

COMPEER FRIENDS: A QUALITATIVE STUDY OF
A VOLUNTEER FRIENDSHIP PROGRAMME FOR PEOPLE
WITH SERIOUS MENTAL ILLNESS

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ABSTRACT

Background: People with serious mental illness (SMI) experience numerous barriers to developing and maintaining friendships.

Aims: To explore the benefits and drawbacks of an intentional friendship programme (Compeer, Inc), which develops new social relationships for people with SMI by matching them in one-to-one relationships with community volunteers for weekly social activities.

Methods: Twenty clients and volunteers, in Compeer friendships for different lengths of time, participated in individual semi-structured qualitative interviews. Several volunteers were themselves current or former consumers of mental health services.

Results: Participants reported numerous benefits to participating in Compeer. Clients and volunteers spoke enthusiastically about the benefits of gaining a friend. Many intentional relationships deepened over several years into mutually beneficial friendships. Most clients became more outgoing, sociable and active, with increased self-esteem, self-worth and self-confidence. Volunteers who had experienced mental illness themselves provided unique added benefits to the relationship. Drawbacks were minimal and financial and other costs to volunteers were low.

Conclusions: Intentional friendships can be a potent yet cost-effective way to help people with SMI develop social skills, expand their social networks, and improve their quality of life. However, because relationships take several years to develop, quantitative evaluations using short follow-up periods may underestimate programme effectiveness.

Key words: serious mental illness, intentional friendship, befriending, social support, community integration

INTRODUCTION

The social needs of people with serious mental illness (SMI) have risen in priority among mental health professionals in recent years (President's New Freedom Commission, 2003). With more people with SMI living outside of hospitals as a result of legislative and community support movements (Cutler *et al.*, 2003; Drake *et al.*, 2003; *Olmstead v. L.C.*), the need to promote community

living has become increasingly important. Although many people with SMI prefer to live in the community rather than in restricted settings like hospitals or treatment programmes, they often experience barriers preventing them from achieving full community integration. Difficulty finding meaningful and fulfilling social relationships, including friendships, is one of the biggest barriers encountered (Mueser & Tarrier, 1998; see also Bengtsson-Tops & Hansson, 2001).

People with SMI experience obstacles to acquiring and maintaining friendships for many reasons. For example, difficulties related to social functioning, such as social withdrawal or social isolation, traditionally have been considered the hallmark of schizophrenia and other forms of SMI, and typically are included in governmental and clinical definitions of psychiatric diagnoses and disability (American Psychiatric Association, 1994; Mueser & Tarrier, 1998). For some individuals, these difficulties may inhibit development of skills required for interacting with others in a social context, which in turn may preclude them from forming relationships with others (MacDonald *et al.*, 1998; Trompenaars *et al.*, 2007). Additionally, widespread stigma and discrimination towards people with SMI can impede the development of new friendships or erode the maintenance of existing ones (Boydell *et al.*, 2002), even for people with SMI who have excellent social skills.

In response, several psychosocial programmes have been developed that directly or indirectly foster social relationships for people with psychiatric conditions (e.g. Harris & Bergman, 1985; McGrew *et al.*, 1995; Thornicroft & Breakley, 1991; Wilson *et al.*, 1999). Like many programmes for other vulnerable populations, support is non-traditional, being provided by non-professionals such as community volunteers or members of self-help, mutual support or consumer-run programmes (e.g. Corrigan *et al.*, 2002; Lieberman *et al.*, 1991; Mowbray & Tan, 1993; Skirboll & PAVelsky, 1984). Evaluations of these programmes (reviewed in Davidson *et al.*, 1999; Solomon, 2004) suggest they promote improvements in several aspects of psychological health and functioning. Additionally, in two studies that paired recipients of mental health services (henceforth referred to as 'mental health consumers', or more simply as 'consumers') with volunteers who were themselves mental health consumers farther along in their own recovery, both the volunteers and recipients benefited (Armstrong *et al.*, 1995; Lieberman *et al.*, 1991). These findings are congruent with the helper-therapy principle (Riessman, 1965), which was recently exemplified in a study of peer support providers (Hutchinson *et al.*, 2006).

Most studies to date have focused on outcomes and not volunteers' or programme recipients' experience of these programmes or their perceptions of how these programmes are health-promoting. In the most thorough study published to date, researchers interviewed recipients of a volunteer-befriending intervention for people with SMI to explore their experiences of being in the programme (Davidson *et al.*, 2001). These researchers described programme recipients' experiences of the programme, but not the experience of volunteers. A similar study of volunteer befriending for SMI (Bradshaw & Haddock, 1998) found that participants reported the programme helped them, but the study described benefits in very general terms, did not discuss drawbacks, and did not explore either the perspectives of the befrienders or the mechanisms that promoted the benefits.

