



Clubhouse International

Creating Community: Changing the World of Mental Health

Clubhouse Research 2007 — 2015

1. Fitzgerald, S., Umucu, E., Arora, S., Huck, G., Benton, S. F., & Chan, F. (2015). Psychometric validation of the Clubhouse climate questionnaire as an autonomy support measure for people with severe mental illness. *Mental Health Journal, 24*, 38-42.
2. Swensen, A. (2014). *Serious and Persistent Mental Illness (SPMI): The Impact of Clubhouse Participation on the Utilization of Mental Health Service* Westminster College.
3. Bouvet, C., Battin, C., & Le Roy-Hatala, C. (2014). The Clubhouse model for people with severe mental illnesses: Literature review and French experiment.
4. Chang, C. W., Chung, C. L., Biegel, D. E., Pernice-Duca, F., Min, M. O., & D'Angelo, L. (2014). Predictors of loneliness of clubhouse members. *Psychiatric Rehabilitation Journal, 37*, 51-54.
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6. Gold, P., Macias, C., & Rodican, C. (2014). Does Competitive Work Improve Quality of Life for Adults with Severe Mental Illness? Evidence from a Randomized Trial of Supported Employment. *Journal of Behavioral Health Services & Research, 1-17*.
7. Gorman, J. (2014). *Cost-benefit and cost-effectiveness analysis of employment services offered by the clubhouse model*. Master's American University.
8. Raab, P. A., Claypoole, K. H., Rhoads, M. K., Subica, A. M., Larsen, J. D., Chow, M. et al. (2014). Indicators of success: academic research partnerships to implement performance indicator systems in Clubhouses. *Psychiatric Rehabilitation Journal, 37*, 55-57.
9. Raeburn, T., Schmied, V., Hungerford, C., & Cleary, M. (2014). Self-determination Theory: A Framework for Clubhouse Psychosocial Rehabilitation Research. *Issues in Mental Health Nursing. [online]*
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- Transition Age Youth and Young Adults with Serious Mental Health Conditions. *Journal of Behavioral Health Services & Research*, 1-13.
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Fitzgerald, S., Umucu, E., Arora, S., Huck, G., Benton, S. F., & Chan, F. (2015). Psychometric validation of the Clubhouse climate questionnaire as an autonomy support measure for people with severe mental illness. *Journal of Mental Health, 24, 38-42.* doi: 10.3109/09638237.2014.973103.

Abstract: Background: Self-determination represents a paradigm shift from "shoulds" to "decisions and behaviors" as the best options for helping people with mental illness achieving recovery goals. Autonomy support plays an important role in self-determination. AIMS: The purpose of this study was to validate the Clubhouse climate questionnaire (CCQ) as an autonomy support measure. Method: One hundred and twenty-four participants were recruited from eight Clubhouse programs in Hawaii. Measurement structure of the CCQ was evaluated using exploratory and confirmatory factor analysis. Findings: CCQ is a unidimensional scale with good reliability and acceptable levels of divergent and convergent validity. Conclusions: CCQ is a brief, reliable and valid instrument for assessing autonomy support and contributes to the use of self-determination as a paradigm for improving recovery outcomes in psychiatric rehabilitation.

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Swensen, A. (2014). *Serious and Persistent Mental Illness (SPMI): The Impact of Clubhouse Participation on the Utilization of Mental Health Service* Westminster College.

Abstract: Persons with serious and persistent mental illness (SPMI) are frequent users of mental health services. Such services may be delivered by mental health and/or other medical professionals in a hospital, emergency room or outpatient clinic setting. In addition, individuals with SPMI may participate in community based mental health care programs known as Clubhouses. Here they are considered members, and participate in the day-to-day business of running the Clubhouse. This business includes placement of members in supported employment opportunities, housing, educational assistance, and a variety of other activities that promote recovery and integration into the community. However, there is no direct delivery of mental health services, such as counseling or medication management. The current study seeks to measure the impact of Clubhouse participation on the use of other mental health services. Billing records for 37 individuals with SPMIs were analyzed to determine use of inpatient, outpatient, and emergency services for a three-year period before joining a local Clubhouse, as well as the three-year period following initial contact with the Clubhouse. It was hypothesized that usage of other mental health services would decrease after participation in Clubhouse. Statistical analysis

indicated no significant difference in utilization of outpatient and emergency or crisis care before, as compared to after Clubhouse participation. However, there was a trend towards significance particular to the decrease in hospital readmission after Clubhouse participation.

