

Self-Help Clearinghouses in Germany

First results of the SHILD-study


(*SHILD* = *S*elbst*h*ilfe in *D*eutschland)

A multi centre research team in
Hamburg (medical sociology),
Hannover (social medicine), and
Köln / Cologne (social policy)

- questionnaires
- semi-standardized interviews
(clearinghouse workers, outside experts)
- analysis of (grey) literature, documents

- Of the approx. 300 self-help clearinghouses in Germany 284 were contacted, **133** (46,8%) participated.
- Age: 17 years on average (some over 30 years!)
- Staff: 2 workers, usually 1 full time equivalent, plus on average 2 volunteers, trainees etc.
- Registered self-help groups: 180 on average

Aims and goals of self-help clearinghouses:

- inform people searching for self-help groups
 - support founders of new self-help groups
 - support working self-help groups
- 
- “the classics”
- **networking** (between groups, between groups and their environment like experts, doctors, hospitals, politicians, administrators, media) and **cooperation** with experts (health and social system)
 - creation of a “**self-help friendly climate**” in our society (cf. “self-help friendly hospital”)
 - “**patient orientation**” of the health system (“patient representation” etc.)

Services for self-help groups:

- getting funding, rooms, organizational support
- (further) education, seminars for group leaders
- “supervision”, counselling
- “crisis” intervention
- conflict mediation

Services for professionals:

- giving speeches on self-help groups “in general”
(approach, procedures, effects, collaboration,)
- “guarantee for seriosity” of a specific self-help group
- cooperation in founding activities
(often triggered by professional institutional needs)
- some institutions see (and sell) cooperation with self-help groups as an **indicator of quality**

Growing time consumption by:

- self-administration of the own institution
(applications for grants / proofs of correct expenditure
for global budgets / for “project” budgets
→ “projectitis”, a spreading bureaucratic disease !!!
- participation in an ever growing number of local or
regional committees, working groups, councils etc.,
representing “self-help” / “patients” / “citizens”

Significant trend: → mental disorders

alarming increase in “**mental disorders**” (anxiety, depression, borderline and eating disorders, “mobbing”, “burn-out” etc.)

prevalence (?) / “administrative prevalence” (!) of mental disorders, especially **depression**

(de-)stigmatization (for example: Robert Enke, goal-keeper of Germany’s national team, *but*: recently a german aircraft pilot)

“burn out” replacing “back pain”

waiting list problem in psychotherapy (even in Germany !), self-help groups and clearinghouses abused as a stop-gap

(My questions:)

Do self-help groups for “mental disorders”
have special needs ?

Do they benefit from other formats / settings ?

Do we deal with them in a specific way ?

Do we have “a special relationship” with them ?

Working conditions for clearinghouse workers:

- high work satisfaction !!!
(feeling respected and appreciated by groups and by others)
- high degree of freedom in organizing the job
- good integration in various professional networks and good cooperation with other local services
- enough opportunities for further education
- but: understaffed, frequent unpaid overtime
(*external* pressure and / or *internal* (over-)motivation?)

Challenges for self-help groups:

- aging of group leaders (often: founders!)
- lack of a “succession plan”
- lack of participants
- new (social) media (pros and cons of the internet)
- misperception of self-help groups as “service providers” (overburden here – and frustration there)
- overstretching of self-help clearinghouses (“dancing on too many wedding parties”)



END OF PRESENTATION

TIME FOR QUESTIONS AND REMARKS