

Voluntary Agencies and the Promotion of Mental Health

KWAKU OSEI-HWEDIE *

ABSTRACT

This paper discusses the role and importance of voluntary agencies in the promotion of mental health and the rationale for such a role. As the socioeconomic and political problems of societies grow more acute everyday, the potential solutions seem increasingly to indicate the need to make wiser and more effective use of all human resources and potential. Many of the solutions to these problems seem to call for the return of responsibility for making institutions effective to the people and the community to be served, through voluntary work for the common good.

This is especially true of the voluntary work undertaken by relatives and citizens in mental health and other institutions. In this period of economic stringency, which seems likely to remain with us for some time, communities, in order to maintain services, have to rely on the contributions of volunteers and voluntary agencies.

Definition of concepts

A *voluntary agency* is an organisation that people join out of personal interest, to participate in some social programme, or as a channel for political action. This organised group often involves an awareness of a cause, social interaction and a formal organisation. There is awareness because of the shared interest and goals of the membership, while the social interaction results from the common focus of attention and also the shared interest. It is a formal organisation since it normally has elected officers, by-laws and a constitution. These agencies extend, improve, complement, supplement or sometimes substitute entirely for the provision of social services by governments. The services are typically labour intensive, and require both local intelligence (knowledge of the particular needs of a specialised clientele) and local consensus (community support).

A voluntary agency, also referred to as a private agency or a non-profit organisation, is a membership association with a social purpose or cause. It may be essentially bureaucratic in structure, may employ professional or volunteer staff, and is normally governed by a volunteer board of directors. Closely related to voluntary agencies are all forms of self-help and mutual aid groups.

* Senior Lecturer, Social Development Studies, University of Zambia, P O Box 32379, Lusaka, Zambia.

A *volunteer* is one who freely offers his/her services without demanding payment. It is believed that the one delivering the service will not usually benefit directly from it. The International Council on Social Welfare defines a volunteer as (1975:174):

"a person who serves of his own free will, without expectation of monetary or other personal material gains."

and:

"who from compassion and love for his fellow human being seeks through humanitarian acts to bring about social change so that none will suffer physically, morally or spiritually."

U Thant, former Secretary General of the United Nations, saw a volunteer as (in Morris, 1973: 241):

"a person who gives his services without regard to financial benefit and with the purpose of contributing to the developing of the recipient."

However, some people who volunteer their services, ie join voluntary organisations, do sometimes derive some form of satisfaction from the work, which may be of a material or non-material nature.

Several reasons are cited for the usefulness and success of volunteers and voluntary agencies. It has been emphasised that they bring hope, enthusiasm and optimism to their work. Volunteers not only help but are also helped in the process. The 'helper-therapy' principle is based on the assumption that being helpful to another human being is therapeutic for both the giver and the receiver of help.

In defining *mental health*, the importance of psychosocial issues and conditions in an individual's life must be recognised. The psycho-social model of mental health (Finkel, 1976: 9):

"focuses on emotions, conflicts, significant people, and problems of living as the group of irritants that are key factors in producing health or disorder. This model points to the person, his environment, and his associates."

Through this model a person is viewed as being capable of improving his mental health.

Thus defining mental illness (abnormality) goes beyond looking at mere behaviour. It is rather complex and must incorporate behaviour, context, place and time, and the socioeconomic as well as political climates. Moreover, "it involves evaluating judgments in the form of norms plus values" (Finks, 1976:22). According to Robbins (in Herman and Freeman, 1974:20), the best way to define mental health is to:

"look at the various ways in which people live. First, consider whether they feel comfortable about themselves. Do they think of themselves as decent human beings? Are they able to form satisfactory personal relations, lasting relationships, get along with people socially? How do they look upon certain life experiences as unfair or unreasonable? Do the same demands that other people take in their stride upset them? Some of these demands are ordinary ones, just the simple ones. The mentally healthy person looks forward to and accepts new responsibilities gracefully and joyfully".

In the same sense, Matthew Dumont, in his book *The Absurd Healer*, includes self-esteem among the requirements of mental health, in addition to the feeling of stimulation, a sense of community life, and environmental mastery. Other aspects of mental health that have been emphasised include getting along with other people, progressive and dynamic adaptation to life in all its various situations, and the continued resolution of total situations so that

personality growth is not arrested nor materially deviated. Thus mental health is defined as an adjustment to the world and to other human beings with a maximum of effectiveness and happiness. Based on this, it has been emphasised that (Herman and Freeman, 1974:22):

“‘Mental Health’ covers all degrees of the ability to adjust to the world and to other people and the treatment for mental illness ranges all the way from the couch to the administration of electroshock therapy in an institution.”