Beyond these two studies, scant information exists to describe either the specific benefits or drawbacks of befriending programmes for people with SMI or the programme characteristics that seem responsible for those outcomes. Therefore, the current qualitative study was designed to increase knowledge about intentional friendship programmes by interviewing participants in one widely adopted befriending programme for people with SMI called Compeer, Inc. A recent quantitative study of the Compeer programme showed that participating in Compeer matches had positive effects on perceived social support among clients (McCorkle *et al.*, 2008; McCorkle *et al.*, 2006).

In light of mounting evidence that peer support has beneficial effects, but that professionals are often reluctant to recommend it (e.g. Chinman *et al.*, 2002), we were also particularly interested in investigating whether differences emerged between volunteers who were or were not mental health consumers.

METHOD

Intervention

Compeer, Inc is a non-profit organization that matches adult volunteers from the community in intentional friendships (called 'matches') with people in treatment for SMI (called 'clients'). Matches commit to meet for at least four hours a month for at least one year (most meet weekly for at least one hour), and the activities most matches choose are those typically done with friends (meals, coffee, entertainment, museums, etc.).

Clients are referred to Compeer by their professional mental health providers, and ongoing psychotherapy is a requirement for Compeer services (matches are considered an adjunct to traditional mental health services). Volunteers are recruited and trained by Compeer staff. Training occurs over two days for three to five hours, covering mental illness, stigma, major diagnoses and symptoms, the role of Compeer volunteers, expectations and responsibilities of volunteers, how to get started with new clients, boundaries, reciprocity of Compeer friendships, conflict management, crisis situations, and the procedure for terminating matches if necessary. Since its founding in 1973, Compeer has become international in scope, and at the end of data collection in 2005 had nearly 100 affiliate offices serving more than 6,000 mental health consumers annually. Additional information about Compeer and its activities can be found in related publications (especially Skirboll *et al.*, 2006; see also Skirboll, 1994; Skirboll & Pavelsky, 1984).

Recruitment

Participants were recruited from a local Compeer office in a medium-sized northern city in the USA. In 2004 this Compeer office provided services to over 750 adult and child/adolescent clients, with about 350 additional potential clients on a waiting list. Theoretical sampling was employed to maximize the richness and depth of information obtained (Patton, 2002). Compeer staff nominated clients and volunteers to fit a 3x2 grid of 'Time' (under one year, one-to-two years, over two years) by 'Volunteer Psychiatric History' (absent, present). Time categories were chosen to incorporate beginning, established, and long-term perspectives. Because the local Compeer office estimated that 30% of volunteers self-reported a history of mental illness, special attention was paid to include volunteers both with and without such a history.

Participants

Twenty participants were interviewed, including nine adult clients and 12 volunteers (one participant began at Compeer as a client and later became a volunteer). Four of the 12 volunteers self-disclosed a personal psychiatric history. Although specific psychiatric diagnoses were not obtained, long-term mental illness and referral from a mental health provider are required for Compeer services. All participants but one were estimated to be over 30 years old and some mentioned being of retirement age. Clients were relatively gender-balanced with four men and five women, but volunteers were

significantly more likely to be women (eight to four). All clients spoke English as their primary language and most appeared white.

Data collection

Two interviewers each conducted 10 individual hour-long interviews. Interviews, which were audio-taped with participants' prior knowledge and consent, were semi-structured, based on nine wide-ranging open-ended questions, and interviewers were free to explore new areas as they arose. Examples of topics explored included what facilitated the development of the relationship; expectations before the match started and about the future; and areas of satisfaction and dissatisfaction with the programme. Participants received \$20 as compensation for their time. All study procedures were approved by the Boston University Institutional Review Board.

Data analysis

This was a preliminary descriptive study, using analytic techniques drawn from the Grounded Theory tradition (e.g. Glaser, 1992). The first three authors systematically and inductively coded each interview. For the first 10 interviews, each coder made personal notes on possible thematic codes that seemed to emerge from that interview. The team then reviewed the transcript line by line, developing potential codes and refining previously created codes, and applying those codes to passages of text using QSR N-Vivo. Most codes arose during review of the first five interviews; no new codes emerged during review of the ninth or 10th interviews.