Available: https://www.westminstercollege.edu/pdf/mcnair/Swensen,A_Sr.Paper_Final_Really.pdf

Bouvet, C., Battin, C., & Le Roy-Hatala, C. (2014). The Clubhouse model for people with severe mental illnesses: Literature review and French experiment. *L'Encéphale [Epub ahead of print] [Article in French].*

Abstract: AIM: The aim of this article is 1) to present the Clubhouse (CH) Model and the first French CH, and 2) study the empirical background on the efficiency of the CH concerning employment, quality of life and hospitalization for people with mental illness. Historical, theoretical and institutional background: The first Clubhouse was created sixty years ago in the U.S. The Clubhouse model of psychosocial rehabilitation is a program that offers to people with mental illness support and opportunities to find a job and return to a normal social life. The Clubhouse model has been built over the years thanks to the experiences of members and staff. It is based on "36 standards" (rules which each Clubhouse follows in order to attain its goals). Supported by associations and families of people with mental illness, health professionals, and the international federation of Clubhouses (Clubhouse International), the first Clubhouse in France has opened in November 2011. This non-medicalized association and its co-management by both members and staff are innovative in France. The aims of the Clubhouse are founded on the concept of empowerment and "peer-help", and on the fight against isolation and stigmatization. Clubhouses offer day-programs which allow people with mental illness to have a sense of community and a useful purpose within the association. Indeed, the salaried management team is voluntarily understaffed so that the participation of members is necessary and so that they can benefit from the opportunities for useful activity within the Clubhouse, developing a real opportunity of empowerment. Method: In order to study the efficiency of CH, we conducted a systematic review of publications on CH, first in the database of Club House International (500 publications) and second, in the scientific data base (Psycinfo, Psycarticles, Academic Search Premier, Medline et Science Direct) (205 publications included in the 500). We identified 64 scientific studies. We have selected 28 of them that focused on the variable: employment, quality of life and hospitalisation. Results: Clubhouses have shown their effectiveness regarding employment, quality of life and hospitalization. Indeed, several studies compare Clubhouses with other programs of psychosocial rehabilitation. The results have demonstrated that

Clubhouses' members: find more salaried work, find jobs of higher quality, have a better quality of life and face fewer hospitalizations, than people in other psychosocial rehabilitation programs. Discussion: We discuss the interest of the CH in France using the experiment of the CH in Paris. This experiment in providing an innovative place of support, mutual aid, and autonomy is currently successful in France. Over 18 months, a team of 65 members and 3 staff members has come together. This enthusiasm is probably due to the fact that the Clubhouse in Paris is a place which helps people with mental illness establish a daily rhythm, social usefulness and affective links, all essential for recovery, in a context different from the usual medically supervised care in other settings: people are treated as individuals rather than as "sick persons" or "patients". This article discusses the benefits of this new model of psychosocial rehabilitation in France, by presenting the originality and complementarity of this concept, in comparison with other health structures

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Chang, C.W., Chung, C.L., Biegel, D.E., Pernice-Duca, F., Min, M.O., & D'Angelo, L. (2014). Predictors of loneliness of clubhouse members. *Psychiatric Rehabilitation Journal*, 37, 51-54.

Abstract: Objective: Loneliness can impede subjective experiences of recovery. This study examines the relationship between clubhouse participation and loneliness using standardized instruments while controlling for age, gender, living status, and social network characteristics. **METHOD:** A random sample of 126 members from one clubhouse was recruited for this cross-sectional investigation. A hierarchical multiple regression analysis was performed to examine the association between participation and loneliness. **RESULTS:** A greater number of clubhouse visits, greater perceived availability of social support and higher levels of overall satisfaction with social network relationships were significantly related to a lower level of loneliness after controlling for covariates. **CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:** Service providers may want to pay more attention to those members experiencing loneliness and help them connect with others. Future studies using longitudinal analyses are needed to further assess the causal relationship between clubhouse participation and loneliness. Multiple aspects of participation should be examined.