These views of the concept of mental health assume that, to promote mental health, destructive social forces that contribute to mental illness (such as poor housing, unemployment, disillusionment, socioeconomic and political isolation and alienation, problems of social adjustment, etc) must be contained. The socio-psychological issues that affect the mental health of everyone cannot be over-looked.

The promotion of mental health, therefore, becomes a major component of the issues that have been the traditional domain of politicians, community groups, planners, social scientists, educators, social workers, lawyers and medical practitioners, among others. The day to day realities of poverty, unemployment, social maladjustment and relationships and problems that need to be solved, ie all (human) affairs, are relevant to our present and future mental health.

Indigenous setting

Over the years, voluntary organisations and their activities have been recognised as upholding community responsibilities in the promotion and maintenance of social welfare services. This is because voluntary activities and contributions have always been part of the community resources used for the promotion of social welfare. In indigenous societies, the volunteer's role in the provision of social welfare services was an inbuilt aspect of the society. To some extent it was both a moral-religious, and a socioeconomic obligation to the community. Indigenous voluntary methods had three basic aspects. First, there was the concept of self-reliance. This involved community co-operation to solve problems, based on the internal strengths and resources of those in the community. The benefits went directly to the community, ie those involved in the action. The second aspect included voluntary activities based on kinship obligations. The third aspect was humanitarianism, ie where one would help somebody, or do something on behalf of someone, without receiving any direct benefit, or even hoping to be paid back in kind. However, the community co-operation aspect is the most important, as societies favoured and promoted community self-reliance, co-operation and self-help. It must be noted, however, that there have been distortions in the indigenous/traditional voluntary practices due to, among other things, colonialism and post-independence expectations. In addition, various aspects of social change and development, and people's attitudes and actions, have led to considerable changes over the years. For example, the colonial socioeconomic institutions introduced, contrary to the spirit of volunteerism, a reward system for work done, while the post-independence governments made some promises which had the result that people saw the government as the provider of services, and they, therefore, became reluctant to do certain things on their own, without payment.

Social change, including modernisation and urbanisation, and the promises made by politicians during the nationalist struggles, to some extent affected the traditional sense of

community responsibility and individual obligation in solving community problems. Another significant factor in this process has been the increasing social differentiation and competitiveness in our society, which have led to an increased sense of individualism. This individualism has undermined the community spirit and has drastically affected community self-reliance and co-operation. For these reasons contemporary voluntary agencies are very important and relevant in the provision of social services, including mental health.

Contemporary setting

Rapid socioeconomic, political and technological changes in developing countries, especially in urban and semi-urban areas, have drastically reduced the impact of community self-reliance, co-operation and self-help. At the same time, governments and institutions have failed to provide the needed resources and services. The current emphasis on the role and importance of voluntary agencies is a result of several factors. First, there are the perceived inadequacies of the formal social service system. For example, the inadequate numbers of trained personnel, the inability of the system to deal effectively with disadvantaged and vulnerable groups, and the failure of many in need to use formal structures as their primary source of help. Second, professional-volunteer collaboration is often viewed as a way of mobilising community resources and as a way of providing new technology and skills in the field of mental health. The voluntary agency is seen as a bridge between mental health services and clients. Lastly, the experience and contributions of the voluntary agencies have highlighted the need for more critical attention to the individual, environmental and situational characteristics that are critical to the effectiveness of mental health treatment.

Sometimes voluntary agencies are also seen as a way to cut the costs of social services provided by governments, and at the same time to make social service providers more accountable to the consumer. Such 'empowerment' may allow for the delegation of policing powers, education and social services to community groups.

Characteristics of voluntary agencies

Contemporary voluntary agencies exhibit three prominent features. First, they are interest groups in both a literal and political sense. This is because they are concerned with particular groups of persons, or a specific problem which is expressed in a commitment to specialised services for those groups of people, and advocacy on their behalf. In this sense, they share the characteristics of other interest groups since they try to influence public policy, are a source of power, have administrative functions, and are narrow in focus.

Second, voluntary agencies have, and do exercise, a considerable degree of discretion in the allocation of their resources. A voluntary agency is not mandated to serve a given population in a particular way. Its clients have no legal right to its services. It, therefore, has the freedom to choose whom to serve, when, and in what manner. However, over a period of time, an agency will tend to develop traditions and acquire obligations that limit its freedom of action.

Third, voluntary agencies depend on their leadership because of their considerable discretionary power, relatively small size and reliance on intangible incentives for participation and support. Thus the quality of leadership is a fundamental factor in the effective performance of any voluntary agency.