This initial set of codes was revised for clarity and stylistic consistency before coding the remaining 10 interviews. Only two additional codes emerged during the coding of these final 10 interviews, suggesting a reasonable approximation of saturation. All 20 interviews were then recoded using the full set of codes. At several stages, all coded passages were reviewed to clarify definitions and determine whether any codes should be either combined or split into new separate codes. In this way, codes were assembled into broader themes for arrangement into a thematic hierarchy.

RESULTS

Themes reported here are organized into three overarching areas: (1) subjective descriptions of the Compeer relationship, and (2) benefits and (3) drawbacks of participating in the Compeer programme. Descriptions by study participants of their actual activities with their matches and other details of participating in Compeer are reported elsewhere (Dunn *et al.*, 2006). All words and phrases in quotation marks are drawn directly from transcripts of interviews, lightly edited for readability.

Subjective descriptions of the Compeer relationship

Clients described the match as a social relationship that engaged them to become more active outside their homes, more sociable and polite in social settings, and intellectually stimulated. A strong relationship feature was 'just having somebody to talk to' who, being neither family member nor mental health professional, had no particular agenda other than to be social. Clients were more likely than volunteers to describe the match as having 'just hit it off' from the very beginning. More trust, intimacy and caring developed as matches continued over time, often leading to

increasing self-revelation and involvement in each other's lives (e.g. meeting each other's families and celebrating holidays together).

Volunteers often said that they did not do anything special, other than simply be with the other person as a friend. Volunteers described the relationship as a friendship, often emphatically characterizing the relationship as a 'true friendship', 'genuine friendship', 'sisterhood', and similar terms. In phrasing paralleling that of clients, one volunteer said: 'I like it that she's been there even for me, when I needed someone to lean on, that I could talk to her.' Sometimes this happened quickly but volunteers were more likely than clients to say that this type of relationship developed over time.

When asked *what facilitated the development of a good relationship*, both clients and volunteers most frequently mentioned similar interests and backgrounds. This supports Compeer's practice of using such personal information to match particular clients and volunteers. However, very different interests and backgrounds sometimes worked well if there was a strong similarity in other ways, such as personality or values. Living close to each other was also helpful, given the frequency of the meetings, and sometimes a move led to the end of a successful match. Clients mentioned that making friends with someone who already knew about their mental illness allowed them to relax about how the friend would react when they found out. Many volunteers also described the helpfulness of discussions with Compeer staff (who themselves are also volunteers). They also valued networking with other volunteers when navigating difficult periods in the relationship. According to one volunteer: 'It's so nice because other volunteers who've already gone through it and have found out what works have helped me a lot.'

Compeer matches *changed significantly over time*. They often began with instrumental support, focusing on very practical aspects of the client's life. One volunteer called it the 'taxicab phase', referring to driving clients to stores, agencies and the like. Others used 'helper/helpee' or similar terms, with clients being relatively passive recipients of their attention. The major reason that relationships continued through this early phase was volunteers' commitment to continue meeting for at least one year, which helped overcome obstacles and irritations such as these that might otherwise have led them to drop out. As one volunteer said:

There was no joy in it for me by going and picking her up and taking her to whatever store she wanted to go to. I knew I wouldn't last like that. So I started setting limits and explaining to her that that's not what friends do. They do that occasionally, maybe, but that isn't what a friend does.

Relationships often changed into more equal partnerships after one or two years, frequently facilitated by coaching from Compeer staff, such as how to set limits as just described. Both clients and volunteers in longer matches described a two-way heartfelt bond full of caring. Many said that the friendship would continue even if the formal Compeer relationship ended – as one volunteer said: 'If Compeer ended, he and I would probably still be friends 10 years hence, still doing some stuff together' – and that their Compeer friends had become like family members.

Partners in long-term Compeer matches often described a developmental progression similar to other long-term relationships. As friendships matured there was increased commitment and trust, which allowed for greater intimacy and sharing. Because the relationship could tolerate more tension and disagreement, this allowed increasingly direct conversations about each other's behaviour without jeopardizing the relationship. For example, volunteers often changed from 'trying to be liked' to being more direct and active, such as pushing clients to become more assertive in their living and working situations.

During this transition, both clients and volunteers began revealing increasingly personal, intimate, potentially embarrassing sides of their lives and histories. Getting to know each other's likes and dislikes, they became more accommodating of each other's preferences while sometimes also becoming less willing to have their own preferences ignored. Moving through a variety of challenges over the years, many clients and volunteers became more willing to lean on each other, and in most long-term matches both client and volunteer independently said that both people had grown. Longer matches reported more trust, more caring for each other, and more deep conversations about matters of significance. They were also more likely to have relaxed personal boundaries (meeting each other's families, dining in each other's homes, celebrating holidays together, etc.) in this movement from 'helper/helpee' to true friends.