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Fitzgerald, S., Umucu, E., Arora, S., Huck, G., Benton, S. F., & Chan, F. (2015). Psychometric validation of the Clubhouse climate questionnaire as an autonomy support measure for people with severe mental illness. *Journal of Mental Health*, 24(1), 38-42. DOI: 10.3109/09638237.2014.973103

Abstract: Abstract Background: Self-determination represents a paradigm shift from "shoulds" to "decisions and behaviors" as the best options for helping people with mental illness achieving recovery goals. Autonomy support plays an important role in self-determination. Aims: The purpose of this study was to validate the Clubhouse climate questionnaire (CCQ) as an autonomy support measure. Method: One hundred and twenty-four participants were recruited from eight Clubhouse programs in Hawaii. Measurement structure of the CCQ was evaluated using exploratory and confirmatory factor analysis. Findings: CCQ is a unidimensional scale with good reliability and acceptable levels of divergent and convergent validity. Conclusions: CCQ is a brief, reliable and valid instrument for assessing autonomy support and contributes to the use of self-determination as a paradigm for improving recovery outcomes in psychiatric rehabilitation.

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Gold, P., Macias, C., & Rodican, C. (2014). Does Competitive Work Improve Quality of Life for Adults with Severe Mental Illness? Evidence from a Randomized Trial of Supported Employment. *Journal of Behavioral Health Services & Research*, 1-17. DOI: 10.1007/s11414-014-9392-0

Abstract: A randomized trial comparing a facility-based Clubhouse (N=83) to a mobile Program of Assertive Community Treatment (PACT; N=84) tested the widely held belief that competitive employment improves global quality of life for adults with severe mental illness. Random regression analyses showed that, over 24 months of study participation, competitively employed Clubhouse participants reported greater global quality of life improvement, particularly with the social and financial aspects of their lives, as well as greater self-esteem and service satisfaction, compared to competitively employed PACT participants. However, there was no overall association between global quality of life and competitive work, or work duration. Future research will determine whether these findings generalize to other certified Clubhouses or to other types of supported employment. Multi-site studies are needed to identify key mechanisms for quality of life improvement in certified Clubhouses, including the possibly essential role of Clubhouse employer consortiums for providing high-wage, socially integrated jobs.

Available: [Does Competitive Work Improve Quality of Life for Adults with Severe Mental Illness: Evidence from a Randomized Trial of Supported Employment](#)

Gorman, J. (2014). *Cost-benefit and cost-effectiveness analysis of employment services offered by the clubhouse model*. Master's Thesis. American University.

Abstract: Clubhouses are community-based mental health programs that offer participants (members) educational opportunities, housing, employment, and other services (Macias, Barreira, Alden, & Boyd, 2001). Currently, clubhouses dedicate many resources towards services to help members enter into community-based employment through Transitional Employment (TE), Supported Employment (SE), and Independent Employment (IE). Benefits from employment can assist in offsetting costs to mental health services. This study measured costs of member employment services in 43 US clubhouses. The present study found several relationships between how member earnings and employment may be affected by specific member and staff characteristics. Results demonstrated that for every hour a staff member dedicates to employment services members earn \$38.73 and for every one dollar invested in employment services members earn \$1.31. Further, clubhouses dedicated a median of 120.55 hours and \$3,438 to employment services for every member employed for at least 6 months in a given year.

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Raab, P. A., Claypoole, K. H., Rhoads, M. K., Subica, A. M., Larsen, J. D., Chow, M. et al. (2014). Indicators of success: academic research partnerships to implement performance indicator systems in Clubhouses. *Psychiatric Rehabilitation Journal*, 37, 55-57.

Abstract: Topic: This article describes a collaboration between academic researchers and Clubhouses to develop and implement a statewide Clubhouse performance indicator system. Purpose: Given the challenging funding climate, it is important that Clubhouses are able to gather service provision and performance data. However, establishing the necessary data structures can be a daunting task, and partnerships with academic researchers can aid in this process. We detail one such collaboration, utilizing a participatory research public-academic liaison framework, between researchers and Hawai'i's Clubhouses. Sources used: Sources used include published literature, personal

communication, and personal observation. Conclusions and implications for practice: Lessons learned during the collaboration include the importance of face-to-face contact, technology training, duplicated and unduplicated variables, and tailoring data structures to the culture and work-ordered day of each Clubhouse. Experiences in this collaboration confirm that with support Clubhouse members are capable of fulfilling the rigorous responsibilities of contributing to a performance indicator system.

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Raeburn, T., Schmied, V., Hungerford, C., & Cleary, M. (2014). Self-determination Theory: A Framework for Clubhouse Psychosocial Rehabilitation Research. *Issues in Mental Health Nursing*

Abstract: The Clubhouse model is a widely used approach to psychosocial rehabilitation that has been a pioneer in supporting recovery-oriented programmes. Little consideration has been given however, to the theories that guide research of the recovery practices used by Clubhouses. In this paper, we provide a description of self-determination theory, including its philosophical background followed by explanation of its relevance to health care and Clubhouse contexts. We argue that self-determination theory provides a robust social constructionist theoretical framework that is well-suited to informing research related to psychosocial rehabilitation, recovery-oriented practices and the Clubhouse Model.