Rationale

The significance of voluntary agencies in the promotion of mental health is based on several rationale. One rationale relates to personnel, particularly the cost of trained professional providers, the associated shortage of skilled personnel, the constant increases in the demand for services, and the realisation that professional and institutional education will not be able to narrow the gap between supply and demand. The non-professional, or the volunteer, is seen as filling the gap, while at the same time reducing expenses. This cost-effectiveness thesis is based on the assumption that volunteers and voluntary agencies can perform certain tasks at no cost, thus obviating the need for more expensive and scarce professional resources.

A critique of professional services in mental health leads to the second rationale. It is often argued that professional services are inaccessible, or unresponsive to clients' needs, and do not allow a meaningful participatory role for clients and citizens. The voluntary agency and volunteers are seen as providing the necessary bridge between providers and consumers, a bridge that is capable of improving the accessibility of services to those who need them. This social participation argument contends that because volunteers are from the community, are integrated into a client's culture, and share similar values, they are better equipped to identify needs and to relate professional services to client needs. Available data (Finkel, 1974) suggest that non-professionals in mental health have always played a significant role in providing mental health services. Gurin, Veroff and Feld (1960), for example, found that recognition of a mental health problem was no guarantee that the affected person would see a professional.

A third rationale is based on organisational effectiveness. The reasoning is that the formal sector is over-burdened with the responsibility for seeing that care is provided. This rationale, therefore, sees informal helping, or care giving, as cheaper and inherently better suited to certain tasks than formal agencies. Practical tasks and unexpected contingencies should be handled by families, friends, and other informal support systems. However, since most tasks require both formal and non-formal activities, there is the need to combine both support systems.

Role of the voluntary agency in mental health

Voluntary agencies play a key role in the promotion of mental health. Federico (1983), in *The Social Welfare Institution*, maintains that volunteers are important in formal social services. They contribute both the time and effort needed for services to be performed effectively. They also bring many advantages of informal helping to formal structures. In addition, volunteers make possible services that may otherwise be unaffordable or unavailable. Volunteers are also important in linking formal and informal services. This is very well recognised in developing countries where there is less reliance on formal social welfare structures.

The character, goals and functions of voluntary agencies, allow them to play the following roles in the promotion of mental health (Kramer,1981:259f):

(a) Vanguard

Voluntary agencies are able to innovate, pioneer, experiment, and demonstrate new programmes. In this case they help societies to widen the range of options available. What they develop may eventually be adopted, or taken over, by the government. Voluntary agencies can specialise in a problem since they have the flexibility to be selective, or exclusive, in the types of services they offer. They can also concentrate on the whole person and to pull together what government agencies may fragment through departmentalisation. Also voluntary agencies have more freedom to choose an area of specialisation

(b) Advocacy

A voluntary agency can also serve as an improver of services or as an advocate. It may serve as a critic or watchdog in pressuring public agencies to either extend, improve, establish, or raise the quality of required services. In this role, a voluntary agency tries to shape the vision of a more just society and mount programmes and activities that lead towards its achievement. Thus it takes on the mission of defending and articulating the interests of disadvantaged and under-served populations.

(c) Consumerism

A voluntary agency can and does promote the interests of the consumer. For example, those relying on certain services may be helped to form self-help associations or advocacy groups to promote their self-interest.

(d) Value Guardian

Through service programmes and advocacy, voluntary agencies also protect and promote social, cultural, religious and national values. In this case, they play the role of value guardian. In this capacity they are expected to develop and promote citizen participation and leadership, and also to promote and protect the interests of disadvantaged groups.

(e) Service Provider

An agency may select particular services to provide, and promote them with the relevant population. These may be services that the government is unable or unwilling to provide. Even though voluntary services can be an alternative service, they are usually supplementary to, or substitutes for, government services.

Kramer sums up the role of voluntary agencies thus (p264):

“As a social service provider, the voluntary agency functions as an indispensable part of a three-sector social service economy along with government and, in a growing number of instances, profit making organisations. It may substitute for, influence, extend and improve the public sector; replace, reinforce, and relieve the primary social systems; and compete with profit-making organisations in some fields. As an organisation, the voluntary agency has four distinctive competencies: specialisation, advocacy, consumerism, and other forms of volunteerism, and the provision of services, which can be primary, supplementary, complimentary, to those of public agent or vendor”.

