, including mental health recipients, service providers, and government officials. A report is currently being written and will also be distributed.

Limitations of Evaluation

The student has attempted to use several evaluation techniques and multiple sources of information in the planning of this evaluation in the hope that they would provide a foundation for triangulation. However, some limitations existed in this study. As already described in the analysis of the Consumer Constructed Empowerment Scale, the use of the small sample size can lead to a type II error. There are also limitations when using a one group pre-test and post-test design, as there is no control group for comparison.

History may also be a threat to internal validity for the one group pre-test post-test design, as other things may have happened between testing that may have affected participants' behaviours and feelings (Grinnell, 1997, p.289). "If events occur that have the potential to alter the second measurement, there is no way of knowing how much (if any) of the observed change is a function of the intervention, and how much is attributable to these events" (Gabor, Unrau & Grinnell, 1998, p. 228). This is true of many of the other threats to internal validity, such as maturation (changes that can take place in research participants during the time of the experiment), testing effect (the effect that taking a pre-test might have on post-test scores), and statistical regression (the tendency of extremely low and extremely high scores to regress, or move toward the average score for everyone on the research study) (Grinnell, 1997, pp. 269 – 273).

There can also be limitations to qualitative analysis, regardless of methodology. These are generally threats to construct validity. An example of this is bias (Patton, 2002, p. 307). Participatory research methodology is distinct from others, as it promotes "facilitating collaboration with co-researchers, supporting democratic dialogue and deliberation, and supporting democracy" (Patton, 2002, p. 175). Collaborative research

has the potential to create more personal relationships between researcher and participant co-researchers than those ordinarily found in positivist research. This can become a problem, as participants can potentially skew or exaggerate effects to make the researcher look good.

Integrity in Participatory Action Research

One of the biggest challenges in undertaking a PAR project is maintaining research integrity and producing a report where findings adequately reflect the data that are gathered from the respondents. Participatory action research, like any collaborative inquiry designed to promote social change, “can be controversial because the evaluation’s credibility may be undercut by concerns about whether the data are sufficiently independent... to be meaningful and trustworthy (Patton, 1997, p. 97). Acknowledging this issue from the beginning of the process was necessary to avoid a problem with validity of the findings in the PAR project.

Participants’ knowledge of the research process and ownership of the project contributed to the maintenance of research integrity for this project. The team of consumer researchers integrated quality control into the process from early on to ensure that their research project would be exempt from criticism for this reason. Although most of the participants expressed pleasure (and some relief) that the analyses concurred with many of the group’s research assumptions, there was an acceptance from the beginning that that might not happen, and that the results could be different than anticipated. The research design developed by the consumer researchers was fairly traditional in its methodology, as was the process. The group was vigilant in ensuring that all aspects of the research were covered, especially in relation to issues of confidentiality. As discussed in Chapter

Three, the researchers took precautions to ensure validity during each step of the research phase, including choosing a purposive sampling strategy, designing the interview questions to avoid bias, and employing triangulation in the data analysis. Each step of the research was undertaken with a sense of professionalism by the group. Members often expressed pride in the quality of the work they had accomplished. Patton (1997), states:

...People who participate in creating something tend to feel more ownership of what they have created, make more use of it, and take better care of it. Active participants in evaluation, therefore, are more likely to feel ownership of their... findings, but also of the evaluation process itself. Properly, sensitively, and authentically done, it becomes their process (p. 98).

These words excellently express the investment of the consumer researchers in this participatory action research project.

Replication of the Study

According to Patton (1997),

Empowerment evaluation is most appropriate where the goals of the program include helping participants become more self-sufficient and personally effective. In such instances, empowerment evaluation is also intervention-oriented in that the evaluation is designed and implemented to support and enhance the program's desired outcomes (p. 101).

One might wonder, especially in the field of social work, why more programs are not committed to developing evaluations that incorporate principles of empowerment into their evaluations. Whether working with individuals, families, students, groups, or

organizations, empowerment evaluation can be an effective intervention, as it emphasizes growth and development as a natural part of the evaluation process. Studies similar to this student's practicum project can be undertaken in almost any setting where persons experience oppressive factors, such as lack of self-determination or lack of self-esteem. The field of mental health is one area that could benefit greatly by incorporating empowerment principles into evaluation. In the field of psychosocial rehabilitation, for example, empowerment evaluation could assist clients in measuring both short-term and long-term outcomes. Measuring short-term outcomes or small developments in the psychiatric rehabilitation process is often absent in client evaluation, even though they often constitute the most important advancements. Using empowerment principles could help clients acknowledge and identify the smaller stages of achievement. Also, when clients become invested in their own evaluation it further promotes engagement and ownership of the rehabilitation process (Patton, 1997, p.111), as well as a strength perspective. Self-evaluation tools that engage program participants could be developed for the purpose of evaluating rehabilitation outcomes. Clients could become partners in developing and customizing the tools, as well. As suggested in the literature, empowerment evaluation or collaborative inquiry could also work very well in a self-help environment (Chesler, 1991, Nelson, Ochocka, Griffin & Lord, 1998).

There is still much to learn about participatory action research, and the effects of participation. This study examined the effects of participation on mental health consumers. However, it would also be interesting to examine how a similar intervention would affect other groups, especially groups that utilize human services, or peer support groups outside of the mental health field. As noted in the literature, action research can

play an essential role in assisting community groups to act in their own interests (Barnesley & Ellis, 1992, p. 11).

Maximization of effectiveness could also be studied by examining the outcomes of action phases of different PAR projects. One adaptation of this could be to measure funders' perceptions of the merit of collaborative inquiry. Above all, it would be interesting to note how many participatory action research projects are funded and what the sources of funding are within certain jurisdictions. After completing this project, the practicum student would be particularly interested to discover the extent of collaborative inquiry between community groups and universities.

Creating Opportunities for Inclusion - Implications for Social Work Research

As discussed in Chapter One, the profession of Social Work is different from others in that it has an ontological obligation for the pursuit of social justice. Therefore, as structural social work researchers, we should be directed by this obligation to incorporate research methodologies that promote personal growth and capacity building, as well as create opportunities for participation. Using participatory action research methodology is an effective way of working together with communities to achieve common goals, while building the strengths of those involved in the research. It also promotes critical analysis of the socio-political environment, and assists participants in gaining access to resources, both internal and external. For the social worker involved in this research process, it offers an opportunity for critical reflection, preventing passivity and indifference to consideration of one's position of power while working with oppressed persons (Mullaly, 2002, p. 207). It also offers an opportunity for social workers to become agents for social change by challenging the status quo, bringing people together in a common vision, and

assisting others to take action (TenHoor, 2002, p. 2). Mostly, for all involved, participatory action research creates a setting that is driven by dialogue, which ultimately ensures that the knowledge gained is relevant and meaningful to those it is about. In turn, it becomes an empowering experience for everyone involved.

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APPENDICES

Appendix A

Letter of Request for Permission to use “A Consumer Constructed Empowerment Scale” and Letter of Permission to use “A Consumer Constructed Empowerment Scale”

February 9, 2006

Ms. E. Sally Rogers
Center for Psychiatric Rehabilitation
Boston University
930 Commonwealth Avenue
Boston, MA 02215

Dear Ms. Rogers,

Please accept this correspondence as my formal request to use your copyrighted material, “Making Decisions Empowerment Scale”, for my final research / practicum project toward the requirements for completion of my Master of Social Work degree. I am a graduate student at the University of Manitoba in Winnipeg, Canada. My practicum proposal is entitled, “Empowerment and Social Work Research: Participatory Action Research and the Relationship Between the Extent of Mental Health Consumers’ Involvement in Research and its Capacity to Serve an Empowering Function”. The project will involve collaboration between the university and the mental health community within a participatory action research framework. Eight to ten mental health consumers and I will participate in this study within the next four months.

I am planning to utilize this tool to measure pre-post levels of empowerment regarding decision-making / self-determination. I feel that it is an ideal tool for this endeavor as it offers an opportunity to include quantitative data analysis in my project. The tool has been extensively tested for validity and reliability and has been utilized many times since it was developed. Most importantly, it is a scale developed by consumers of mental health, a vitally important consideration for this project.

I would be happy to provide any additional information regarding this project, as well as any results of the inquiry. Please feel free to contact me at (204) XXX-XXXX (work) or (204) XXX-XXXX (home) or e-mail rcraig@xxxx.mb.ca if you have any questions at all. My mailing address is :

Ruth-Anne Craig
XXX XXXXXX
Winnipeg, Manitoba
XXX XXX

Thank you, in advance, for your consideration. I look forward to your reply.

Sincerely,

Ruth-Anne Craig

Boston University
Center for Psychiatric Rehabilitation

Sargent College of Health and Rehabilitation Sciences
940 Commonwealth Avenue west
Boston, Massachusetts 02215
617/353-3549
Fax: 617/353-7701
www.bu.edu/sarpsych

October 20, 2006

Ruth-Anne Craig
XXX XXXXXXXX Street
Winnipeg, Manitoba
Canada
XXX XXX

Dear Ms. Craig:

This letter grants you permission to use the Empowerment scale as you described in your letter. If you administer the scale to a large number of people and you enter the data into the computer, I would like to ask that you share with us, so that we may do further psychometric testing.

Please be aware that the Empowerment Scale is a recently developed research instrument. Its most appropriate use at this time is to assess empowerment among groups of individuals, as opposed to an individual-level clinical tool. In addition, this scale was developed and normed on adults and may not be appropriate for children. It also has not been systematically studied on a population of individuals other than those with a serious mental illness so caution should be exercised if it is used with other populations.

Please contact me if you have further questions.
Thank you.

E. Sally Rogers, Sc.D.
Director of Research and Research Associate Professor

Appendix B

A Consumer Constructed Empowerment Scale

Kenneth Sciarappa
E. Sally Rogers
Judi Chamberlin

1994

This instrument was created under a grant to the Center for Psychiatric Rehabilitation by the National Institute on Disability and Rehabilitation Research and is copyrighted by the Trustees of Boston University. The article, #INS101 in the reprint catalogue, describes some of the findings related to this instrument is entitled: "A consumer constructed scale to measure empowerment" by Rogers, Chamberlin, Ellison and Crean.¹

¹ Permission has been granted by the authors to use this material.

Instructions: In order to link the pre-program form with the post-program form they must both have a common code. Following these instructions will help you to develop one that you can remember, but that will be unknown to the researcher. Therefore, your form cannot be linked to you.

Please write the first two letters of the first school you attended, the last two numbers of your social insurance number, and the first letter of your favourite colour.

Thank you.

_____.

Date:

_____, 200__

MAKING DECISIONS

Instructions: Below are several statements relating to one's perspective on life and with having to make decisions. Please circle the number above the response that is closest to how you feel about the statement. Indicate how you feel now. First impressions are usually best. Do not spend a lot of time on any one question. Please be honest with yourself so that your answers reflect your true feelings.

**PLEASE ANSWER ALL QUESTIONS
BY CIRCLING THE NUMBER THAT BEST DESCRIBES HOW YOU FEEL
PLEASE CIRCLE ONLY ONE**

1.	I can pretty much determine what will happen in my life.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
2.	People are only limited by what they think is possible.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
3.	People have more power if they join together as a group.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
4.	Getting angry about something never helps.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree

5.	I have a positive attitude toward myself.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
6.	I am usually confident about the decisions I make.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
7.	People have no right to get angry just because they don't like something.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
8.	Most of the misfortunes in my life were due to bad luck.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
9.	I see myself as a capable person.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
10.	Making waves never gets you anywhere.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree

- | | | | | |
|-----|---|-------|----------|----------------------|
| 11. | People working together can have an effect on their community. | | | |
| | 1 | 2 | 3 | 4 |
| | Strongly
Agree | Agree | Disagree | Strongly
Disagree |
| | | | | |
| 12. | I am often able to overcome barriers. | | | |
| | 1 | 2 | 3 | 4 |
| | Strongly
Agree | Agree | Disagree | Strongly
Disagree |
| | | | | |
| 13. | I am generally optimistic about the future. | | | |
| | 1 | 2 | 3 | 4 |
| | Strongly
Agree | Agree | Disagree | Strongly
Disagree |
| | | | | |
| 14. | When I make plans, I am almost certain to make them work. | | | |
| | 1 | 2 | 3 | 4 |
| | Strongly
Agree | Agree | Disagree | Strongly
Disagree |
| | | | | |
| 15. | Getting angry about something is often the first step toward changing it. | | | |
| | 1 | 2 | 3 | 4 |
| | Strongly
Agree | Agree | Disagree | Strongly
Disagree |
| | | | | |
| 16. | Usually I feel alone. | | | |
| | 1 | 2 | 3 | 4 |
| | Strongly
Agree | Agree | Disagree | Strongly
Disagree |

17.	Experts are in the best position to decide what people should do or learn.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
18.	I am able to do things as well as most other people.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
19.	I generally accomplish what I set out to do.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
20.	People should try to live their lives the way they want to.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
21.	You can't fight city hall.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
22.	I feel powerless most of the time.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree

23.	When I am unsure about something, I usually go along with the rest of the group.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
24.	I feel I am a person of worth, at least on an equal basis with others.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
25.	People have the right to make their own decisions, even if they are bad ones.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
26.	I feel I have a number of good qualities.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
27.	Very often a problem can be solved by taking action.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree
28.	Working with others in my community can help to change things for the better.	1	2	3	4
		Strongly Agree	Agree	Disagree	Strongly Disagree

Appendix C

Participant Skill Logbook

Participant Number: _____

Date: _____

Section Topic: _____

Please answer the following questions at the end of each research session (no later than one day after). If more space is required for your response(s) please feel free to use additional pages. Your responses can be in sentences or in point form.