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Raeburn, T., Schmied, V., Hungerford, C., & Cleary, M. (2014). Clubhouse model of psychiatric rehabilitation: How is recovery reflected in documentation? *International Journal of Mental Health Nursing*.

Abstract: Recovery-oriented models of psychiatric rehabilitation, such as the Clubhouse model, are an important addendum to the clinical treatment modalities that assist people with chronic and severe mental illness. Several studies have described the subjective experiences of personal recovery of individuals in the clubhouse context, but limited research has been undertaken on how clubhouses have operationalized recovery in practice. The research question addressed in this paper is: How are recovery-oriented practices reflected in the documentation of a clubhouse? The documents examined included representative samples of key documents produced or utilized by a clubhouse, including public health-

promotion materials and policy and membership documents. Data were subjected to content analysis, supported by the Recovery Promotion Fidelity Scale. The recovery categories identified in the documents included collaboration (27.7%), acceptance and participation (25.3%), quality improvement (18.0%), consumer and staff development (14.5%), and self-determination (14.5%). These categories show how the clubhouse constructs and represents personal recovery through its documentation. The findings are important in light of the role that documentation can play in influencing communication, relationships, and behavior within organizations. The findings can also be used to inform future research related to recovery-oriented practices in clubhouse settings.

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Stone, R.A., Delman, J., McKay, C.E., & Smith, L.M. (2014). Appealing Features of Vocational Support Services for Hispanic and non-Hispanic Transition Age Youth and Young Adults with Serious Mental Health Conditions. *Journal of Behavioral Health Services & Research*, 1-13.

Abstract: Transition age youth and young adults (TAYYAs) diagnosed with serious mental health conditions (SMHCs) are at greater risk of being unemployed compared to their peers without SMHCs. Job counseling and job placement services are the greatest predictor of competitive employment, yet we have limited knowledge about what TAYYAs believe they need to obtain gainful employment. In person, qualitative interviews were conducted with 57 non-Hispanic and Hispanic TAYYAs with SMHCs enrolled in three vocational support programs in MA (Vocational Rehabilitation, Individual Placement and Support; the Clubhouse Model as described by the International Center for Clubhouse Development). Six themes emerged from the data: three themes were identified as social capital (supportive relationships, readily available workplace supports, and vocational preparation), two themes related to human capital (effective educational supports and work experience), and one theme related to cultural capital (social skills training). Unique features (Spanish-speaking staff and/or familiar in Latino culture, familial-like staff support) were frequently noted by Hispanic TAYYAs.

Available: http://download.springer.com/static/pdf/673/art%253A10.1007%252Fs11414-014-9402-2.pdf?auth66=1421952456_0bae64e2987fdca4d2b9b0ddd387b9cc&ext=.pdf

Tanaka, K. & Davidson, L. (2014). Meanings Associated with the Core Component of Clubhouse Life: The Work-Ordered Day. *Psychiatric Quarterly*.

Abstract: Despite the clubhouse model's 60-year existence internationally, the central nature of its core program, the "work-ordered day" (WOH) (Beard et al. in *Psychosocial Rehabilitation Journal* 5:47-53, 1982), is not well understood; hence, the primary focus of the present study was to explore members' experiences of the nature and meaning of the WOH. The study drew on qualitative interview data collected in 2009-2013 through open-ended questions and probes with 102 members and 24 staff from 5 Clubhouse International-certified clubhouses (2 US and 3 Finnish). Participant observation supplemented the interviews and all data were analyzed using a grounded theory approach (Charmaz in *Rethinking methods in psychology*, 1995; Glaser and Strauss in *The discovery of grounded theory: strategies for qualitative research*, 1967). Two major themes clustered around: (a) WOH in service of autonomy (things to do, sense of accomplishment, respite, development of occupational skills) and (b) WOH in service of relationships (receiving support; collaboration; and making contributions to the clubhouse community). Clubhouse members appeared to experience the WOH as meaningful because it helps them, as its best, reconstruct a life, develop their occupational self and skill sets, and experientially learn and live what parallels a good life in the general community. It appears that these experiences, interconnecting with the fundamental human needs for autonomy and relationship, point to wellbeing and recovery as part of personal growth. These findings can guide clubhouse daily practice in assessing members' psychosocial strengths and needs pertaining to recovery. Future research should elaborate on influences of sources of meaning, including work designs and the contributions of everyday socio-cultural interactive and reciprocal processes to these meanings.

