

# Building Organisational Capacity in New Zealand Consumer Organisations

A Discussion Document

*David Orwin & Jim Burdett*

Mind and Body Consultants Ltd

January 2009

Consumer-run organisations (CROs) are organisations both governed by and serving people with experience of mental illness. In the United States, Goldstrom et al. (2006) estimate that CROs (including family-centred organisations) outnumber traditional mental health providers by a considerable margin. They continue to grow in number and importance as they both challenge and complement traditional mental health service provision. They also encompass an enormous variety of initiatives. Brown et al. (2008) conceptualise CROs as existing along two continuums: (1) a continuum of organisational structure; and (2) a continuum of organisational focus. In organisational structure, CROs range from informal, voluntary organisations, such as self-help groups, through to large, formal service providers with paid workforces and sophisticated organisational structures. In organisational focus, the continuum ranges from a largely internal focus on the recovery or personal development of individual members, through to externally focused, value-driven systemic change agents. The latter often develop and provide innovative, consumer-centred or -directed services.

This discussion paper focuses primarily on formally structured and externally focused CROs. These have increased in visibility and importance in the mental

health systems of many countries in recent years. They provide a wide range of services, such as systemic or individual advocacy, research and service development, peer support, case management, education, training and self-help. CROs are central to the development of the consumer workforce, a key policy goal for New Zealand mental health services (Ministry of Health, 2006; Mental Health Commission, 2005). CROs, however, are vulnerable despite their acknowledged importance. Several New Zealand CROs have recently collapsed or lost funding because of mismanagement or organisational disarray. There is growing acknowledgement that New Zealand CROs require assistance to build organisational capacity (Orwin, 2008).

## **CRO Vulnerabilities**

CROs often find it difficult to build credible and sustainable organisations. Lack of organisational capacity, management weaknesses and the need to balance consumer ideals and autonomy with accountability to funders can leave CROs susceptible to organisational disarray (Wituk et al., 2008; Brown et al., 2007). Curtis (2002), for example, notes two characteristics to which CROs are particularly vulnerable. The first is interpersonal conflict—personality conflicts, ego clashes, value

differences, political and philosophical tensions and relationship boundary problems. The second is charismatic or concentrated leadership—often one or two visionary or energetic leaders establish and drive the organisation, but neglect to nurture new leadership. Many value-driven NGOs or activist organisations confront these problems. But mental health CROs face a unique additional vulnerability: a workforce with personal experience of mental illness, and thus a special set of managerial, financial and human resource challenges.

Charismatic leadership can be great initial advantage to an organisation. It can provide organisations with compelling, driving values and meanings (Boal & Bryson, 1988). But the same features can leave an organisation susceptible to conflict and division. Charismatic leaders do not always live up to the ideals they espouse which can undermine employee motivation and organisational values (Cha & Edmondson, 2006). And it is often difficult to combine charismatic leadership, compelling vision and an activist sense with managerial capacity, technical competence and adaptive ability. Without the means to manage conflict, individual agendas can clash and throw organisations into disarray. The consequences of conflict can be especially traumatic and destructive for CROs because their members have personal experience of mental illness. When experience of mental illness is a prerequisite for a job it is much more than a job. The potential for an individual to build self-esteem, make meaning of one's experience and contribute to the good of others can overwhelm a role with personal considerations. How often have we heard that a job would benefit a particular person? In fact, the success of the organisation depends on the person being suitable for the particular job, not the other way around.

Employing people with the necessary skills and experience would seem an obvious solution, were it not necessary for recruits to have experience of mental ill-

ness. Many potentially suitable recruits conceal their experience of mental illness and are reluctant to “come out” by taking up employment in a CRO. Moreover, many potential candidates are in early stages of recovery and not ready for permanent employment in relatively demanding roles. CROs recruit from those willing to be open about their experience, be well on in their recovery and have the necessary skills. As many successful CROs will testify, finding suitable people with the first two skills is relatively easy. An increasing number of people want to integrate their experience of mental illness into their work as well as their life. Finding people with all three attributes is much more difficult.

### **Overcoming Vulnerabilities**

Mind and Body Consultants Ltd, one of New Zealand's most successful CROs, has developed strategies that overcome or mitigate many of the problems confronted by CROs. It has successfully trained and promoted from within the organisation to broaden leadership, plan succession and improve leadership, management and adaptive capacity. Cultivating leaders from within also helps to maintain and enhance the organisation's culture. Rapid growth over the last three years has necessitated the development of sophisticated IT and financial systems. Meeting this challenge has incurred significant costs. It is necessary to backfill vacated positions with new recruits and training for both promoted and newly filled roles is time consuming and costly. Use of sophisticated recruitment processes that explore personal values and attitudes, and a service provision framework that defines clearly relationship boundaries helps greatly to reduce interpersonal conflict.