1. Please list and/or describe the knowledge that you already possessed that helped you contribute to this research section.

Please list and/or describe the skills that you already possessed that helped you contribute to this research section.

Please list the resources (printed material, computer expertise, for example) that you contributed to this research section.

2. Please list and/or describe the knowledge that you acquired from participating in this research section.

Please list and/or describe the skills that you acquired from participating in this research section.

Please list and/or describe the resources that you acquired from this research section.

How will the knowledge, skill and resources that you gained from this section assist you in contributing to the next research section?

3. What do you feel went well in this research section?

What do you feel did not go well in this research section? How could it be improved?

Do you feel that you were a part of the decision making process in this research section? In what way(s)?

Appendix D
Evaluation Interview Guide for Participants of Participatory
Action Research Project

How has the participant contributed to the project?

Activities

Resources

What has the participant achieved from the program?

Skills attained

Knowledge gained

Activities completed

How has the participant been affected in areas other than the development of research skills?

Feelings about self

Relationships with others

Future goals

Interpersonal skills

What aspects of the project have had the greatest impacts?

Knowledge and skill building

Relationships with co-researchers

The way treated in project

What problems has the participant experienced?

Project related

Personal

With persons outside the project

What are the participant's plans for the future?

Use skills and knowledge in future projects

Anticipated community opportunities

What does the participant think of the project?

Strengths and weaknesses

Things liked and/or disliked

Best parts, poorest parts

Things that could be changed

Appendix E

Post-Intervention Consumer Researcher Interview

1. Please describe your contribution/s to this Participatory Action Research project.
2. What research skills and/or other pertinent skills did you bring to the project?
3. What skills and/or resources did you learn from participating in this project?
4. How did the skills and knowledge that you acquired assist you in completing this research project?
5. How do you feel the skills and resources that you learned from this project can be used in future community projects?
6. Will participation in this research project affect your future participation in organizational or community involvement? How might that happen?
7. How do you feel participation in this project might contribute to your future goals of education and/or employment?
8. How do you feel you were treated during this project? Do you feel that you had a large part in making decisions that affected the project?
9. What did you find positive about participating in this project? What do you think could have been done better? (Please feel free to discuss any issues you feel are pertinent).
10. Do you feel the knowledge produced in this research project will benefit the mental health community? In what ways might that happen?
11. Has participation in this project impacted other parts of your life? If so, how?

Appendix F
Student Supervision Form
Ruth-Anne Craig

Supervisor's Name: _____

Date: _____

Please use the following numerical rating system to evaluate the student's performance in the following areas. Please feel free to add any additional comments or explanations.

1 – Complete Mastery

2 – Almost Complete Mastery

3 – Some Mastery

4 – Little Mastery

5 – No Mastery At All

Project Management Skills

The student is able to work in a group situation, facilitating and assisting facilitation of meetings.

Rating _____

Research Management

The student is able to schedule research tasks accordingly. (The student displays a theoretical knowledge of research methodology.)

Rating _____

The student is able to facilitate research decisions. (The student utilizes shared decision-making and incorporates empowerment principles during meetings.)

Rating _____

The student is able to effectively teach research skills to participants.

Rating _____

The student displays a commitment to the philosophy of Participatory Action Research.

Rating _____

Research Team Coordination

The student is able to define needs of participants. (The student displays a demonstrated ability to connect with mental health consumers.)

Rating _____

The student is able to develop and manage accommodations and special resources for research participants.

Rating _____

Appendix G

Standards for Assessment of Community Based Scholarship Interview Guideline for Post-Intervention Interview for Organization

Clear Goals

1. Are the goals clearly stated, and jointly defined by community and academics?
2. Has the partnership developed its goals and objectives based upon community needs?
3. How do we identify the community issues? Are these needs and issues truly recognized by the scholar and institution?
4. Do both community and academia think the issue is significant and / or important?
5. Have the partners developed a definition of what the “common good” is?
6. Have the partners worked toward an agreed upon “common good”?
7. Is there a vision for the future of the partnership?

Adequate Preparation

1. Does the scholar have the knowledge and skills to conduct the assessment and implement the program?
2. Has the scholar laid the groundwork for the program based on most recent work in the field?
3. Were the needs and strengths of the community identified and assessed using appropriate method?

4. Have individual needs taken a back seat to group goals and needs?
5. Do the scholar and the community consider all the important economic, social, cultural, and political factors that affect the issue?
6. Does the scholar recognize and respect community expertise?
7. Have the community-academic partners become a community of scholars?
8. Does the scholar recognize that the community can “teach”, and that the community has expertise?
9. Does the scholar stay current in the field?

Appropriate Methods

1. Have all partners been actively involved at all levels of partnership process – assessment, planning, implementation, evaluation?
2. Has the development of the partnership’s work followed a planned process that has been tested in multiple environments, and proven to be effective?
3. Have partnerships been developed according to a nationally acceptable framework for building partnerships?

Approach

1. Are the methods used appropriately matched to the need?
2. Do the methods build in community involvement and sustainability?
3. What outcomes have occurred in program development and implementation?
4. Do the scholar and community select, adapt, and modify the method with attention to local circumstances and continuous feedback from the community?
5. Do programs reflect the culture of the community?

6. Does the scholar use innovative and original approaches?
7. Does the approach emphasize sustainability?

Significant Results

1. Has the program resulted in positive health outcomes in the community?
2. Has the partnership effected positive change in the community and the academic institution?
3. Have models been developed that can be used by others?
4. What has been the impact on the community?
5. What has been the impact on the academic institution?
6. Have external resources (e.g., grant and fund raising) been affected by the program?
7. Are the results effective as judged by both the community and academia?
8. Do the scholar and community commit to a long-term partnership?

Effective Presentation

1. Has the work (outcomes and processes) of the partnership been reviewed and disseminated in the community and academic institutions?
2. Have there been presentations / publications on community based efforts at both the community and academic levels?

3. Are the results disseminated in a wide variety of formats to the appropriate community and academic audiences?

Ongoing Reflective Critique

1. What evaluation has occurred?
2. Does the scholar constantly think and reflect about the activity?
3. Would the community work with the scholar again?
4. Would the scholar work with the community again?

Appendix H
Post-Intervention Interview for Organization

1. Do you feel that the goals of the research project were clearly stated and jointly defined by the community participants and the student researcher? In what ways did the student researcher facilitate this process?
2. Were the goals and objectives of the research project based upon community / organizational needs?
3. Did the student researcher possess the knowledge and skills to conduct the research project? Please provide examples.
4. Was the student researcher able to identify the needs and strengths of the community participants? Did the student researcher recognize and respect community expertise?
5. Has the research project resulted in positive outcomes in the community / organization? How has the knowledge produced contributed to these? What has been the impact on the community / organization?
6. How have the results of the research been disseminated in the community? To what extent have community participants been involved in this process? In what ways did the student researcher facilitate participation in this activity?
7. What evaluation has occurred? Has it benefited your organization? In what ways?

Appendix I

Practicum Participant Recruitment Plan, Including Telephone Script for Consumers of Mental Health Services

Practicum Participant Recruitment Plan

Participants for the practicum project will be recruited through the following methods:

1. A number of community mental health agencies and / or programs will be notified by correspondence. The correspondence will inform agencies that I am seeking participants who have been consumers of mental health services for a minimum of one year and who do not have substitute decision makers. I will ask the agencies to put up posters and distribute recruitment information to their members / participants.
2. Carol Hiscock, Executive Director of Canadian Mental Health Association Manitoba Division and Horst Peters, Program Coordinator of Program for Consumer Empowerment will recruit participants from their office by informing consumers associated with their organization in a volunteer capacity that I will be undertaking my practicum project at CMHA, Partnership for Consumer Empowerment. They will provide information distributed to them regarding the nature of the practicum project to the mental health consumers, as well as the practicum student's contact information.

Those persons wishing to participate will be asked to contact me directly at my personal e-mail, by faxing or mailing a form to me at the Canadian Mental Health Association, Manitoba Division, or by leaving a telephone message at the Canadian Mental Health Association, Manitoba Division. When potential participants contact me I will make them aware that they will be asked to participate in an evaluation of the student practicum, but that they may refuse without consequence to their participation in the research project. The following verbatim script will be used, "In our first meeting you will be asked if you want to participate in the evaluation of my practicum. If you choose not to participate, you will be able to carry on with the educational sessions and be involved in the research project that the group designs."

Appendix J**Recruitment Advertisement and Return Fax Form for Consumers of Mental Health Services****RESEARCHERS WANTED
NO EXPERIENCE NECESSARY****Are You a Consumer of Mental
Health Services?****Would you like to learn research
skills?**

I am putting together a participatory action research project as a final requirement toward my Master of Social Work degree at the University of Manitoba and am looking for 10 co-researchers who are consumers of mental health services.

If you would like to participate, learn new skills, and contribute to the field of mental health while working in a supportive environment please contact Ruth-Anne Craig at **xxx-xxxx** or fax an application of interest to the Canadian Mental Health Association, Manitoba Division at **(204) 775-3497**.

Please fax this form to the Canadian Mental Health Association, Manitoba Division at **(204) 775-3497.**

You will be contacted within two days.

I am interested in learning research skills and participating in a research project.

Name: _____

Telephone Number: _____

THANK YOU FOR YOUR INTEREST!

Appendix K

Letter to Mental Health Organizations Regarding Recruitment

October 25, 2006

Executive Director
Name of Agency
Winnipeg, Manitoba

Dear (Name of Addressee),

I am writing to request your assistance in recruiting mental health consumers who might be interested in learning research skills by participating in a participatory action research project.

I am a graduate student in the faculty of Social Work at the University of Manitoba, currently working on the final requirement for my Master's degree. It is a practicum project using a participatory action research model. Participatory action research is a collaborative approach to research, and involves members of the community as active participants at every level of the research process. This research methodology has traditionally been used to promote social awareness and change, as well as to create an empowering environment for all those taking part. It is also an opportunity for the university and the community to work hand in hand in the creation of meaningful and useful knowledge. The Canadian Mental Health Association, Manitoba Division will be hosting my practicum and I will be supervised by Carol Hiscock, Executive Director, and Horst Peters, Program Coordinator for Partnership for Consumer Empowerment. My academic advisor is Dr. Sid Frankel of the Faculty of Social Work, University of Manitoba.

I would like to work with ten adults who have been consumers of mental health services to design and undertake a research project from beginning to end. I am currently recruiting participants, and would appreciate it very much if you would allow me to post my recruitment material at your agency. Also, if you know anyone who you feel might be interested in participating I would appreciate it if you would pass along my contact information to them. I am hoping that people who participate in the project will benefit by acquiring research skills, increased self-esteem and increased levels of empowerment. I also believe that the research produced by the project could be potentially beneficial to the field of mental health. The project will take approximately three months.

Please find enclosed recruitment material for my practicum research project, which can be posted in a public location at your agency. I am also enclosing an information sheet, providing contact details, as well as a fax form that interested persons can fax to me at the Canadian Mental Health Association. If you have any questions regarding my request, including more information about my practicum project, please feel free to contact me at XXX-XXXX. I am hoping to recruit participants as soon as possible.

Thank you for your assistance.

Sincerely,

Ruth-Anne Craig

Appendix L

Ethics Protocol Submission Form (Including Informed Consent Form – Consumers and Informed Consent Form – Organization)

ETHICS PROTOCOL SUBMISSION FORM

1. Summary of Project

Purpose

The purpose of this project is to evaluate:

1. the effects of participating in educational sessions and designing and carrying out a participatory action research project on the skills, knowledge and empowerment of a group of mental health service consumers.
2. the usefulness of the findings of the participatory action research project.
3. the skill and knowledge development of the student.

Methodology

The mental health service consumers will:

- 1 complete A Consumer Constructed Empowerment Scale – Making Decisions (Sciarrapa, Rogers & Chamberlin, 1994) in the first educational session and at the completion of the participatory action research project.
- 2 complete a structured skills logbook after each educational session and while working on the participatory action research project.
- 3 be interviewed in person after completion of the participatory action research project.

These data will be used to assess how the experience has affected the empowerment and research and collaborative group skills and knowledge of the mental health consumers.