Regarding *expectations before the match started*, most clients had realistic ideas that a Compeer match meant someone would get to know them and care about them and be a friend. However, some people expressed that having a Compeer match was not quite what they had expected. One volunteer expected a client who was much younger, physically active, and interested in going places and doing things, but ended up with a middle-aged client without those interests. Another expected to share a client's life transformation, similar to the Hollywood movies *Shine* and *A Beautiful Mind*, but found his aims changing:

Then I got to thinking, "not *every* match is going to succeed and go off and go to college". And I thought, "regardless, everyone needs a friend". ...He's as far as he's gonna be, I think, but I still can't leave him, 'cause I feel like we've just developed a *bond*!

Many clients expressed *feeling appreciation* for their volunteers and for the relationship. One common theme was gratitude for just knowing that someone was there, someone they could call if they needed help or just someone to talk to, even if they never did call. Some clients appreciated volunteers' efforts to learn about their world and interests. Volunteers and clients in matches of several years' duration were especially likely to express gratitude for a new, deep friendship, and for the little gestures of friendship that they did for each other. For example, several volunteers took care of plants or pets when clients were hospitalized. Volunteers were also as likely as clients to warmly describe their match as a 'true friendship'.

Some specific areas of *dissatisfaction* were mentioned by one or two clients, although every participant said that Compeer was a valuable programme that they recommended to others. Two volunteers were disappointed that their clients were not more active or more interested in doing things. Several clients expressed a wish that they could spend more time with their matches; one mentioned feeling 'pencilled in' to the volunteer's busy schedule. One client described discomfort with perceived volunteer/client disparities, feeling that her volunteer saw herself as 'Lady Bountiful' helping the masses rather than one human helping another. However, none of these concerns was reported systematically, suggesting that they may have been unique (though real) features of specific individual matches.

For volunteers, feeling treated as a taxicab was an unpleasant experience, but this resolved when Compeer staff members helped them learn to set limits and change clients' expectations. Another frustration was communicating with clients who did not have answering machines, increasing the difficulty of making arrangements. Finally, some wished they were able to spend more time with their clients.

Regarding *expectations about the future of the relationship*, about half of the clients and volunteers explicitly stated expectations that their matches would continue, and no participants planned to end their current match. As one volunteer said: 'I can't imagine not having my Compeer friend in my life. I really can't.' Some clients felt reassured when their volunteers made clear their intention to stay in the relationship long term. Many clients and volunteers said that if the official Compeer match ended for any reason, they would still be friends. No participants expressed concern that their current match would end soon, although recruitment procedures undoubtedly biased the sample towards successful matches.

Some negative feelings about the future were expressed, however. Eventually, clients of ageing volunteers noticed that activities were decreasing in intensity and frequency, which raised concerns about what might happen to the relationship in years to come. Large age differences between client and volunteer raised concerns about what would happen when the older of the two dies or needs to cut back. One volunteer worried about what would happen if life changes (such as moving elsewhere for graduate school) prevented continuation of the relationship.

Benefits

It's a *great* experience. I recommend it highly to people, especially people that have psychiatric problems. They need a friend, they need somebody to open up and talk to, and somebody they can be close to. You need it, a little intimacy, the friendship, the ability to talk to somebody other than your immediate family. (Client participant)

Client benefits

All clients reported benefits of participating in the Compeer programme, and when asked if they would recommend Compeer to other consumers, all clients said they would. One client said: 'It's a good programme. I like it. It's helped me out a lot, and it helps out a lot of people in different ways.'

The most frequently reported benefit was *gaining a true friend*. There were certainly many references to having a companion with whom to do things, but as one client said, just having a friend 'is probably as important, if not even *more* important, than the getting out'. Another said: 'It's good to have somebody to talk to – everybody needs that.' Knowing someone was there to listen, or lend a hand if needed, was very powerful even if clients never took advantage of the opportunity. However, many clients did call on a regular basis and valued having someone to talk to when lonely, to confide in, and from whom to get feedback. Clients also felt strongly supported when volunteers called to check on them after winter storms or similar potential emergencies. For many clients, 'just knowing that there's someone there' was reassuring.

For clients experiencing social isolation due to stigma and whose most frequent exchanges with others were with professionals with clinical agendas, there was tremendous value in having someone with whom to have *casual, relaxed, informal interaction*. One client said: 'You don't necessarily have to do things but you can just call them and talk.' Unlike formal therapy, there was more give and take. As one client said, the joking and wordplay helped keep his mind active. Intellectual stimulation also came from talking about books, movies and families, and from critiquing movies and shows that the client and volunteer had seen together.