Role of the volunteer in mental health services

The shortage of mental health manpower has led to efforts to provide a more complete mental health service to an ever increasing population by using volunteers. The available data shows that volunteers or non-professionals with varying levels of training, motivation and socioeconomic status could and have been used in a variety of ways and situations. For example, studies have shown that mothers have been utilised as therapeutic agents for their own children; mature women act as therapeutic agents for the children of others; teachers have been effective therapeutic agents and even grandparents and retirees have worked effectively as psycho-therapeutic agents. In the US, high school teenagers and college students have also been used in mental health programmes. Thus volunteers can and have assumed major responsibilities for mental health activities.

There are several outward sources of mental problems - inter-personal, economic, social and community irritants. People often cite this wide range of causes for their mental health problems, including problems of living, such as economic woes, children, marriage, community, job; and some crisis provoking event, such as the death of someone close, sudden physical disability, accidents, surgery, retirement. All these people need services to check the negative consequence of their problems. Most of these services and activities can be performed effectively by voluntary agencies. Since the potential causes of mental health extend beyond the individual to his neighbourhood, job, diet, friends, family, etc, many people of varying persuasions who are not mental health professionals are needed to develop and deliver services. These include family, friends, clergymen, teachers, college students, and bartenders among others.

In the provision of services, the volunteer and the professional must have a relationship based upon mutual respect and upon sharing of responsibilities. It is the sharing of responsibilities that allows the volunteer (or voluntary agency) to perform certain specific tasks. Examples of these specific tasks include the following:

- Interpreting directives and activities to the public. They may also inform the government, legislators, planners, and public agencies of special problems and issues that may have escaped their attention;
- Conducting social survey and other research activities to determine the social and health needs of a community, and the types of understanding and encouragement needed in the promotion of mental health;
- As part of the range of resources within the community, an organisation of citizens can improve the care and conditions of the mentally ill through patient assistance. Included in this assistance could be the meeting of needs, gifts, visits, helping relatives, visiting patients and helping them to cope, and helping patients keep in touch with the outside world;

Through concern with better care for the mentally ill, a voluntary agency can assist in the rehabilitation of mental patients and their restoration to community life. It is argued that it is not enough to treat patients and then release them to a community that may be hostile, and provides little or no rehabilitation, and to employers who will

not hire them because they have been mentally ill. Former mental patients need considerable help if returning to normal life through successful adjustment or re-socialisation;

- Educating the public, employers, families, etc. Voluntary agencies are important elements in the struggle to remove negative attitudes about mental patients and ex-mental patients in the community. The average person still rejects mental patients and former mental patients. Mental illness is a constant source of friction and embarrassment to members of the family. This embarrassment creates problems for rehabilitation. The solution lies in the emergence of a new mental health field which is based on a psycho-social model. According to this model, the new mental health practitioner (Cowen in Cowen *et al*, 1967:389; Brock 1976):

"is moving away from the clinical practitioner role towards something akin to a social engineer and mental health 'quarterback'.

In this sense the new professional and the services need to cross existing disciplinary boundaries. Subjects like urban studies, ecology, political science, sociology, economics, law and education have all become crucial in shaping the profession, the future professional, and services. In effect the boundaries of the mental health discipline have broadened and blurred. Definitions of abnormality therefore have also become less precise, and at the same time more inclusive.

In terms of education, the promotion of a healthy personality has become one of the major goals. To operationalise this, especially for social work education and for the education of the mental health professional, the factors that promote a healthy personality must be discovered and imparted to students. This job of discovery does not fall only on the field of mental health but also on social work as well as the social and natural sciences. Hollister (1967:103) contends:

"As the behavioural sciences have moved beyond intensive focus on repairing pathologies to increased interest in psychological development there are emerging new knowledge about the potential forces and experiences; knowledge urgently needed by the educator to fulfil his mission and responsibility".

It is this kind of knowledge that the social worker, the mental health professional and all those who volunteer their services, also need.

Conclusion

From the above discussion, it is evident that voluntary agencies and volunteers perform a variety of roles and crucial tasks in the development of social support services and a feeling of responsibility for the mentally sick.

Rockefeller (1967:269) maintains that everyone has a stake in the provision of better services and care for the mentally ill. She asserts:

"Mental illness cannot be wiped out by half-way measures, half-hearted effort, and part time interests. It is a massive problem, demanding the fullest and most dedicated kind of support from members of the ... community."

Voluntary organisations sponsor seminars and workshops and supply information on causes and services available. Since they are citizens' organisations, with professionals from various fields and disciplines, they are able to bring other perspectives to bear in dealing with mental illness. They can provide a highly coordinated interdisciplinary approach to the care of the patient.