The executive directors of the host agency (Canadian Mental Health Association, Manitoba Division) and program coordinator of the host program within the agency

(Partnership for Consumer Empowerment) will be interviewed in person after the participatory action research project is completed.

2. Research Instruments

The following are attached:

1. Consumer Constructed Empowerment Scale (Sciarappa, Rogers & Chamberlin, 1994)
2. Instructions for Participant Skill Logbook
3. Evaluation Interview Schedule for participants
4. Evaluation Interview Schedule for Agency staff

3. Study Subjects

The evaluation will include:

1. up to eight to ten participants in the educational sessions and participatory action research project
2. the executive director of the host agency and the program coordinator of the host program within the agency

The participants in the educational sessions and participatory action research project will be recruited in the first educational session. A script that will be read to the group is attached. The agency staff will be recruited by letters, which are attached.

The participants in the educational sessions and research project will have been mental health consumers for at least one year. However, those found mentally incompetent for legal consent will not be recruited. Those who do not wish to consent to participation in the evaluation will not be excluded from participation in the educational sessions or participatory action research project.

4. Informed Consent

Consent will be in writing. The consent forms are attached.

5. Deception

There is no deception involved in this research.

6. Feedback / Debriefing

All subjects are given an opportunity to request a written summary of the findings of the evaluation.

7. Risks and Benefits

There are no known risks to subjects from participation in the evaluation beyond the minor potential stress of completing scales, writing logbooks, and participating in an interview. The benefits include development of knowledge about participation in participatory action research on mental health service consumers and about the usefulness of the findings of participatory action research.

8. Anonymity and Confidentiality

Responses to the Consumer Constructed Empowerment Scale will be anonymous. Participants will construct a code (known only to them) that will be used to link pre-program and post-program scales. Logbooks with participant code numbers will be securely stored separate from lists of names (which will also be securely stored). No identifying information will be included in the practicum report.

9. Compensation

No compensation will be provided.

Informed Consent Form - Consumers

Research Project Title: Empowerment and Social Work Research – Participatory Action Research and the Relationship Between the Extent of Mental Health Consumers’ Involvement in Research and its Capacity to Serve an Empowering Function

**Researcher: Ruth-Anne Craig, M.S.W. Student,
Telephone XXX-XXXX
Dr. Sid Frankel, Advisor, Faculty of Social Work,
Telephone 474-9706**

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take time to read this carefully and to understand any accompanying information.

Purpose of the research: The purpose of this study is evaluating the student practicum. This will include gaining an understanding of the effects of participating in educational sessions and a participatory action research project on the research skills and knowledge, and the level of empowerment of mental health service consumers.

Description of Procedures: Participants will complete the Consumer Constructed Empowerment Scale– Making Decisions before and after participation in the educational sessions and the research project. This scale is made up of 28 statements relating to self-esteem, power, community activism, righteous anger, and optimism with which participants will be asked to state their level of agreement or disagreement. Participants will also keep a logbook of their experiences, which will be filled out after each educational session. The logbook responses can be in sentences or in point form, and will focus on skills and knowledge gained from the educational sessions, as well as attitudes regarding participatory decision-making. Participants will be interviewed after the intervention. This will take approximately one and one-half hours. The interview questions will focus on the skills and knowledge gained from participating in the educational sessions and the impact of participation on participants’ lives.

Risks and Benefits: There are no known risks or discomforts associated with this study. The anticipated benefit is contributing to knowledge about the effects of participating in a participatory action research project

Recording Devices: An audiocassette recorder will be used to tape the interviews.

Confidentiality: Only the principal researcher will have access to participant names. Identifying information will not be associated with the research or the research findings in any way. Code names can be used on all data collection forms. All data collection will be kept in a locked filing cabinet in the home of the researcher. Logbooks will be returned to participants upon completion of the data analysis. Audiocassette recordings will be destroyed after being transcribed. Transcripts and completed empowerment measures will be destroyed after data has been analyzed, no later than May 31, 2007.

Feedback: The investigator will be pleased to provide all results in a final report upon completion of the study, no later than May 31, 2007.

Effect of Not Agreeing to Participate: If you choose not to participate in this research, this will not affect your involvement in the educational sessions or participatory action research project in any way.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and / or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. **If you wish to do so you may contact the principal researcher, Ruth-Anne Craig, at XXX-XXXX or her supervising academic advisor, Dr. Sid Frankel, at 474-9706.**

This research has been approved by the University of Manitoba's Psychology / Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____, 200__

Researcher Signature: _____ Date: _____, 200__

Please check one:

☐ I wish a copy of the findings to be mailed to me.

Address

☐ I do not wish a copy of the findings to be mailed to me

Informed Consent Form - Organization

Research Project Title: Empowerment and Social Work Research – Participatory Action Research and the Relationship Between the Extent of Mental Health Consumers’ Involvement in Research and its Capacity to Serve an Empowering Function

**Researcher: Ruth-Anne Craig, M.S.W. Student,
Telephone XXX-XXXX
Dr. Sid Frankel, Advisor, Faculty of Social Work,
Telephone 474-9706**

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take time to read this carefully and to understand any accompanying information.

Purpose of the research: The purpose of this study is to evaluate the student’s practicum. This will include gaining an understanding of the usefulness of the findings of the participatory action research project and of the skill and knowledge developed by the practicum student.

Description of Procedures: Participants will take part in a single interview at the end of the practicum. This interview will focus on the student’s learning and the usefulness of the findings of the collaborative research for improving the circumstances and experience of mental health service consumers. It will take up to one and one-half hours.

Risks and Benefits: There are no known risks or discomforts associated with this study. The anticipated benefit is contributing to knowledge about the usefulness of findings of a participatory action project and about the learning experienced by students.

Recording Devices: An audiocassette recorder will be used to tape the interviews.

Confidentiality: Confidentiality of participants will be protected. Audiocassette recordings will be destroyed after being transcribed, no later than May 2007. Transcripts will be kept in a locked drawer in the researcher’s home and destroyed after data has been analyzed, no later than May 31, 2007. Codes rather than names will appear on the transcripts and the list of codes will be kept in a separate drawer.

Feedback: The investigator will be pleased to provide all results in a final report upon completion of the study, no later than May 31, 2007.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate

as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and / or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. **If you wish to do so you may contact the principal researcher, Ruth-Anne Craig, at XXX-XXXX or her supervising academic advisor, Dr. Sid Frankel, at 474-9706.**

This research has been approved by the University of Manitoba's Psychology / Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____, 200__

Researcher Signature: _____ Date: _____, 200__

Please check one:

☐ I wish a copy of the findings to be mailed to me.

Address

☐ I do not wish a copy of the findings to be mailed to me

Appendix M

Script for Mental Health Services Consumers for Evaluation of Practicum

Hello. I would like to spend a few minutes talking to you about the evaluation of the participatory action research project. However, you are under no obligation to participate in the evaluation, even if you choose to participate in the research project.

There are three components to the evaluation. First, there is a pre and post-test called a Consumer Constructed Empowerment Scale– Making Decisions. This scale will be filled out today and then again at the end of the project. It has twenty-eight questions. Your confidentiality will be maintained if you choose to fill this out. The researcher will not be able to match the responses to the participants. The pre-test and post-test will be linked by a code that you will make up and that only you will know. The data from these tests will be used to assess how the experience of participating in a participatory action research project has affected the empowerment of the participants. All data collected will be kept in a locked filing cabinet at my home.

Another evaluation tool that you can participate in is the Consumer Skills Logbook. The entries in this logbook will be ongoing during the process of the research project. I have designed an instruction sheet that you can follow or fill out in sentences or point form. Although the researcher will be privy to the identification of participants filling out the logbooks, all logbooks will have a participant number and will be securely stored separate from lists of participant names. These logbooks will be returned to you to keep after the data has been analyzed.

I am also asking you to participate in a post-intervention interview, the third consumer evaluation component of this research project. The data from the interviews will be used to assess how the experience of attending educational sessions and participating in a participatory action research project affects consumers' empowerment, as well as their research skills and knowledge. The interviews will take approximately one and one-half hours to complete. All data from the interview transcripts will be kept in a locked filing cabinet and will be destroyed after data analysis.

I'd like to thank you very much for considering being a part of the evaluation of the participatory action research project. However, you are under no obligation to participate and will not be penalized in any way if you wish to decline from this part of the research project.

I am handing out consent forms for those of you who have chosen to participate. Please read them carefully before you sign. Please feel free to ask any questions at all.

Appendix N

Letters Regarding Organizational Participation in Practicum Evaluation

Date

Ms. Carol Hiscock
Executive Director
Canadian Mental Health Association, Manitoba Division
4 Fort Street
Winnipeg, Manitoba
R3C 1C4

Dear Ms. Hiscock,

Thank you for allowing me to undertake my practicum for my Master of Social Work degree at Partnership for Consumer Empowerment (PCE), a program of the Canadian Mental Health Association, Manitoba Division. I look forward to working with you and Horst Peters, Program Coordinator of PCE.

At this time I would like to invite you to participate in the evaluation of the practicum by taking part in an interview that will take place after the participatory action research project. The data from the interview will be used to assess the usefulness of the findings of the participatory action research project and the skill and knowledge developed by the practicum student. The interview will take up to one and one-half hours.

Your participation in the evaluation is completely voluntary. I would like to meet with you to review the consent form as attached, but attending such a meeting does not obligate you to participate.

I will call you to arrange a meeting.

Thank you for your assistance.

Sincerely,

Ruth-Anne Craig

Date

Mr. Horst Peters
Program Coordinator
Partnership for Consumer Empowerment
Canadian Mental Health Association, Manitoba Division
4 Fort Street
Winnipeg, Manitoba
R3C 1C4

Dear Mr. Peters,

Thank you for allowing me to undertake my practicum for my Master of Social Work degree at Partnership for Consumer Empowerment, a program of the Canadian Mental Health Association (CMHA), Manitoba Division. I look forward to working with you and Carol Hiscock, Executive Director of CMHA.

At this time I would like to invite you to participate in the evaluation of the practicum by taking part in an interview that will take place after the participatory action research project. The data from the interview will be used to assess the usefulness of the findings of the participatory action research project and of the skill and knowledge developed by the practicum student. The interview will take up to one and one-half hours.

Your participation in the evaluation is completely voluntary. I would like to meet with you to review the consent form as attached, but attending such a meeting does not obligate you to participate.

I will call you to arrange a meeting.

Thank you for your assistance.

Sincerely,

Ruth-Anne Craig

Appendix O

Informed Consent Form – Recipients of Mental Health Services

Research Project Title: The Experience of Recovery of Mental Health Service Recipients

Researcher: Ruth-Anne Craig, M.S.W. Student,
Telephone xxx-xxxx
Dr. Sid Frankel, Advisor, Faculty of Social Work,
Telephone 474-9706

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take time to read this carefully and to understand any accompanying information.

Purpose of the research: The purpose of this study is to gain an understanding of what the term recovery means to persons who are recipients of mental health services. This will include gaining an understanding of mental health service recipients' experience of their own recovery process as well as examining their perceptions of receiving service from the mental health system.

Description of Procedures: Participants will complete a standardized open-ended interview of ten questions about their experiences of recovery from mental illness. This interview format will include questions regarding persons' perceptions and interpretations of the term recovery, as well as questions about their personal experiences as recipients of mental health services. Questions will also cover strategies for and barriers to recovery, control over the recovery process, and how the mental health system can accommodate the process of recovery. This will take approximately one and one-half hours. Participants will be interviewed by members of the Participatory Action Research Committee, who are also recipients of mental health services. Members of the Participatory Action Research Committee will be supervised by the principal researcher, who is a graduate student at the University of Manitoba.

Risks and Benefits: Some mental health service recipients may be upset by discussing their recovery from mental illness. Therefore, we have provided a list of services you could contact to help with this. Or you might wish to talk to your own mental health worker. The anticipated benefit is contributing to knowledge about the experience of recovery of persons receiving mental health services and contributing to the promotion of action research.

Recording Devices: An audiocassette recorder will be used to tape the interviews.

Confidentiality: Only the principal researcher and the Participatory Action Research Group members, who are partners in the research, will have access to participant names. The members of the group include Rick Bryson, Gerry Duguay, Maureen Koblun, XXXX XXXX, Emmanuel Murphy, Mary Ann Drazenovich, and Cindy Bachynski. Identifying information will not be associated with the research or the research findings in any way. All data collected will be kept in a locked filing cabinet in the home of the principal researcher. Audiocassette recordings will be destroyed after being transcribed. Transcripts will be destroyed after data has been analyzed, no later than July 31, 2007. The principal researcher will attempt to ensure that the Participatory Action Research committee members understand and adhere to the principles of confidentiality outlined by university of Manitoba Governance Policy 1406 – The Ethics of Research Involving Human Subjects.