Feeling accepted, respected, supported, not criticized or judged, and relating with 'someone who does not have an agenda other than to do something together' were all powerful positive experiences. Longer matches also described the strength provided by *going through major life transitions*

(for either client or volunteer) together, such as loss of parents, divorce, major medical illnesses and so on, and described how, with the passage of time, the match becoming a real two-way friendship.

Some volunteers *helped clients in practical ways* as well. They supported clients in standing up for themselves with employers, the mental health system, families and so on. Occasionally they helped clients get or keep employment and negotiate workplace and governmental bureaucracies. Frequently, volunteers had more life experience and broader backgrounds than the clients with whom they were matched. For example, one volunteer with a financial background helped a client better manage personal finances through budgeting and switching to a lower-interest credit card. Occasionally, volunteers helped clients get services to which they were entitled, whether by helping clients navigate bureaucracies, documenting the situation of clients who had 'fallen between the cracks' and were not receiving appropriate government-funded services, or simply providing transportation so clients could meet with relevant administrative officials.

Sometimes the role was less practical and more in the realm of *interpersonal feedback*, such as helping clients learn to stay out of what one mental health consumer volunteer described as 'client victim mode'. Often, simple encouragement and praise for their efforts helped clients continue to work on positive changes regarding health, diet, jobs, or resuming former activities. As one client said: 'You need to be told that you have merit as a person.' Accompanying clients into different settings allowed many volunteers to give real-time feedback about behaviour in the world. In some matches, volunteers helped clients work on areas of growth, such as tolerating feelings of impatience at the shopping mall, through what one client described as 'therapy away from the therapy room'. Volunteers also provided support to maintain clients' social relationships, such as staying in touch with family members.

Clients described volunteers as someone with whom to do things, someone who took them out of their houses and limited routines. This *increased clients' amount of activities* and also *introduced them to new things*, which might include attending shows and festivals, eating at new restaurants, visiting museums and galleries, seeing different movies and reading different magazines than usual, offbeat activities such as going out at 4.00 am to watch a meteor shower, and generally expanding their horizons. Matches often allowed clients to do things that they had long desired but that lack of transportation had prevented. Additionally, volunteers often *encouraged clients to do more*, pushing their limits, drawing them out of their shyness and hesitation, and helping them move past the lack of motivation that may have developed either from depression or from weariness after years of fighting stigma and discrimination. One client valued the volunteer's positive influence because doing things with someone 'upstanding' helped avoid falling in with people doing things that undermine recovery from psychiatric disability. Volunteers sometimes also helped clients stay in closer contact with their families in beneficial ways.

Both clients and volunteers often reported *changes in the clients' social behaviour*. Over time these clients became more outgoing, socially active, verbal, attentive to following through on arrangements with others (including not standing them up), and flexible in accommodating other people (such as taking volunteers' interests into account instead of insisting on their own interests). As one client said of his volunteer: 'He engages me to be more healthy; he engages me to be more active; he engages me to be more polite and sociable.' The relationship also promoted self-esteem, self-worth and self-confidence. Many clients became more assertive in standing up for themselves when others tried to take advantage of them. Some clients also used the support of Compeer to become more involved with community organizations as regards both attendance and assuming

leadership positions. Occasionally this was within Compeer itself, such as becoming a volunteer or board member.

Not all clients experienced major transformations as a result of Compeer but they still seemed to benefit. One volunteer described a client as 'low functioning', 'institutionalized' and unlikely ever to live independently, but noted that the client still became quite 'bubbly' when the volunteer visited and clearly appreciated the visits and friendship.

Consumer volunteer benefits

Volunteers who were also current or former consumers of mental health services provided unique benefits beyond those provided by volunteers without a psychiatric history. Clients saw them as *role models* demonstrating that life does go on and that it is possible to cope with SMI and other life problems. One client with a consumer volunteer said: '[It] drives me to be a better person. It makes me see that I could do better. I want to strive to do better every day.'

Consumer volunteers were also more *sensitive to power and equality in the relationship*, although that manifested differently in different matches. For example, one consumer volunteer, acutely sensitive to the difference in financial situation between volunteer and client, made special efforts to contribute more whenever possible. Another consumer volunteer, equally sensitive but about power dynamics in the relationship, insisted on full equality of financial contribution and decision-making so that the Compeer relationship did not encourage passivity and dependency.

Consumer volunteers were also more likely to act as *advocates for their clients*. They were more likely to press the mental health system harder on behalf of their clients and to encourage their clients to work harder to receive services to which they were entitled.