Successful CROs understand the importance of personal resilience. People can learn and grow through facing the challenge of mental illness. The process of recovery is an opportunity to gain a deeper understand-

ing of one's self and one's place in the world. The experience can make a person more than they might have otherwise become. Yet there are usually remaining vulnerabilities. Whatever the underlying cause, vulnerability to stress of individuals within CROs must always be assumed and factored into every aspect of the organisation, including its funding. A failure to consider personal resilience can have consequences ranging from high staff turnover, default on contracts to collapse of the organisation.

It is essential, therefore, that CROs have appropriate training for roles and comprehensive policies and procedures. And just as important are support processes—supportive line management, small teams, external supervision and access to personal counselling and group and peer support. These are the essential building blocks of credible and sustainable CROs. However, they require time, money and special expertise to develop. CROs thus require additional human and financial resources compared to non-consumer organisations. Unfortunately, there has been little discussion of this problem in New Zealand, and CROs receive little assistance to help them develop the skills and strategies to build sustainable and effective organisations.

### Building Capacity in New Zealand CROs

A report in the United States (Van Tosh & del Vecchio, 2000) noted that CROs often lack necessary skills and training in organisational management and need assistance in areas such as board development, fiscal management, staff supervision, conflict resolution and strategic planning. There is a growing literature on the unique needs of CROs and development of programmes to assist CROs to build capacity (Wituk et al., 2008). The United States, in particular, has a well-established network of technical assistance centres to provide organisational development

for CROs. Through such centres, CROs can receive assistance and on-site training and skill building in areas such as business management, leadership, communication and networking.

New Zealand has no formal system to provide technical assistance to CROs. Most have to find their own way with only limited skills and training in management and organisational development. DHBs and other funders provide resources with an expectation of accountability, but do little to develop the capacity of CROs to deliver effective, sustainable services. New Zealand does not appear to have undertaken a stock take of CROs, let alone begun to canvas their organisational development needs. There is very little literature on the ingredients of successful CROs in New Zealand. The New Zealand mental health sector could benefit from an in-depth study of both successful and unsuccessful CROs to identify factors behind success or failure. It could also identify cost factors involved in sustaining an effective CRO and propose a suitable funding formula. An alarming number of CROs appear to fail or not reach their potential. Many may have survived had they received suitable technical assistance, support or funding.

### References

- Boal, K. & Bryson, J. (1988). Charismatic leadership: A phenomenological and structural approach. In J. Hunt, B. Baliga, H. Dachler, & C. Schriesheim (Eds.), *Emerging leadership vistas* (pp. 11–21). Lexington, Mass: Lexington Books.
- Brown, L., Shepherd, M., Wituk, S., & Meissen, G. (2007). Goal achievement and the accountability of consumer-run organizations. *Journal of Behavioral Health Services and Research*, 34(1), 73–82.
- Brown, L., Shepherd, M., Wituk, S., & Meissen, G. (2008). Introduction to the special issue on men-

- 
- tal health self-help. *American Journal of Community Psychology*, 42(1-2), 105–109.
- Cha, S. & Edmondson, A. (2006). When values backfire: Leadership, attribution, and disenchantment in a values-driven organization. *Leadership Quarterly*, 17(1), 57–78.
- Curtis, L. (2002). Briefing paper: Current national context of consumer-operated services. Written under contract with the Texas Mental Health Consumers, Inc.
- Goldstrom, I., Campbell, J., Rogers, J., Lambert, D., Blacklow, B., Henderson, M., & Manderscheid, R. (2006). National estimates for mental health mutual support groups, self-help organizations, and consumer-operated services. *Administration and Policy in Mental Health*, 33(1), 92–103.
- Mental Health Commission (2005). *Service user workforce development strategy*. Wellington: Mental Health Commission.
- Ministry of Health (2006). *Te Kaikiri: The mental health and addiction plan, 2006-2015*. Wellington: Ministry of Health.
- Orwin, D. (2008). *Thematic review of peer supports*. Wellington: Mental Health Commission.
- Van Tosh, L. & del Vecchio, P. (2000). *Consumer-operated self-help programs: A technical report*. Rockville: US Center for Mental Health Services.
- Wituk, S., Vu, C., Brown, L., & Meissen, G. (2008). Organizational capacity needs of consumer-run organizations. *Administration and Policy in Mental Health*, 35(3), 212–219.