Feedback: The principal investigator and the Participatory Action Research committee members will be pleased to provide all results in a final report upon completion of the study, no later than July 31, 2007. If you wish such a report, please check the appropriate box below.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and / or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your participation in this research project is voluntary, and declining to participate will have no negative consequences. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. **If you wish to do so you may contact the principal researcher, Ruth-Anne Craig, at xxx-xxxx or her supervising academic advisor, Dr. Sid Frankel, at 474-9706.**

This research has been approved by the University of Manitoba's Psychology / Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____, 200__

Researcher Signature: _____ Date: _____, 200__

Please check one:

☐ I wish a copy of the findings to be mailed to me.

Address

☐ I do not wish a copy of the findings to be mailed to me

Informed Consent Form

Key Informants – Psychiatrists / Psychiatric Nurses / Psychologists

Research Project Title: The Experience of Recovery of Mental Health Service Recipients

**Researcher: Ruth-Anne Craig, M.S.W. Student,
Telephone xxxx-xxxx
Dr. Sid Frankel, Advisor, Faculty of Social Work,
Telephone 474-9706**

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take time to read this carefully and to understand any accompanying information.

Purpose of the research: The purpose of this study is to gain an understanding of what the term recovery means to psychiatrists / psychiatric nurses / psychologists through consulting key informants who are knowledgeable about this. This will include gaining an understanding of the perceptions held by psychiatrists / psychiatric nurses / psychologists of mental health service recipients' experiences of the recovery process and their involvement with the mental health system.

Description of Procedures: Participants will complete a standardized open-ended interview of seven questions about psychiatrists' / psychiatric nurses' / psychologists' knowledge of recovery from mental illness. This interview format will include questions regarding psychiatrists' / psychiatric nurses' / psychologists' perceptions and interpretations of the term recovery, as well as questions about their understanding of the experiences of recipients of mental health services. Questions will also cover strategies for and barriers to recovery, as well as how the mental health system can accommodate the process of recovery. This interview will take approximately one hour. Participants will be interviewed by members of the Participatory Action Research Committee, who are also recipients of mental health services. Members of the Participatory Action Research Committee will be supervised by the principal researcher, who is a graduate student at the University of Manitoba.

Risks and Benefits: There are no known risks or discomforts associated with this study, except that the identity of key informants will not be protected, as their positions will be included in the research report, although particular statements will not be attributed to particular informants. The anticipated benefit is contributing to

knowledge about the experience of recovery of persons receiving mental health services and contributing to the promotion of action research.

Recording Devices: An audiocassette recorder will be used to tape the interviews.

Confidentiality: The positions of key informants will be revealed, but particular comments will not be attributed to any key informant. All data collection will be kept in a locked filing cabinet in the home of the primary researcher. Audiocassette recordings will be destroyed after being transcribed. Transcripts will be destroyed after data has been analyzed, no later than July 31, 2007. The principal researcher will ensure that the Participatory Action Research committee members understand and will attempt to ensure that they adhere to the principles of confidentiality outlined by University of Manitoba Governance Policy 1406 – The Ethics of Research Involving Human Subjects.

Feedback: The principal researcher and the Participatory Action Research committee members will be pleased to provide a summary report of results upon completion of the study, no later than July 31, 2007. If you wish such a report, please check the appropriate box below.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and / or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your participation in this research project is voluntary, and declining to participate will have no negative consequences. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. **If you wish to do so you may contact the principal researcher, Ruth-Anne Craig, at xxx-xxxx or her supervising academic advisor, Dr. Sid Frankel, at 474-9706.**

This research has been approved by the University of Manitoba's Psychology / Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret.bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____, 200__

Researcher Signature: _____ Date: _____, 200__

Please check one:

☐ I wish a copy of the findings to be mailed to me.

Address

☐ I do not wish a copy of the findings to be mailed to me

Informed Consent Form

Key Informants – Community Mental Health Workers

Research Project Title: The Experience of Recovery of Mental Health Service Recipients

**Researcher: Ruth-Anne Craig, M.S.W. Student,
Telephone xxx-xxxx
Dr. Sid Frankel, Advisor, Faculty of Social Work,
Telephone 474-9706**

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take time to read this carefully and to understand any accompanying information.

Purpose of the research: The purpose of this study is to gain an understanding of what the term recovery means to mental health workers through consulting key informants who are knowledgeable about this. This will include gaining an understanding of the perceptions held by mental health workers of mental health service recipients' experiences of the recovery process and their involvement with the mental health system.

Description of Procedures: Participants will complete a standardized open-ended interview of nine questions about mental health workers' knowledge of recovery from mental illness. This interview format will include questions regarding mental health workers' perceptions and interpretations of the term recovery, as well as questions about their understanding of the experiences of recipients of mental health services. Questions will also cover strategies for and barriers to recovery, as well as how the mental health system can accommodate the process of recovery. This interview will take approximately one hour. Participants will be interviewed by members of the Participatory Action Research Committee, who are also recipients of mental health services. Members of the Participatory Action Research Committee will be supervised by the principal researcher, who is a graduate student at the University of Manitoba.

Risks and Benefits: There are no known risks or discomforts associated with this study, except that the identity of key informants will not be protected, as their positions will be included in the research report, although particular statements will not be attributed to particular informants. The anticipated benefit is contributing to

knowledge about the experience of recovery of persons receiving mental health services and contributing to the promotion of action research.

Recording Devices: An audiocassette recorder will be used to tape the interviews.

Confidentiality: The positions of key informants will be revealed, but particular comments will not be attributed to any key informant. All data collection will be kept in a locked filing cabinet in the home of the principal researcher. Audiocassette recordings will be destroyed after being transcribed. Transcripts will be destroyed after data has been analyzed, no later than July 31, 2007. The principal researcher will ensure that the Participatory Action Research committee members understand and will attempt to ensure that they adhere to the principles of confidentiality outlined by University of Manitoba Governance Policy 1406 – The Ethics of Research Involving Human Subjects.

Feedback: The principal researcher and the Participatory Action Research committee members will be pleased to provide a summary report of results upon completion of the study, no later than July 31, 2007. If you wish such a report, please check the appropriate box below.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and / or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your participation in this research project is voluntary, and declining to participate will have no negative consequences. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. **If you wish to do so you may contact the principal researcher, Ruth-Anne Craig, at xxx-xxxx or her supervising academic advisor, Dr. Sid Frankel, at 474-9706.**

This research has been approved by the University of Manitoba's Psychology / Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret.bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____, 200__

Researcher Signature: _____ Date: _____, 200__

Please check one:

☐ I wish a copy of the findings to be mailed to me.

Address

☐ I do not wish a copy of the findings to be mailed to me

Appendix P**Recruitment Advertisement for Recipients of Mental Health Services**

Are you a Recipient of Mental Health Services?

Would you like to contribute your knowledge and experience of the recovery process by participating in a research project?

We would like to hear from you!

We are a Participatory Action Research Committee working with a University of Manitoba graduate student in investigating the concept of recovery in mental health. We are looking for people who are (or who have been) recipients of mental health services for at least one year to participate in an interview about their experiences of recovery from mental illness.

If you are a recipient of mental health services and you may be interested in participating in this research project please contact 953-2350 and leave a message or fax the attached form to the Canadian Mental Health Association, Manitoba Division at (204) 775-3497 to learn more.

Thank you for your Interest!

Appendix Q

Letter to Key Informants (Psychiatrists, Psychiatric Nurses, Psychologists, and Community Mental Health Workers)

March 19, 2007

Key Informant

Dear Key Informant,

I am writing to request your participation in a research project that I am undertaking with a group of mental health consumer researchers. We would appreciate it very much if you would provide us with about one hour of your time to answer some questions regarding your opinions about the concept of recovery and the experiences of persons receiving services from the mental health system.

I am a graduate student in the Faculty of Social Work at the University of Manitoba, currently working on the final requirement for my Master's degree. It is a practicum project using a participatory action research model. Participatory action research is a collaborative approach to research, and involves members of the community as active participants at every level of the research process. This research methodology has traditionally been used to promote social awareness and change, as well as to create an empowering environment for all those taking part. As it is an action research project, one of its primary goals is to influence policy makers. It is also an opportunity for the university and the community to work hand in hand in the creation of meaningful and useful knowledge. The Canadian Mental Health Association, Manitoba Division is hosting my practicum and I am being supervised by Carol Hiscock, Executive Director, and Horst Peters, Program Coordinator for Partnership for Consumer Empowerment. My academic advisor is Dr. Sid Frankel of the Faculty of Social Work, University of Manitoba.

I am currently collaborating with seven adults who are consumers of mental health services in designing and undertaking a research project from beginning to end. The members of the group include Rick Bryson, Gerry Duguay, Maureen Koblun, Emmanuel Murphy, Mary Ann Drazenovich, Anonymous, and Cindy Bachynski. We have chosen a research topic and decided on our methodology, as well as choosing from whom we would like to receive information. The participatory action research committee has opted to research the topic of recovery from mental illness, and we are interviewing several recipients of mental health services, as well as three key informants from groups of mental health workers and medical professionals including psychiatrists, psychiatric nurses, and psychologists. The term 'key informants' has been defined as "people who

are particularly knowledgeable about the inquiry setting and articulate about their knowledge... [and are] trained or developed in their role” (Patton, 2002). You have been chosen by the research committee as a key informant from the group (community mental health workers, psychiatrists, psychiatric nurses, psychologists). The questions will range from the concept of recovery for mental health recipients to helpful strategies for and barriers to the recovery process, as well as how the mental health system can accommodate the process of recovery.

As a follow-up to this letter you will be contacted by telephone within one week by a committee member of the participatory action research team. At that time you will be asked to determine a convenient time to meet with an interviewer from the team. Prior to the interview you will be provided with an Informed Consent Form and given an explanation of the potential risks and benefits of participating in this research project. At that time you may make the decision not to participate if you should so desire. Your participation in this research project is voluntary, and declining to participate will have no negative consequences.

Thank you for your consideration to be interviewed as a key informant for this research project. Please feel free to contact me at xxx-xxxx if you have any questions or if you require any additional information.

Sincerely,

Ruth-Anne Craig

MSW Student, University of Manitoba

Appendix R

Letter to Mental Health Agencies Requesting Assistance with Recruitment

March 19, 2007

Name
Position
Agency Name
Address
Winnipeg, Manitoba
Postal Code

Dear (Name of Addressee),

Last October I wrote you to request your assistance in recruiting mental health consumers who were interested in learning research skills by participating in a participatory action research project. Thank you for your willingness to assist me in this process by advertising my literature at your agency.

Just to refresh your memory, I am a graduate student in the faculty of Social Work at the University of Manitoba, currently working on the final requirement for my Master's degree. It is a practicum project using a participatory action research model. Participatory action research is a collaborative approach to research, and involves members of the community as active participants at every level of the research process. This research methodology has traditionally been used to promote social awareness and change, as well as to create an empowering environment for all those taking part. It is also an opportunity for the university and the community to work hand in hand in the creation of meaningful and useful knowledge. The Canadian Mental Health Association, Manitoba Division will be hosting my practicum and I will be supervised by Carol Hiscock, Executive Director, and Horst Peters, Program Coordinator for Partnership for Consumer Empowerment. My academic advisor is Dr. Sid Frankel of the Faculty of Social Work, University of Manitoba.

Since last November I have been working with seven adults who are consumers of mental health services in designing and undertaking a research project from beginning to end. We have chosen a research topic and decided on our methodology, as well as choosing from whom we would like to receive information. The participatory action research committee has opted to research the topic of recovery from mental illness, and we would like to interview up to twenty recipients of mental health services about their experiences

with the recovery process and the impact that the mental health system may have had on them.

Once again I am asking for your assistance in recruiting people who may be interested in participating in this research by taking part in an interview with a member from our committee. If you could post our recruitment material in a public location at your agency, or pass along the information to those you think may be interested in being interviewed, it would be very much appreciated.

I am enclosing an information sheet, providing contact details, as well as a fax form that interested persons can fax to me at the Canadian Mental Health Association. If you have any questions regarding my request, including more information about my practicum project, please feel free to contact me at XXX-XXXX. We are hoping to recruit participants as soon as possible.

Thank you for your assistance.

Sincerely,

Ruth-Anne Craig

MSW Student, University of Manitoba

Appendix S

Application to the University of Manitoba Psychology / Sociology Research Ethics Board

1. Summary of Project

Purpose

The purpose of this project is to study the perceptions of recovery from mental illness of mental health service recipients, community mental health workers and medical professionals (psychiatrists, psychiatric nurses, and psychologists). Key informants will be used to study the last two groups. The term ‘key informants’ has been defined by Patton (2002) as “people who are particularly knowledgeable about the inquiry setting and articulate about their knowledge ... (and are) trained and developed in their role”. They have been chosen because of their positions in their fields. The first group will be studied through recruitment of a convenience sample of mental health service recipients, who frequent various mental health service locations.