They also lobby the government and other organisations for funds and services for mental health. Thus voluntary agencies serve as mental health care advocates; as ancillary service providers who can teach families better home care of the mentally or physically impaired; as promoters of mental health in the community; as general service providers, including several activities such as personal aid, transportation, visits, disaster relief and rural cultural centres. A classification of the specific mental health services provided by voluntary agencies would include diagnostic, treatment, prevention, rehabilitation, educational and research services.

Since mental illness includes a breakdown in interpersonal relationships, motivated citizens can provide the ingredients needed by the mentally sick, and promote mental health in general. Volunteers are ordinary people from the community, with various skills and backgrounds, who are willing to help in treatment and rehabilitation. One cannot help but agree with Ash (1973:46) that:

"A major advantage volunteers have over professionals is the very fact that they are volunteers. Even with a good deal of training and seasoning, the definitive characteristics remain: Volunteers serve ... without financial remuneration, assuming temporary, limited responsibility for patients while presuming none, not expecting themselves to know more than they do, and accepting the decisions and judgments of staff supervisors. The volunteer is one of those rare people who can afford to say, and say again, I don't know."

Voluntary agencies have become a major factor in the field of mental health and must be accorded their rightful place in the field. Thus social work education should not only take into account the expansions in the field of mental health but also should recognise the importance of voluntary agencies in the promotion of mental health.

References

- Brock Henry C (1976) **Parent Volunteer Programme in Early Childhood Education**, Linnet Books, Hamden, Connecticut.
- Cowen E L (1967) "Emergent Approaches to Mental Health Problems: An Overview and Directions for Future Work" in Cowen E L, Gardner and Zax M (eds) **Emergent Approaches to Mental Health Problems**, Appleton, New York.
- Cowne Leslie J (1973) "Case Studies of Volunteer Programmes in Mental Health" in Ash Philip (ed) **Volunteers for Mental Health**, MSS Information Corporation, New York.
- Eshleman J Ross and Cashion Barbara G (1985) **Sociology: An Introduction**, 2nd ed, Little Brown, Boston.
- Federico Ronald C (1983) **The Social Welfare Institution**, 4th Ed, DC Heath, Lexington, Mass.

- Finkel Norman J (1976) **Mental Illness and Mental Health: Its Legacy, Tensions and Changes**, MacMillan, New York.
- Froland Charles et al (1981) "Linking Formal and Informal Support Systems" in Gottlieb Benjamin H (ed) **Social Networks and Social Support**, Sage Publications, Beverley Hills.
- Gendlin Eugene et al (1973) "Volunteers as a Major Asset in the Treatment Programme" in Ash Philip (ed) **Volunteers for Mental Health**, MSS Information Corporation, New York.
- Gruver Gene Gary (1973) "College Students as Therapeutic Agents" in Ash Philip (ed) **Volunteers for Mental Health**, MSS Information Corporation, New York.
- Herman Melvin and Freeman Lucy (1974) **The Pursuit of Mental Health**, MacMillan, New York.
- Hollister W G (1967) "Concept of Stress in Education: A Challenge to Curriculum Development" in Bower E M and Hollister W G (eds) **Behavioural Science Frontiers in Education**, Wiley, New York.
- International Council on Social Welfare (1975) **Development Participation: Operational Implications for Social Welfare**, Columbia University Press, New York.
- Kramer Ralph M (1981) **Voluntary Agencies in the Welfare State**, University of California Press, Berkeley.
- League of Red Cross (1979) **Southern Africa Programme: Volunteerism Consultancy**.
- Lifanu Likotola Nawa (1978) **Community Self-Reliance and Rural Social Development in Zambia's Western Province**, Michigan University Microfilms, Ann Arbor.
- Mitchell Roger E and Hurley Daniel J Jr (1981) "Collaborating with Natural Helping Networks: Lessons from Studying Paraprofessionals" in Gottlieb Benjamin H (ed) **Social Networks and Social Support**, Sage Publications, Beverley Hills.
- Morris Robert C (1973) **Overseas Volunteer Programmes**, Lexington Books, Lexington, Mass.
- Nkrumah Kwame (1958) **Statement of Development by the Prime Minister of Ghana**, 20th February, Accra, Ghana.
- Osei-Hwedie Kwaku et al (1978) **Essays on the Political Economy of Ghana**, Brunswick, Lawrenceville, Va.
- Rockefeller Jeannette (1967) "The National Association for Mental Health" in McLean Alan (ed) **To Work is Human: Mental Health and the Business Community**, Macmillan, New York.
- Veroff G, Gurin J and Feld S (1960) **Americans View their Mental Health: A Nationwide Interview Survey**, Basic Books, New York.