Volunteer benefits

All volunteers reported that they themselves benefited from the experience. As one volunteer said: 'You always get more out of it than you give to it.'

The single most common benefit to volunteers (reported by 10 out of 12 volunteers) was *gaining a friend* themselves. This benefit developed with the passage of time. Matches of less than one year were most likely to talk about instrumental advantages of the friendship, such as having a companion for activities, or learning to be a better friend by improving listening skills and by practising not trying to fix other people's lives. Sometime during the second year, volunteers began talking about the high quality of the friendship, using terms such as 'good friend', 'deep friendship', 'close friend' and 'buddy', and several said they received as much or even more than they gave. Many volunteers reported being able to talk openly and honestly with their match in ways that they could not in their other social and business circles, and said how much they trusted their match not to gossip. Several mentioned that their match had been one of their strongest supporters during times of personal hardship such as bereavement. Volunteers in three of the longer matches said, in almost identical language: 'We're there for each other.'

The second most common benefit (reported by 8 out of 12 volunteers) was *feeling good about helping someone else*. As one volunteer said: 'No matter how much time, or lost sleep, or stress you feel the investment requires, the satisfaction of being intimately involved with another life in recovery is just extraordinarily self-enhancing, reinforcing.' Some volunteers felt that they were witnessing extraordinary transformations in the clients. As mentioned above, even a volunteer matched with a client very unlikely to return to living in the community said: 'He enjoys getting together. We enjoy each other, getting together and talking, and I've decided that that's of value to me. I feel good about myself that I've been able to do something for him.'

A number of *other benefits* were reported by smaller groups of volunteers, including feeling they were helped and had grown as much as the clients had, gaining a better understanding of mental illness and the mental health service system, broadening their horizons by doing activities that they ordinarily would not do, and filling the gap created by retirement.

Drawbacks

When *clients* were asked directly about drawbacks to receiving Compeer services, half said that there were none. The other half each gave individual concerns with no repetition between clients. One client said that her well-employed consumer volunteer was inspiring but during periods of depression it was difficult not to think: 'Why can't I overcome my own problems and be like her?' A second client reported that after becoming a caregiver for an ageing parent, a good multi-year Compeer relationship ended difficultly when the volunteer began giving advice contradicting the directions of doctors and therapist. Perceptions of an unbalanced 'caregiver-client' relationship bothered a third client (who nonetheless strongly endorsed Compeer's value). A fourth client said that publicly 'coming out' about her mental illness to promote Compeer in the community was difficult, while also acknowledging that it was a growth process and that Compeer was very supportive. Other drawbacks were similar to complaints about any friend or organization: not liking someone's taste in music, absence of vegetarian food at events, and 'like any good friend, sometimes you get tired of always doing things with the same person'.

For *volunteers*, no consistent drawbacks were reported. In fact, three volunteers said that there were none, with one saying: 'They make it so easy for you – I don't see any drawbacks.'

Only two drawbacks were mentioned by two volunteers. Being a Compeer required dealing with one's own negative preconceptions about mental illness (which was also described as a valued growth opportunity). Second, after a rough day at work, meeting could feel more like a commitment than like fun (although it usually ended up being enjoyable). Additional drawbacks were also mentioned but by only one person per drawback, including scheduling problems (e.g. periodically one client would not show up for a scheduled activity), inflexibility on the part of the client (e.g. a client not wanting to do anything together except see movies), using the volunteer as a taxicab, and confidentiality issues (e.g. the awkwardness of running into a friend or business acquaintance when with one's match, or the Compeer guidelines that prevent volunteers from discussing certain personal things with clients). Only one volunteer reported that there were aspects of the client's mental illness (heavy smoking and coffee consumption, occasional outbursts of anger but never directed at the volunteer) that the volunteer disliked but tolerated.

Most volunteers did not perceive volunteering to require any significant financial outlay. Compeer recommends splitting costs equally between volunteer and client, and therefore clients' limited financial resources dictate free or modestly priced activities (see Dunn *et al.*, 2006 for more detail). Volunteers reported that the cost of volunteering was not a significant factor, both because of the low cost and because most expenses were for things they would buy anyway (such as meals and movie tickets). The major cost of volunteering was time spent away from other activities. Some reported occasional difficulty finding time but acknowledged their own choice to live busy lives. Retirement featured in contradictory ways: although Compeer provided meaningful activity and friendship that replaced lost work activity and colleagues, retirement also made it more apparent when volunteers were out with their client and therefore not available for their own families. However, the only people reporting that time spent volunteering was a source of tension were those in households with significant caregiver duties for children or elderly parents. In summary, most people said that the benefits of one-to-one volunteering far outweighed the cost in time, money and energy.