Methodology

The mental health service recipients will be interviewed in person, and will complete a standardized open-ended interview of ten questions about their experiences of recovery from mental illness. The interview will include questions regarding mental health service recipients’ perceptions and interpretations of the term “recovery”, as well as questions about their personal experiences as recipients of mental health services.

The key informants from the community mental health workers group will be interviewed in person, and will complete a standard open-ended interview of nine questions about

community mental health workers' knowledge of the recovery process of recipients of mental health services.

The key informants from the medical professional group of psychiatrists, psychiatric nurses, and psychologists will be interviewed in person, and will complete a standard open-ended interview of seven questions about psychiatrists', psychiatric nurses', and psychologists' knowledge of the recovery process of recipients of mental health services.

These data will be used to assess the knowledge and attitudes of recipients of mental health services regarding their recovery process, as well as to assess their perceptions of the impact of the mental health system on their recovery processes.

These data will also be used to assess the knowledge of mental health workers and psychiatrists, psychiatric nurses, and psychologists of the recovery process for persons with a mental illness who are recipients of services of the mental health system.

As this research project involves a partnership between the practicum student and a group of mental health consumer researchers, the data will be collected by the consumer researchers under the supervision of the practicum student. The practicum student will be responsible for ensuring that all requirements for confidentiality are followed by explaining the protocol for confidentiality to the participatory action research committee and supervising the participatory action research committee which is comprised of eight consumers of mental health. The practicum student has been working together with the consumer researchers for the past three months, meeting twice weekly, to design and undertake this research project. The practicum student has provided informational

sessions to the consumer researchers to explain the process of research and ethical requirements of research, including maintaining collected information as confidential.

The consumer researchers have also been trained in interviewing procedures, including how to seek informed consent. They will be provided with ongoing supervision during data gathering and analysis.

2. Research Instruments

The following are attached:

1. Interview Schedule for Recipients of Mental Health Services
2. Interview Schedule for Key Informants of Community Mental Health Workers
3. Interview Schedule for Key Informants of Psychiatrists, Psychiatric Nurses, and Psychologists

3. Study Subjects

The research study will include:

1. up to twenty recipients of mental health services
2. three key informants from community mental health workers
3. three key informants from medical professionals (one each from psychiatrists, psychiatric nurses, psychologists)

The key informants were chosen on the basis that because of the positions that they occupy, they are able to report on the general knowledge of their professions. Three key informants' positions from community mental health workers are: Director, Mental Health – Winnipeg Regional Health Authority; Executive Director, Canadian Mental Health Association, Winnipeg Region; Director, YM-YWCA Mental Health Services. These are all supervisory positions in community mental health programs.

The three key informants' positions from the medical profession are: Medical Director, Community Mental Health, Winnipeg Regional Health Authority (Psychiatrists); Executive Director, The College of Registered Psychiatric Nurses of Manitoba (Psychiatric Nurses); Head, Clinical Health Psychology, Victoria General Hospital (Psychologists). These are all supervisory positions in the medical profession.

The mental health service recipients will be recruited prior to the scheduled interview through advertisements at various Winnipeg community mental health agencies and self-help organizations through posting of an advertisement (recruitment poster attached).

These are:

Manitoba Schizophrenia Society

Mood Disorders Association of Manitoba

Anxiety Disorders Association of Manitoba

Obsessive Compulsive Disorder Centre Manitoba, Inc.

Eating Disorders Association of Manitoba

Canadian Mental Health Association, Manitoba Division

Partnership for Consumer Empowerment

Mental Health Education Resource Centre

Canadian Mental Health Association, Winnipeg Region

Seneca House

Prospective subjects who are recipients of mental health services will be given the option of telephoning CMHA Manitoba Division and leaving a message to be contacted by the principal researcher or by faxing in a sheet requesting to be contacted by the principal researcher. Prospective subjects will be informed during the initial telephone contact that agreeing to meet the interviewer does not imply consent to participate in the interview

and that they will be asked to sign an informed consent form prior to participation (script attached).

The participants in the research project will have been mental health service recipients for at least one year. However, those who have been found mentally incompetent for legal consent will not be recruited. Prospective subjects will be asked during the initial telephone contact when they first began receiving services and if they have legal authority to consent for themselves (script attached).

The prospective subjects who are key informants will be recruited by letters (copies attached), as well as by follow-up telephone calls (script attached). The follow-up telephone calls will be placed by members of the Participatory Action Research Committee, rather than by the principal researcher. Prospective key informant subjects will be informed during the initial telephone contact that agreeing to meet the interviewer does not imply consent to participate in the interview and that they will be asked to sign an informed consent form prior to participation (script attached).

4. Informed Consent

Consent will be in writing. Three consent forms are attached.

1. Informed Consent Form – Recipients of Mental Health Services
2. Informed Consent Form – Key Informants – Medical Professionals
3. Informed Consent Form – Key Informants – Community Mental Health Workers

Subjects who are recipients of mental health services will be subject to complete protection of confidentiality. Key informants will be warned that their positions will be revealed, but that specific comments will not be attributed to particular informants.

Participants will also be advised of the nature of a participatory action research project – that it is a partnership between the practicum student and a group of mental health consumer community researchers, and that the purpose of the research is to influence public policy. Therefore, participants will need to be made aware of who will have access to the data, including the names of service recipient researchers.

5. Deception

There is no deception involved in this research.

6. Feedback / Debriefing

All subjects are given an opportunity to request a written summary of findings of the study.

7. Risks and Benefits

Participation in the study may involve emotional stress to some individuals who are recipients of mental health services, as it might be stressful to discuss their experiences of recovery from mental illness. In order to assist with this, subjects who are recipients of mental health services will be given information, including emergency telephone numbers of services that they could contact at the end of each interview, if they feel they require assistance in coping with their emotional distress. These numbers will include: Crisis 24 hour line (Klinic) 786-8686 and the Mobile Crisis Unit (Winnipeg Regional Health Authority) 946-9109. They will also be advised to speak to their mental health worker, if they have one.

Benefits include contributing to knowledge about the experience of recovery of persons receiving mental health services and contributing to the promotion of action research.

8. Anonymity and confidentiality

Anonymity will not be possible, as subjects will be interviewed in person. However, no identifying information of recipients of mental health services will be included in the final report. The identity of key informants will not be protected, as their positions will be included in the research report. However, particular statements will not be attributed to key informants. Key informants will be clearly warned of this in the consent procedure. The practicum student will be responsible for ensuring that all ethical protocols for confidentiality are followed by explaining them to the participatory action research committee and supervising the participatory action research committee.

9. Compensation

No compensation will be provided.

Appendix T

Telephone Script for Prospective Subjects (Recipients of Mental Health Services)

Thank you for contacting me about participating in the research interview. The purpose of this interview is to learn about how mental health service recipients feel about recovery and their experience in the mental health system. Interviews will take approximately one and one half hour and you will be interviewed by a member of the participatory action research committee, who is also a recipient of mental health services.

Agreeing to meet the interviewer in no way implies your consent to participate in the interview. You will be asked to read and sign an informed consent form prior to participating in the interview.

Would you mind if I ask you a couple of questions?

What month and year did you start receiving services from the mental health system? (If answer indicates less than twelve months say, “Thank you for your help, but your experience is not long enough to be interviewed for this study.” If answer indicates twelve months or more read the following). “We can only interview persons who have the legal authority to consent for themselves. Are you someone we can interview?” (If they say “no”, say, “Thank you for your time.” If they say “yes” arrange a time and place for the interview).

Appendix U

Telephone Script for Prospective Subjects (Key Informants)

I am calling to follow up on the letter you received from Ruth-Anne Craig last week...

The purpose of this interview is to learn about the knowledge of (community mental health workers / psychiatrists / psychiatric nurses / psychologists) of recovery for mental health service recipients and their experience in the mental health system. Interviews will take approximately one hour. Agreeing to meet the interviewer in no way implies your consent to participate in the interview. You will be asked to read and sign an informed consent form prior to participating in the interview.

Thank you.

Appendix V

Interview Schedule for Recipients of Mental Health Services for Recovery Research Project

Research Instrument #1

Interview Schedule for Recipients of Mental Health Services

1. What does recovering from a mental illness mean to you?
2. What is your interpretation of recovery in relation to mental health?
3. Have you received information about recovery? If yes, from whom? When?
4. What has been helpful in your recovery?
5. What have been some barriers to your recovery?
6. Has anyone ever asked you what was important to you in your own recovery? If yes, whom?
7. Do you feel you have control in/over your own recovery process?
8. What, if any, are the negative implications of recovery?
9. How do you think the mental health system as a whole could improve in assisting in the recovery of its clients?
10. Are there any other comments you would like to add about your recovery or your experiences in the mental health system?

Appendix W

Interview Schedules for Key Informants

Research Instrument #2

Interview Schedule for Key Informants of Community Mental Health Workers

1. What do you think recovering from a mental illness means to community mental health workers?
2. In your experience, what interpretations do community mental health workers place on recovery in relation to attaining better mental health?
3. How do community mental health workers receive information about recovery?
How is this information passed on to recipients of mental health services?
4. What have community mental health workers found to be helpful to mental health service recipients in their recovery?
5. What barriers to recovery for recipients of mental health services do community mental health workers identify?
6. What roles do community mental health workers see for mental health service recipients in their recovery plans?
7. In what ways do community mental health workers facilitate recipients taking charge of their own recovery process?
8. What negative implications of recovery do community mental health workers identify?

9. What recommendations have you heard from community mental health workers about how the mental health system could better assist in the recovery of mental health service recipients?

Research Instrument #3

Interview Schedule for Key Informants of the Medical Profession (Psychiatrists / Psychiatric Nurses / Psychologists). (Each informant will only be asked about her or his own profession.)

1. What do you think recovering from a mental illness means to psychiatrists / psychiatric nurses / psychologists?
2. In your experience, what interpretations do psychiatrists / psychiatric nurses / psychologists place on recovery in relation to attaining better mental health?
3. What have psychiatrists / psychiatric nurses / psychologists found to be helpful to mental health service recipients in their recovery?
4. What barriers to recovery for recipients of mental health services do psychiatrists / psychiatric nurses / psychologists identify?
5. What roles do psychiatrists / psychiatric nurses / psychologists see for mental health service recipients in their recovery plans?
6. What negative implications of recovery do psychiatrists / psychiatric nurses / psychologists identify?
7. What recommendations have you heard from psychiatrists / psychiatric nurses / psychologists about how the mental health system could better assist in the recovery of mental health service recipients?

Appendix X

Interview Guide for Recipients of Mental Health Services Interview

1. What does recovering from a mental illness mean to you? What do you think recovery is when a person is ill? A mental illness is an illness that causes you to come into contact with the mental health system, or having a psychiatric diagnosis.
2. What is your interpretation of recovery in relation to mental health? What are the signs of recovery?
3. What kind of information? Verbal? Literature? Who? Doctor, psychiatrist, worker, family, friend, self-help group? When? How long were you in the mental health system before you heard the term 'recovery'?
4. For example, therapy, or people, places, things. Coping strategies?
5. Obstacles you have encountered. What has stalled your progress?
6. Service providers, family, friends, doctor, psychiatrist?
7. Do you feel you have a say in your recovery? Is your service client-centred? Does your doctor / therapist work with you?
8. Have you had negative / bad experiences in your recovery? Do you feel there are negative consequences to recovery?
9. What would make the mental health system better? What would make the mental health system work for you?

Appendix Y

Script for Mental Health Recipients

Hi. My name is (name of consumer interviewer). Thank you for coming today. I would like to make you feel as comfortable as possible. Would you like a cup of coffee or a glass of water?

I am going to read from a script so that I can be sure that I don't miss anything. Our committee is doing a participatory action research project on the subject of recovery. Participatory action research means that everyone in the project is involved in the research from beginning to end. We are also mental health recipients.

First, I would like you to look over this informed consent form. You can read it yourself or I can read it with you. Please feel free to ask any questions you have before you sign.

Do you have any questions?

All of your answers today will be confidential. Nothing you say will be directly attributed to you. The tapes that we use today will be kept in a locked drawer and so will the transcripts when they are typed up.

I am going to ask you ten questions about recovery and your experience with the mental health system. Please take as long as you need to answer. If you feel the need to stop or pause for awhile, please feel free to do so. Your answers are important to us and we will use them when we publish our research findings.

We will be taping your answers so that we won't miss anything important. When you are ready, I will turn the tape recorder on.

Sometimes, answering questions about your recovery can be stressful. If that happens to you today we advise you to speak to your mental health worker, if you have one. We also

have two numbers that you can call if you feel that you need to speak with someone. I will give them to you when we finish our interview.

All ready?

Appendix Z

Group PowerPoint Presentation to CMHA, Manitoba Division Regional Meeting – “Developing Partnerships in Mental Health: Participatory Action Research Methodology as an Example of Collaboration” – May 26, 2007

Developing Partnerships in Mental Health

Participatory Action Research
Methodology as an Example
of Collaboration

Acknowledgements

Partnership for Consumer Empowerment, Canadian Mental
Health Association, Manitoba Division

Ms. Carol Hiscock (Executive Director, Canadian Mental
Health Association, Manitoba Division), and Mr. Horst
Peters (Director, Partnership for Consumer
Empowerment)

Ms. Debbie Keele (Assistant to the Executive Director and
Special Projects Coordinator)

FACES

Ruth-Anne's Practicum Committee

Introduction of PAR Members

- Gerry Dugauy – Chair
- Cindy Bachynski
- Rick Bryson
- Mary Ann Drazenovich
- Maureen Koblun
- Emmanuel Murphy
- Ruth-Anne Craig

What is Participatory Action Research (PAR)?

Research which represents a convergence of principles and values in which the community determines the research agenda and jointly shares in the planning, implementation of data collection and analysis, and dissemination of the research.

(Wallerstein and Duran, 2003)

What Is Participatory Action Research?

Participatory Action Research is action oriented.

PAR involves active community participation in the process of research for the purpose of taking action and making change.

The participants in PAR do not play a passive role.

In participatory action research the participants are in charge of the process.

In essence participatory action research is by the people of the community, for the people of the community.

You might ask why that's important.

- We have first hand experience of the types of problems that exist.
- Have insight into how to approach or ask questions of members of our own community.
- Our perspective of the situation of members of our community helps in understanding the answers to our questions.
- There's a better chance that the research will be relevant
- If the research is relevant, there is a better chance that it will be acted upon

Characteristics of Participatory Research

Integration of:

- Research
- Education
- Action

Consensus was very important to the process.

Consensus Decision Making

We used consensus because we wanted to include everyone in the group in the decision making process.

It was a lengthy process but at the end of the day everyone had their say and then some.

It wasn't easy...at certain points we agonized over particular words or phrases

Key Features of Participatory Action Research

- PAR is a social process
 - PAR is participatory
 - PAR is practical and collaborative
 - PAR is emancipatory
 - PAR is critical
 - PAR is reflexive and dialectical
- (Kemmis & McTaggart, 2003)

Consensus worked, I believe, because each member of this group was sincerely dedicated to the improvement of conditions in the lives of all people with a mental illness.

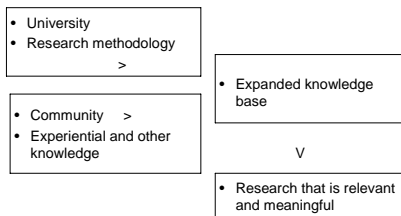
That was our foundation.

In consensus a single major objection blocks a proposal or idea from passing.

A major objection means that you cannot live with the proposal or idea if it passes.

It is not a minor disagreement. It really means that the person can not live with an idea or proposal and most importantly the reason why they cannot live with the idea or proposal.

Diagram of Progress



There is a tremendous amount of soul searching and responsibility inherent in this process.

Each member had to decide if their particular point of view on an issue was personal or reflective of conditions as a whole for the mental health community.

Each member put aside their very real personal grievances for the greater good.

No one considered themselves above the process. In the end we were able to transcend our personal feelings and situations and arrive at consensus.

Stages of Research

- Developed an administrative structure
- Chose a research subject
 - Perceptions of Recovery
- Listed our own assumptions
- Chose a research sample
 - Mental health service recipients (13)
 - Key informants
 - Psychologists (1)
 - Psychiatrists (1)
 - Psychiatric Nurses (1)
 - Community Mental Health Workers (2)

We sent out advertisements to several community mental health agencies as well as distributing some at FACES.

We sent out 6 letters to the key informants and then followed-up with phone calls, only one did not reply.

- Determined methodology
 - Qualitative/open-ended interviews
- Research ethics board submission
 - University of Manitoba
- Data gathering (interviews)
- Data Analysis
 - Interviews were transcribed and data was analyzed using techniques of content analysis. Interview content was organized into topics and files, and coding categories were developed. Emergent themes and patterns were identified and coded.
- Presentation of data
- Taking action on the data

Interview Questions

- What do you think recovery is in relation to mental health?
- What has been helpful?
- Barriers, negative implications
- Where does information about recovery come from?
- What is role of recipient?
- What can be done better?

Research Objectives

- To find out what recovering from a mental illness means to recipients of mental health services
- To find out where people receive information about recovery
- To find out what has been helpful to people and what some of the barriers to recovery have been

- To find out if recovery from a mental illness is recipient-driven
- To understand how the mental health system can improve in assisting in recovery
- To understand how various professional associations understand the concept of recovery and how it relates to persons with a mental illness

Appendix AA

Group PowerPoint Presentation to CMHA, Winnipeg Region, Annual General Meeting – “Perceptions of Recovery of Mental Health Recipients and their Key Service Providers – Preliminary Findings”: June 12, 2007

Perceptions of Recovery for
Recipients of Mental Health
Services

Discussions with Mental Health
Service Recipients and Their Key
Service Providers

Acknowledgements

Partnership for Consumer Empowerment, Canadian Mental
Health Association, Manitoba Division

Ms. Carol Hiscock (Executive Director, Canadian Mental
Health Association, Manitoba Division), and Mr. Horst
Peters (Director, Partnership for Consumer
Empowerment)

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FACES

Ruth-Anne's Practicum Committee

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- Cindy Bachynski
- Rick Bryson
- Mary Ann Drazenovich
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(Wallerstein and Duran, 2003)

Characteristics of Participatory Research

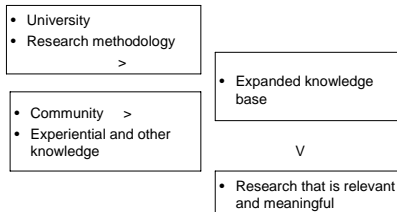
Integration of:

- Research
- Education
- Action

Key Features of Participatory Action Research

- PAR is a social process
 - PAR is participatory
 - PAR is practical and collaborative
 - PAR is emancipatory
 - PAR is critical
 - PAR is reflexive and dialectical
- (Kemmis & McTaggart, 2003)

Diagram of Progress



Stages of Research

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- Chose a research subject
 - Perceptions of Recovery
- Listed our own assumptions
- Chose a research sample
 - Mental health service recipients (13)
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 - Psychologists (1)
 - Psychiatrists (1)
 - Psychiatric Nurses (1)
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Research Objectives

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- To find out if recovery from a mental illness is recipient-driven
- To understand how the mental health system can improve in assisting in recovery
- To understand how various professional associations understand the concept of recovery and how it relates to persons with a mental illness

Discussion of preliminary research findings:

Mental Health Service Recipients

Community Mental Health Workers

Psychiatrists

Psychiatric Nurses

Psychologists

Appendix AB

Group PowerPoint Presentation to CMHA Manitoba Division Annual General Meeting – September 29, 2007

Perceptions of Recovery for Recipients of Mental Health Services

Discussions with Mental Health Service Recipients and Their Key Service Providers

Acknowledgements

Partnership for Consumer Empowerment, Canadian Mental Health Association, Manitoba Division

Ms. Carol Hiscock (Executive Director, Canadian Mental Health Association, Manitoba Division), and Mr. Horst Peters (Director, Partnership for Consumer Empowerment)

Ms. Debbie Keele (Assistant to the Executive Director and Special Projects Coordinator)

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 - University of Manitoba
- Data gathering (interviews)
- Data Analysis
 - Interviews were transcribed and data was analyzed using techniques of content analysis. Interview content was organized into topics and files, and coding categories were developed. Emergent themes and patterns were identified and coded.
- Presentation of data
- Taking action on the data

Research Samples

- Recipients of mental health services (10)
- Key Informants from the following professions:
 - Psychiatrists (1)
 - Psychiatric Nurses (1)
 - Psychologists (1)
 - Community Mental Health Workers (2)

Research Objectives

- To find out what recovering from a mental illness means to recipients of mental health services
- To find out where people receive information about recovery
- To find out what has been helpful to people and what some of the barriers to recovery have been

Interview Questions for Recipients of Mental Health Services

- What does recovering from a mental illness mean to you?
- What is your interpretation of recovery in relation to mental health?
- Have you received information about recovery? If yes, from who? When?
- What has been helpful in your recovery?
- What have been some barriers to your recovery?

- To find out if recovery from a mental illness is recipient-driven
- To understand how the mental health system can improve in assisting in recovery
- To understand how various professional associations understand the concept of recovery and how it relates to persons with a mental illness

Interview Questions for Recipients of Mental Health Services

- Has anyone ever asked you what was important to you in your own recovery? If yes, who?
- Do you feel you have control in/over your own recovery process?
- What, if any, are the negative implications of recovery?
- How do you think the mental health system as a whole could improve in assisting in the recovery of its clients?

Data Analysis

Interviews were transcribed and data was analyzed using techniques of content analysis. Interview content was organized into topics and files, and coding categories were developed. Emergent themes and patterns were identified and coded.

Psychiatric Nurses Problems in System

- System is fragmented, piecemeal
- Lack of income support a barrier
- Lack of access to safe affordable housing
- Lack of access to Transportation
- Lack of opportunities for work or socialization
- Recipients afraid of returning to work and losing medical coverage

Research Findings Psychiatric Nurses

- Define recovery as full citizenship for mental health recipients
- Full participation in society helpful to recovery
- Full participation defined as living in regular housing, having access to transportation and adequate financial resources to live
- Comprehensive planning for transition from hospital to community helpful
- Important not to define mental health recipients by their condition

Psychiatric Nurses

- Psychiatric nurses consider the role of mental health recipients to be critical and central to the recovery process
- The mental health system could assist recipients by taking a more proactive approach in promoting a recovery model
- More funding for community mental health services and investing in people's lives rather than just their illnesses very important

Psychiatric Nurses Problems (continued)

- Inconsistent regional funding
- Overburdened caseloads for community mental health workers which creates a "custodial" rather than a recovery based environment
- New resources implemented at expense of existing mental health programs
- Mental health not seen as priority and not always seen as important as physical health
- Mental health always at bottom of pile for funding
- Lack of privacy and lack of dignity issues face by hospitalized or institutionalized mental health recipients

Psychiatric Nurses

- Fundamental to the improvement of the present system is a reduction in case loads for mental health workers so that workers can do more than "custodial care" in the community.

Community Mental Health Workers

- Some disagreement in the field of community mental health whether recovery model is employed across the board
- Agreement on definition and interpretation of recovery
- View recovery as opportunities for mental health recipients to experience success, satisfaction in community
- That mental health recipients have the same rights as every other citizen, a sense of self-determination, a belief and optimism that recovery is possible, and that goals and dreams are attainable is fundamental

Psychologists

- Recovery, as it relates to mental illness is not one psychologists trained to use or familiar with
- Use empirical measurement to track improvement of functioning, whether cognitive, behavioral, emotional or interpersonal
- Focus on development of skills, knowledge, and coping methods
- See increase in symptom relief as positive outcome for mental health recipients.

Community Mental Health Workers

- Emphasis on both physical and mental health, as well as addressing systemic issues which impact on people's wellbeing
- The mental health organizational climate has to include professional development
- Designing services around input from clients
- Client has to feel that they're in charge of the process

Psychologists

- Believe that collaboration between mental health professionals is key
- Important to ensure access to appropriate services for mental health recipients
- Lack of funding for community psychological resources primary barrier to recovery
- Mental health recipients should be in empowering roles in their recovery
- Negative implication psychologists have named is term recovery implies passivity
- Medical concept of recovery implies satisfaction with base line functioning

Community Mental Health Worker

- Role of the community mental health worker should be one of coach or guide
- Problem mental health workers have identified is recipients fear of being cut off of services and supports withdrawn if doing too well
- Must be increased funding for mental health agencies that support recovery based programs
- Increased access to counseling
- Clinical standards for treatment of specific illnesses
- More collaboration among health service providers, including consumers is necessary

Psychologists

- Psychologists believe that they are under utilized and could be playing much larger role for mental health recipients
- Mental health system could assist by including access and funding for community psychological services for group and individual programs
- Believe that there should be more access to and positions for psychologists in hospitals

Psychiatrists

- Recovering from a mental illness means the decrease or diminishing of psychiatric symptoms
- Symptoms, dissolve away to the point, that individual able to move forward
- Also defined as improved functioning
- Varies on person and condition
- Lessening of symptoms as well as improved functioning determines what recovery may be

Psychiatrists

- Once symptoms under control begin rehabilitation
- The whole idea around rehabilitation, vocational opportunities, crises management, support services, and groups
- Working with families should be one of the first things
- Literature shows access, communication and respectful relationship vital

Psychiatrists

- Mental wellness crucial to functioning at work and in terms of relationships
- A matter of improving thought processes, ability to communicate well, foster relationships, diminish stigma risks, and be able to cope with the fact that they have an illness and how that might impact on their relationships.
- Ability to see one's own strengths, and to move forward into a useful and meaningful life.