DISCUSSION

Findings from this study enhance the existing body of evidence on social support interventions for people with SMI. In particular, they reveal new insights about the processes involved in the development of intentional friendships and the benefits that accrue to both volunteers and clients as a result of these relationships.

Both clients and volunteers in this study clearly regarded their Compeer match as developing over time into a 'genuine friendship'. Although such development occurred during joint activities (such as movies or other outings), what clients said they valued most was gaining access to more social support and simply having a friend to talk to, in terms of both regular conversations and knowing there was someone they could call in need. Clients described their social world expanding in both breadth and depth, and volunteers reported that gaining a friend was one of the strongest benefits of volunteering.

Participants reported many other benefits as well. For example, volunteers helped many clients expand the scope of their activities. Some volunteers also provided instrumental support, such as offering their car to help clients with shopping. Many volunteers described feeling good about helping others. However, the overwhelming benefit reported by both clients and volunteers was gaining a good friend. These findings echo the reports of previous studies that befriending interventions are effective in providing companions and reducing feelings of loneliness and isolation among people with SMI (Bradshaw & Haddock, 1998; Davidson *et al.*, 2001). Our results extend these findings by also describing the benefits of these programmes for volunteers, which to date have received little attention in the literature.

Several factors appear to have facilitated the development of the friendship, which in turn enabled participants to experience those benefits. First, before their current successful match, several participants were in previous unsuccessful matches that were terminated due to various problems, suggesting that proper matching of clients and volunteers was a crucial ingredient for success. Results of this study indicate that similar interests and background, geographical proximity and similar personalities promoted the likelihood of a good match. Second, skilful guidance and coaching from Compeer staff appeared to help participants work with difficulties encountered in developing their relationship. Third, shared knowledge of the client's mental illness appeared to remove stigma on the part of the volunteer, or negative feelings and attitudes towards people with psychiatric disabilities (c.f. Corrigan, 2005; Corrigan & Penn, 1999). This is an important finding given that stigma was reported by participants in the current study as well as numerous others (e.g. Boydell *et al.*, 2002; Davidson *et al.*, 2001) as being a significant obstacle to developing and maintaining friendships. Shared acknowledgement of the client's psychiatric history seems to ease social pressure on the developing relationship, allowing clients to feel less anxious and more comfortable with their volunteer (Davidson *et al.*, 2001).

No major drawbacks or risks were reported for either clients or volunteers. Most complaints were similar to those about any friend or organization, including greater commitment from volunteers and challenges related to negotiating boundaries, which also have been identified in other befriending interventions (Bradshaw & Haddock, 1998). The absence of reports of major drawbacks is partly a testament to the high quality of Compeer staff who provided skilful screening, training and guidance. It also speaks to friendship as a normative part of the human experience – indeed, there may be more risks from not having such friendships than from having them.

It should be noted that all participants were recommended by Compeer staff as being in examples of relationships that worked well; therefore, participants in poorly functioning matches were

not interviewed. Thus, while these data likely represent the potential for successful relationships rather than the experience of every match, they may also reflect bias in terms of who was interviewed, as well as participants' discomfort talking about conflict. However, several participants who were in successful matches but had previously been in unsuccessful matches, were queried closely about their view of what made the difference, and their answers informed our understanding of what made for a successful match.

Similarly, neither clients nor volunteers spoke at length about the barriers they faced in developing their friendships, or about the ways in which the client's psychiatric symptoms may have interfered with their social functioning. Instead, participants described the ways in which clients experienced gains in their social functioning; these gains were also observed in a recent quantitative evaluation of Compeer (McCorkle *et al.*, 2008). Although the ways in which SMI poses challenges for social functioning have been discussed in other studies (Davidson *et al.*, 2001; MacDonald *et al.*, 1998; Mueser & Tarrier, 1998; Trompenaars *et al.*, 2007), we suspect that our participants did not discuss it because the interview questions focused on the intervention rather than on each client's psychiatric symptoms.

We were particularly interested in exploring how the psychiatric history of volunteers might affect the relationship. This interest was based on the growing use of, and call for having, consumers of mental health services serve in a provider role (e.g. Solomon, 2004). Clients mentioned ways in which consumer volunteers served as role models and inspirations. Consumer volunteers appeared more sensitive to the realities of clients' lives, especially regarding power and discrimination. They also appeared less willing to take 'no' for an answer when faced with obstacles to their client's well-being. This suggests that befriending programmes might benefit from seeking out consumers well along their own road to recovery to serve as volunteers.