Psychiatrists

- Communication between Psychiatry and Family sometimes hindered by FIA, rightly or wrongly
- Access to psychiatry in a timely manner has been an issue
- Trying to bridge barriers with programs such as Mobile Crises Unit, CPOX (consultative psychiatric on call, 24 hr. service) Urgent Care and the Pact team

Psychiatrists

Importance of Psychotherapy

- Only through relationship that they sometimes see reality the way it is because it's really skewed because of their own perceptual difficulties
- Condition can rob individuals of stages of life
- An appropriate program or a team approach often best thing in terms of best practices
- Medication plays huge role
- Challenge to find help they need and medication that fits

Psychiatrists

- No wrong door approach to mental health (Minkoff)
- Addictions and Mental Health condition occurring together
- CODI (co occurring disorders initiative)

Psychiatrists

- As medical doctors and psychiatrists role is to look at the biological, the psychological the social and the spiritual needs of people from a law of averages perspective. What we, what we are often caught in is looking at the biological
- What sometimes psychiatry doesn't do that well is sometimes create the label that keep people within that label in a stuck position and prevents people from taking a wellness role

Report Findings

- Interpretation of Recovery in relation to mental health
- "When the spiritual, intellectual, and mental health part of life are fused."

Psychiatrists

- The power of relationships with social impacts, the leisure components, the job issues, the roles of the rehabilitative components are key
- Our role is to assist people to look at bigger world instead of confining them within a label or mental health disorder
- Define recovery from the client work toward physical, psychological, social, spiritual growth

Report Findings

- Information about recovery being provided
- Process described as hit and miss
- Very real sense that all recipients spent some time without information
- Beyond research guidelines to determine onset of mental illness and information about recovery
- Important to process of addressing needs of individuals adrift in Mental Health System

Report Findings

- Recovery defined as Continuation of life
- Acceptance
- Change
- Moving forward
- Being active
- Being a part of the community
- Regaining self control

Report Findings

- Self help main theme regarding what has been helpful, within parameters of support
- Overwhelming discrepancy between supports and barriers
- When recipients asked what was important in own recovery summed up nicely
- "Never...no...nobody...hell."
- Highlights another barrier individuals with a mental illness face

Report Findings

- Recurring theme regarding control of own recovery was partial control
- Themes of negative implications of recovery revolved around medication, relapse and losing financial aid

Commonalities

Psychiatric Nurses

- Mental health not seen as priority and not always seen as important as physical health
- System fragmented, piecemeal

Recipients

- People slip through cracks in mental health system
- Wait times for psychiatrist
- Lack of information and lack of communication
- Not knowing where to go shortly after diagnosis

Report Findings

Themes regarding how the mental health system could improve revolved around:

- Recipients not being listened to
- The need for services and information
- Financial problems
- Education
- Attitude
- Leisure activities
- Self determination
- Need for personal relationships

Commonalities

Psychiatric Nurses

- Lack of income support a barrier

Recipients

- Need for reasonable finances
- Lack of access to safe affordable housing
- Allotted EIA funds for accommodations 271 dollars monthly

Commonalities

Psychiatric Nurses

- Psychiatric Nurses define recovery as full citizenship for mental health recipients
- Full participation in society helpful to recovery
- Important not to define mental health recipients by their condition

Mental Health Service Recipients

- Acceptance,
- Being a part of the community,
- Being active
- Change
- Moving forward
- Quality of life where illness doesn't define individual

Commonalities

Psychiatric Nurses

- Lack of opportunities for socialization or work

Recipients

- Need for subsidized leisure activities
- Opportunities to make friends/socialize
- Equal pay for equal work
- Need for flex jobs

Commonalities

Psychiatric Nurses

- Recipients afraid of losing medical coverage
- Consider the role of mental health recipients to be critical and central to the recovery process

Recipients

- Having to have illness reassessed every year with the possibility of losing benefits
- Need to listen to recipients
- Make recipients a part of the recovery process

Commonalities

Community Mental Health Workers

- Emphasis on physical and mental health
- Need to address systemic issues which impact on people's wellbeing

Recipients

- Need subsidized leisure activities
- Timely mental health services
- People slip through cracks in mental health system
- Hospitals and care givers should show more respect for recipients dignity

Commonalities

Psychiatric Nurses

- Assist recipients by taking a more proactive approach in promoting a recovery model

Recipients

- System needs to be more proactive than reactive

Commonalities

Community Mental Health Workers

- Mental health organizational climate has to include professional development

Recipients

- Lack of education in medical system regarding mental health
- Need coordinated education of all service providers

- Designing services around input from clients

- Need to make recipients a part of the recovery process

Commonalities

Community Mental Health Workers

- Disagreement in the field of community mental health whether recovery model is employed across the board
- View recovery as opportunities for mental health recipients to experience success, satisfaction in community

Recipients

- Need for coordinated education of all service providers
- Recovery seen as a continuation of life
- Process described as a turning not just an adjustment

Commonalities

Community Mental Health Workers

- Client has to feel that they're in charge of the process
- Role of the community mental health worker should be one of coach or guide

Recipients

- Lack of communication between recipient and psychiatrist
- Need to listen to recipients
- Need a guide to available services
- Not knowing where to go shortly after diagnosis

Commonalities

Community Mental Health Workers

- Problem mental health workers have identified is recipients fear of being cut off of services and supports withdrawn if doing too well
- Must be increased funding for mental health agencies that support recovery based programs

Recipients

- Fear of recovery in terms of having to have illness reassessed every year with the possibility of losing benefits
- Need better funding

Commonalities

Community Mental Health Workers

- More collaboration among health service providers, including consumers is necessary

Recipients

- Need more coordination of services
- Make recipients a part of the recovery process
- Need culturally appropriate services
- Need coordinated education of all service providers

Commonalities

Community Mental Health Workers

- Need Increased access to counseling

Recipients

- Wait times to see medical staff a problem
- Wait times for psychiatrist
- System needs to be more proactive than reactive
- People slip through cracks in mental health system
- Need timely mental health services

Commonalities

Community Mental Health Workers

(continued)

- More collaboration among health service providers, including consumers is necessary

Recipients

- No integration of services
- Lack of communication in system
- Information not readily available
- Lack of education in medical system regarding mental health

Commonalities

Community Mental Health Workers

- Need clinical standards for treatment of specific illnesses

Recipients

- Need better trained medical staff
- No prescribing medication before investigating illness
- Overemphasis on medication by medical staff
- Side effects from medication or wrong medication prescribed
- Inaccurate diagnosis

Commonalities

Psychologists

- Use empirical measurement to track improvement of functioning, whether cognitive, behavioral, emotional or interpersonal - See increase in symptom relief as positive outcome for mental health recipients.

Recipients

- When the spiritual, intellectual, and mental health part of life are fused
- Knowledge of illness helps in understanding
- Being free of symptoms

Commonalities

- | Psychologists | Recipients |
|---|--|
| <ul style="list-style-type: none"> • Believe that collaboration between mental health professionals is key • Important to ensure access to appropriate services for mental health recipients • Lack of funding for community psychological resources primary barrier to recovery | <ul style="list-style-type: none"> • No integration of services • Lack of communication in system • The need for services and information • Timely mental health services • People slip through cracks in mental health system • Need for better funding |

Commonalities

- | Psychiatrists | Recipients |
|---|---|
| <ul style="list-style-type: none"> • An appropriate program or a team approach to mental health often best thing in terms of best practices • Challenge to find help they need and medication that fits | <ul style="list-style-type: none"> • The need for services and information • System needs to be more proactive than reactive • Need timely mental health services • Need better trained medical staff |

Commonalities

- | Psychologists | Recipients |
|--|---|
| <ul style="list-style-type: none"> • Mental health recipients should be in empowering roles in their recovery • Believe that there should be more access to and positions for psychologists in hospitals | <ul style="list-style-type: none"> • Listen to recipients • Make recipients a part of the recovery process • Need for control of own recovery process • Hospitals and care givers should show more respect for recipients dignity |

Commonalities

- | Psychiatrists | Recipients |
|---|---|
| <ul style="list-style-type: none"> • Challenge to find help they need and medication that fits (continued) | <ul style="list-style-type: none"> • Side effects from medication or wrong medication prescribed • Overemphasis on medication by medical staff • Lack of communication between recipient and psychiatrist • Inaccurate diagnosis • Wait times for psychiatrist |

Commonalities

- | Psychiatrists | Recipients |
|--|---|
| <ul style="list-style-type: none"> • Lessening of symptoms as well as improved functioning determines what recovery may be • Mental wellness part of process and crucial in terms of relationships • Ability to see one's own strengths, and to move forward into a useful and meaningful life. | <ul style="list-style-type: none"> • Described recovery as a continuation of life • Defined as; acceptance, change, moving forward, being active, being a part of the community regaining self control • Recovery further described as; not one thing, unique, possible, a process |

Commonalities

- | Psychiatrists | Recipients |
|---|--|
| <ul style="list-style-type: none"> • The power of relationships with social impacts, the leisure components, the job issues, the roles of the rehabilitative components are key to recovery. | <ul style="list-style-type: none"> • Need subsidized leisure activities • Opportunities to make friends/socialize • Need for flex jobs • Need to be in control of own recovery process |

Appendix AC

Letter to Participatory Action Research Project Respondents and Summary of Research Findings from Project Entitled “Perceptions of Recovery of Mental Health Recipients and their Key Service Providers”

Date

Respondent’s Name

Address

Dear Name of Respondent,

Thank you for participating as an interviewee in the research project, “Perceptions of Recovery of Mental Health Recipients and their Key Service Providers.” Your contribution to the project was extremely helpful and is very much appreciated. We have completed our study and have written up our findings, as well as making several presentations to interested groups and associations.

Prior to being interviewed you expressed an interest in receiving a copy of our research findings. As promised, we are enclosing a copy for your perusal. This is a brief synopsis of our analysis.

Please feel free to contact us if you have any questions regarding this project.

Sincerely,

Participatory Action Research Committee

C/O Ruth-Anne Craig

Perceptions of Recovery of Mental Health Service Recipients and their Key Service Providers

Overview of Findings

Recovering from a mental illness means many different things to many different people. Mental health service recipients express it as a turning, rather than an adjustment. It is described as a process involving psychological, social, and spiritual growth by psychiatrists or cognitive, behavioral, emotional and interpersonal growth by psychologists. Recovering from a mental illness is many things, but it is never easy.

The barriers that exist in the present system make a complicated situation worse and reduce the chance of recovery. The opinions of the key informants, as well as the experiences of the mental health service recipients, bear this out.

Psychiatric Nurses

According to psychiatric nurses, mental health is not seen as being a priority, and is not always viewed as being as important as physical health. Regional funding is inconsistent and mental health is always at the bottom of the pile for funding. New resources for mental health are implemented at the expense of existing mental health programs.

Indicative of a fragmented and piecemeal mental health system are the systemic problems of lack of access to income support, safe affordable housing, transportation, and opportunities for work or socialization. Another facet of the systemic problems in the mental health field is the treatment of individuals with a mental illness. Lack of privacy

and lack of dignity are issues faced by hospitalized or institutionalized mental health recipients.

Community Mental Health Workers

Community mental health workers confirm this to a degree by acknowledging that there is some disagreement in the field of community mental health as to whether a recovery model is employed across the board. The systemic problems that mental health workers have identified is recipients' fear of being cut off of services and having supports withdrawn if they are doing too well; another is the problem of not enough funding for mental health agencies that support recovery based programs. The need for increased access to counseling for recipients of mental health services is yet another systemic issue.

The establishment of clinical standards for the treatment of specific illnesses is seen by community mental health workers as being significant as well as more collaboration among health service providers, including consumers is seen as being necessary.

Psychologists

Psychologists believe that collaboration between mental health professionals is vital. They believe it is important to ensure access to appropriate services for mental health recipients and that the lack of funding for community psychological resources is a primary barrier to recovery. Psychologists believe that they are underutilized and could be playing a much larger role for mental health recipients.

Psychiatrists

Psychiatrists believe that an appropriate program or a team approach is often the best method in terms of best practices when treating individuals with a mental illness.

Psychiatrists acknowledge that the literature shows access, communication and respectful relationship is vital in the process of recovering from a mental illness.

They believe that medication plays a huge role in recovery. The challenge that psychiatrists identify is to find the help those individuals with a mental illness need and a medication that fits. They acknowledge that access to psychiatry in a timely manner has been an issue.

Psychiatrists also acknowledge that, as medical doctors and psychiatrists, they are often caught in focusing on the biological aspect of a mental illness. Psychiatrists recognize that psychiatry sometimes creates the label that keeps individuals within it stuck, preventing them from adopting a wellness role.

Mental Health Service Recipients

The issues that recipients of mental health services identified revolved around the themes of poverty, inadequate affordable housing, lack of work and educational opportunities, lack of access to leisure activities, lack of access to appropriate programs for rehabilitation, lack of access to counseling services and lack of information and communication.

The answer to what was helpful in recovery was revealing in that self-help was the primary theme. The interview answers given by recipients were revealing in more than

one way. The answers put a human face on the problems inherent in the mental health system in this community.

Both our recipients and key informants agree that serious problems exist within the mental health system. The results of our research indicate that mental health service recipients and their service providers believe that recipients are not getting the help and support that is vital to the ongoing process of recovery.

Appendix AD

Letter to Practicum Project Participants and Summary of Research Findings from project entitled “Empowerment and Social Work Research – Participatory Action Research and the Relationship between the Extent of Mental Health Consumers’ Involvement in Research and its Capacity to Serve an Empowering Function”

Date

Respondent’s Name

Address

Dear (Name of Respondent),

Thank you so much for participating in my practicum research project, entitled “Participatory Action Research and the Relationship between the Extent of Mental Health Consumers’ Involvement in Research and its Capacity to Serve an Empowering Function”. Your contribution to the project was extremely helpful and is very much appreciated. I have completed my study and have written up my findings. I have successfully defended the practicum research study for my Master of Social Work degree.

Prior to your involvement in the project you expressed an interest in receiving a copy of my research findings. As promised, I am enclosing a brief synopsis of the analyses for your perusal.

As this was a practicum, there were two foci in the study. The first was my research project which investigated the relationship between the extent of mental health consumers’ involvement in research and its capacity to serve an empowering function. The second was the facilitation of the participatory action research project itself, which resulted in the research study produced by the consumer research group, “Perspectives of Recovery of Mental Health Service Recipients and their Key Service Providers”. I am including a brief summary of the findings from both of these studies in the attachment, as well as a discussion of the impact of participatory action research and the findings from my evaluation as a practicum student learning how to facilitate a participatory action research project.

Please feel free to contact me if you have any questions. I hope I have expressed my gratitude adequately to you. This project would not have been possible without your participation, and your willingness to share this experience with me will not be forgotten.

Very sincerely,

Ruth-Anne Craig

Empowerment and Social Work Research – Participatory Action Research and the Relationship between the Extent of Mental Health Consumers’ Involvement in Research and its Capacity to Serve an Empowering Function – Research Findings

Analyses of qualitative evaluation tools for the practicum project indicated a positive movement in consumer researchers’ overall perceptions of psychological empowerment as a result of participating in the action research project, as well as perceived subsequent improvements at the small group (organizational) and community levels. Themes that emerged in the analyses connected to empowerment were: research skills and knowledge, access to resources, interpersonal and group skills, self-esteem and efficacy, shared decision-making, critical awareness, social support, and hope for the future. Analysis of the quantitative tool was not as positive, especially in the areas of community activism and power / powerlessness. However, results from the analysis of the Consumer Constructed Empowerment Scale showed significance in improvement from pre to post-test in the total scale and in the area of optimism and control over the future.

Foremost, increased capacity building through learning research skills was identified as having the greatest impact for the consumer researchers. All consumers who were interviewed, as well as everyone who submitted consumer logbooks, stated that they had gained skills in research that impacted on their feelings of self-empowerment. In addition, data from organizational interviews stressed the importance of consumer skill building as being instrumental to organizational development. Access to information, both written material pertaining to research methodology and material specific to the research project, as well as information received from the practicum student during educational sessions, were also identified by consumers as resources that contributed to knowledge building. Participants identified several skills specifically related to the knowledge gained from

participating in the research project, including choosing a research question, choosing a research sample, interviewing, analyzing data, writing a literature review and research report, and acting on the research by developing and presenting the report generated by the research. Consumer researchers also discussed the transferability of the skills they acquired to other situations and environments, such as advocacy, or working and volunteering with self-help groups. They also felt that the research findings from the project have already impacted positively in the field of mental health for other consumers, as well as mental health professionals, and would continue to have potential favourable outcomes as the findings continue to be generated in future months.

Increased capacity building in the areas of interpersonal and group skills was also significantly noted in the consumer logbooks, as well as the post-intervention consumer researcher interviews, and the post-intervention organizational interviews. This included specific skills related to the research project, such as facilitation skills, to increased interpersonal skills associated with increases in self-efficacy and self-esteem.

Improvements in the area of self-esteem, however, were not as evident in the Consumer Constructed Empowerment Scale post-test results. The theme of power and powerlessness was addressed as a separate sub-scale for the Consumer Constructed Empowerment Scale, and showed deterioration at an insignificant level from pre to post-test.

Questions related to shared decision-making were pervasive in the inquiry because cooperation in decision-making is an integral component of participatory action research. This topic was covered in the consumer researcher logbooks, as well as the post-intervention interview, the organizational interview, and the practicum student's

evaluation form. Shared decision-making is also a part of community activism, a sub-scale of the Consumer Constructed Empowerment Scale. This is where the findings differed the most in the analyses. Findings from the logbooks, consumer interviews, organizational interviews, and student evaluation forms all suggested increased levels of empowerment in this area, mostly explained by the process of consensus; however, the sub-scale ‘community activism and autonomy’, which most closely related to shared decision-making, demonstrated deterioration in the group median. This, and the area of righteous anger, was inconsistent across research tools.

The theme of critical thinking, or critical awareness, was evident in the consumer logbooks, consumer post-intervention interviews, as well as in the sub-scale ‘righteous anger’ of the Consumer Constructed Empowerment Scale. Individual and small group empowerment was especially evident, as the consumer researchers discussed the importance of experiential knowledge, as well as the transformation to sociopolitical consciousness during the research process.

Optimism, and control over the future was another area that showed significant improvement, especially in the analyses of the Consumer Constructed Empowerment Scale and the Consumer Post-intervention Interviews. This is also one area that extends to organizational and community levels of empowerment, as almost all participants reported that they were planning on continuing to learn informally, do more research, or move into educational or employment-related goals as a result of participating in the project. Findings from the organizational interviews also reinforced this emergent theme, as the host organization is extremely interested in continuing its relationship with the

research group after this project ends. Optimism and control over the future are also related to outcomes of power, specifically regaining power.

The findings from the research tools that were employed to measure the effectiveness of the practicum intervention showed consistency for the most part, with the largest predictors of empowerment being increased capacity building of knowledge and skills, interpersonal skill development, social support, shared decision-making, and self-esteem. Critical thinking, or using anger diligently to create social change by increasing awareness of the socio-political environment, was also a significant predictor.

Collaboration and social support also emerged as pertinent themes, which is consistent with the theory that empowerment occurs within a community context. Results of this study are consistent with this theory, and indicate that empowerment can be fostered within a supported environment where values connected to social justice prevail. The major themes that emerged from the findings of the practicum evaluation study all closely relate to inclusion, equality, and capacity building, all important components of social justice.

Perceptions of Recovery of Mental Health Service Recipients and their Key Service Providers - Findings

The research project produced by the participatory action research team, *Perceptions of Recovery of Mental Health Service Recipients and their Key Service Providers*, has enormous potential to affect systems change, as the findings are extremely relevant to the field of mental health. The results from the study indicate general agreement from the group's research respondents, both mental health service recipients and mental health service providers, that there needs to be continued movement toward a recovery-based

mental health system where persons experiencing mental illness have more control in choosing and accessing services and resources. There is also an acknowledgement by mental health recipients and their key service providers that many issues need to be addressed, especially social determinants that create situations that are oppressive to persons experiencing mental illness. These include lack of adequate income, lack of clean, safe, affordable housing, lack of opportunities for socialization, and lack of opportunities for advancement in education and employment. Systemic issues such as forced dependence on Employment and Income Assistance for persons with mental illness were also raised by both mental health recipient respondents and key service providers, especially front-line workers.

It was very interesting to see how recovery was defined by mental health recipients in relation to the key informant respondents. Recipients defined recovery in several ways, although there was certainly a consistent pattern. Some of the definitions include:

- A continuation of life
- Acceptance
- Change
- Moving forward
- Being active
- Being part of the community
- Regaining self-control

It is interesting to note that all mental health recipient respondents discussed recovery as a process of moving forward. This definition was consistent with community mental health workers and psychiatric nurses key informants. Although psychiatrists and

psychologists did not disagree with these definitions, their definitions were more medically based, focusing on symptomology and cognitive functioning.

Impact of Participatory Action Research

With three presentations under its belt, the research group has already witnessed success in promoting the concept of collaborative working relations in mental health and promoting the advancement of recovery for mental health service recipients. This is evident by the reception that the group received from the audiences at the presentations, which were mostly composed of professional workers and board executives of mental health agencies. Many of the comments that members of the group and I received were about the professionalism of the research project and the manner in which the research findings were presented. The research group will continue to present its findings to peer groups, professional associations and government officials. The group will also publish a report, which will be distributed.

Practicum Student's Learning

By undertaking the facilitation of a full participatory action research project, this student attempted to meet several learning objectives. These objectives were broken down into project management skills, research management skills, and research team coordination skills. Self assessment, through critical reflection and feedback from the organizational supervisors, supports growth in these areas, although the student acknowledges that there is much more growth needed to gain proficiency as a facilitator and partner in participatory action research. The student was able to identify increased ability in facilitation skills, as well as project management skills. However, in terms of recruitment,

the student would need to be more acutely aware of the needs of prospective participants if undertaking another project of this kind. The student experienced the greatest growth in the areas of knowledge of methodology, and shared decision-making. Through teaching, the student learned much more about qualitative research methodology, and would be better equipped to undertake a qualitative research project in the future. The student's understanding of participatory action research also increased greatly as a result of teaching this methodology to the consumer researchers. Unfortunately, the student did not have the time or the required expertise to teach quantitative methodology in the same way, which could have contributed greatly to the participants' learning and to the project in general. In terms of shared decision-making, the student entered the project with high expectations, and perhaps a little naivety that this would be a smooth experience. The student learned that assumptions were just that, and that although it was beneficial to understand where one was coming from, in terms of position within the group, consumer members did not share the same assumptions as the student or understand the student's motives for participating. Transparency and reflexivity became fundamental to the student for the success of the intervention. The student was able to examine her position in the research process through ongoing dialogue with the research team, as well as through consultation with her academic advisor. This ability to learn to self-analyze and to receive feedback was one of the greatest experiences of the project for the practicum student.

Although the student experienced much support and encouragement from the host organization, the amount of work coordinating and facilitating the research project was immense, especially for one person. The literature suggests that a team approach be used

when undertaking a PAR project (Danley & Langer Ellison, 1999). The student would definitely agree with this, especially for the initial project. The student spent several hours per week preparing materials and educational sessions for meetings. Having support and assistance from experienced PAR researchers would facilitate this process for new researchers greatly. In this way, the student was extremely grateful for the weekly consultation of her academic advisor, who assisted in guiding her through the process, as well as consulting on group development. One of the best outcomes for this researcher is the fact that there are now six consumers of mental health services who have become researchers in their own right who would be ideal candidates for partnership in another project.

The practicum student witnessed much growth and satisfaction from undertaking this project. However, it remains apparent that there are several areas where levels of mastery could be improved. The student was satisfied with her progress in the area of project management, especially in learning organizational and facilitation skills. More expertise in the area of recruiting would be beneficial to the student for future projects. The student experienced a high attrition rate (30%) for the project, two persons leaving the group after the first meeting. In the future the student would like to increase her knowledge in assessing readiness for participation in a PAR project. The student would be better prepared for this, as well, as she is more fully aware of the time commitment and personal investment required by participants. The student also now understands that mental health status requires addressing during the recruitment phase.

Resource allocation is also an area that the student will be cognizant of modifying when undertaking another project, as well as understanding the importance of acknowledging

different learning styles when organizing educational sessions. The student now knows that she must reduce the amount of written material, as it can be intimidating to some people. Discussing learning styles with each group member at the outset of the project will help as well in future projects, as the facilitator can adjust the educational sessions accordingly.

Although understanding group process was one of the highest areas of growth for the practicum student, much more expertise could be developed in this area. The student could develop improved general knowledge of group process. This would help for troubleshooting potential conflicts that can arise in participatory action settings around issues of power sharing and shared decision-making.

Research management posed some problems that the practicum student can improve on, especially in the development of knowledge of quantitative research methodology, and, to a lesser degree, qualitative methodology. The student did not possess the skill level necessary to teach quantitative research, and was unable to pass on this information to the consumer researchers. Having this knowledge may have prevented the consumer researchers from choosing only qualitative methodology, thus adding triangulation to their study.

The student was satisfied with her development of skill in the area of resource coordination, and felt that her professional background in the field of mental health assisted greatly in connecting with and supporting people with mental health problems. The student promoted accommodation, but would need to also learn to promote accountability in future projects.

The practicum student would encourage other researchers to adopt a collaborative model when facilitating research projects or when acting in an advisory capacity to community groups undertaking research studies. Although it is time consuming and labour intensive, the participatory action framework offers much in the way of connecting to grassroots communities where social workers often apply their work. Ultimately, establishing these close relationships open doors to more meaningful and relevant research findings. Social work researchers must be open, however, to critical reflection about their position in the research relationship, and the impact that their position has with community researchers.