Further research

Numerous questions remain unanswered from this study, suggesting several directions for future research. First, it was not clear from this study whether there was a 'click factor': are the most successful long-term matches those that 'click' quickly, with other matches dropping out before the end of the second year? It is also not clear whether there are stages of intentional friendship similar to other committed relationships, in which the commitment to work through difficulties yields deeper levels of trust and intimacy over time. Although these questions were not definitively answered with this study, we suspect that both 'clicking' and stages of deepening relationship are at play.

A second set of unanswered questions relates to the effect of befriending interventions on traditional outcomes such as symptoms and service utilization. Most participants described benefits in social support and psychological well-being. A few reported idiosyncratic benefits in other domains unique to their personal situations, such as help with employment or navigating government agencies, but there was a striking lack of commonality between such stories and no discussion whatsoever of effects of the friendship on psychiatric symptoms and service utilization. This suggests that any effects of intentional friendships on traditional outcomes such as symptoms, employment or service utilization may be indirect, perhaps mediated through improved social support and psychological well-being. This is consistent with the results of McCorkle *et al.* (2008), who reported that those Compeer clients reporting the greatest increase in social support were most likely to report decreased psychiatric symptoms. Future research is warranted to explore this possibility.

We found that, like any relationship, intentional friendships take time to develop and mature into trusting, meaningful relationships, with a deepening of the relationship often occurring in

the second or even third year of the match. This has at least two important implications for the development and evaluation of social interventions for people with SMI.

First, like many volunteer organizations, Compeer asks for a one-year commitment from both volunteers and clients, barring a total breakdown in the relationship. Our study suggests this commitment timeline is a good minimum because it allows time for both clients and volunteers to weather the inevitable early ups and downs of their relationship and gives their friendship a chance to take root if it is going to do so; this is consistent with the idea of 'growing' the relationship articulated by Davidson and colleagues (2001). However, because the greatest benefits to both clients and volunteers appear to occur after the first year is over, programmes of intentional friendship should encourage longer commitments from clients and volunteers whenever possible.

Second, if the friendships, which are the 'active ingredient' of befriending interventions, take several years to develop fully, then outcome evaluations of these interventions are unlikely to detect their true effects unless relationships are followed well into the second year or beyond. This poses a significant challenge to demonstrating the effectiveness of befriending interventions in the current climate of empirically validated treatments that emphasize randomized clinical trials as a gold standard. For example, the one published randomized clinical trial of a befriending intervention for SMI followed participants for nine months (Davidson *et al.*, 2004), which is not unrealistic for recruiting a sufficient number of participants for statistical power while still completing the study within the typical time period of a research grant. However, our participants' stories suggest that assessment periods of two or more years will be necessary to evaluate outcomes accurately; first, the friendships need time to actually develop, and then additional time is needed before the developed friendship can affect other domains. Similarly, accurate description of the developmental course of intentional friendship requires repeated interviews over several years. Designing and funding such extended evaluations is the major challenge for a true picture of both positive and negative effects of intentional friendships.

Additionally, study results point to the need to emphasize the diversity of outcomes and client capabilities, both of which have important implications for the training of volunteers in social support interventions. We caution against overly optimistic or idealized notions of change resulting from social support interventions like the one described here. Although major transformations make for outstanding success stories of which programmes are justly proud, they may create unrealistic expectations against which volunteers unfairly judge themselves to have failed. Indeed, a small number of Compeer clients had impairments severe enough that they were unlikely ever to live independently, and volunteers matched with these clients sometimes described feeling like failures. Such volunteers are at higher risk of quitting unless they re-adjust their goals from major transformations to the simple, yet profoundly moving, bringing of happiness, warmth and human contact into what could otherwise be a socially impoverished life. These findings suggest that befriending programmes should help volunteers develop realistic goals and promote volunteers' awareness of the less-dramatic ways in which clients benefit from their friendship.

In summary, clients and volunteers spoke enthusiastically about the benefits of gaining a friend, the drawbacks were minimal, and costs were low. Deliberate matching of clients and volunteers, as well as skilful guidance from programme staff, were seen as important for successful matches. Volunteers who had experienced mental illness themselves provided unique added benefits to the relationship. Intentional friendships took several years to develop fully, suggesting that future research projects can only assess true outcomes several years into a relationship. Overall, this study suggests that intentional friendship programmes such as Compeer are a potent yet cost-effective

way of improving the lives of adults with SMI in the current services climate in which such adults increasingly live in the community and could benefit from support to enrich their social networks in the face of stigma against mental illness.

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