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Tsoi, E., Lo, I., Chan, C., Siu, K., & Tse, S. (2014). How recovery oriented are mental health services in Hong Kong? Snapshots of service users' perspectives. *Asia Pacific Journal of Social Work and Development*, 24, 82-93.

Abstract: Today we are witnessing a slow paradigmatic shift in Hong Kong's mental health services to becoming more recovery oriented, the context, meaning and process of which, however, is highly individualised as well as culturally sensitive. Therefore, it is imperative to gather the voices of service users. This paper serves to capture the views of a group of service users on the

changes they have seen and the ongoing challenges in mental health services in Hong Kong; and to compare the Hong Kong experience with international experience with a view to reflecting on the directions for future development. Today we are witnessing a slow paradigmatic shift in Hong Kong's mental health services to becoming more recovery oriented, the context, meaning and process of which, however, is highly individualised as well as culturally sensitive. Therefore, it is imperative to gather the voices of service users. This paper serves to capture the views of a group of service users on the changes they have seen and the ongoing challenges in mental health services in Hong Kong; and to compare the Hong Kong experience with international experience with a view to reflecting on the directions for future development.

Available: http://www.researchgate.net/publication/261699691_How_recovery-oriented_are_mental_health_services_in_Hong_Kong_Snapshots_of_service_users'_perspectives

Fitzgerald, S. D. (2013). *Validating the self-determination theory as a work motivation model for Clubhouse members with severe and persistent mental illness*. 3591017 The University of Wisconsin - Madison.

Abstract: Many vocational service providers perceive persons with severe and persistent mental illness (SPMI) to be low on work motivation, yet motivation has been considered to be the most important factor that contributes to a successful employment outcome. Moreover, there is a general lack of understanding in the field of psychiatric vocational rehabilitation about the social and psychological processes that interact to drive volitional behavior. Self-determination theory (SDT) is a useful framework from which to discern the host of social factors and the subsequent cognitive processes that influence motivation and is the central motivational framework utilized in this study from which an expanded work motivation model was developed which includes: (1) demographic covariates and disabilities related factors (e.g., age, gender, ethnicity, educational attainment, functional disability, secondary health conditions); (2) contextual factors (e.g., cultural orientation, perceived workplace stigma), and (3) the central SDT constructs (e.g., autonomy support, relatedness, vocational self-efficacy, autonomous motivation). The contributions of each of the personal, contextual, and SDT factors on the outcome variables (e.g., perceived benefits of vocational program, vocational engagement, stages of change in employment readiness), were examined through a hierarchical regression analysis. The study found that overall, the expanded work motivation model based on SDT accounted for over 51% of the variance in perceived benefits of vocational program, 57% of the variance in vocational engagement, and 43% of the variance in stages of change related to employment readiness for persons with SPMI who are participating in

the Clubhouse psychosocial rehabilitation program. This study contributes new knowledge about the utility of SDT to examine work motivation factors for persons with SPMI who are traditionally considered "amotivated" to work. Implications for vocational rehabilitation counseling practice to consider autonomy supportive choices for vocational engagement, enhancing relatedness and vocational self-efficacy among the Clubhouse members participating in vocational rehabilitation and the important consideration to cultural orientation (e.g., interdependent self-construal, independent self-construal) for ethnically diverse Clubhouse populations, are indicated. However the lack of members actually working for pay and the high number of members receiving both cash and non-cash public support benefits (e.g., SSI, SSDI), are inherent limitations of this study and should be considered for future research.

Available: <http://gradworks.umi.com/35/91/3591017.html>

Raeburn, T. (2013). An overview of the clubhouse model of psychiatric rehabilitation. *Australasian Psychiatry*, 21, 376-378.

Abstract: Objective: The aim of this article is to provide an overview of the clubhouse model and its capacity to assist people with severe mental illness. Method: The paper uses a sample vignette (with all identifying information removed) and survey of literature describing clubhouses over the last 15 years. Results: Strengths of the clubhouse model include its ability to provide a safe environment, supportive relationships and supported employment activities. Criticisms include its failure to provide onsite psychiatry clinics and a risk of promoting service dependence. Conclusions: Modern clubhouses continue to provide useful models of psychiatric rehabilitation which are popular worldwide. Studying and describing the model is challenging due to its complexity. Mixed methodological approaches and recovery-orientated measurement tools may assist future research and development.

Available: <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=2058&context=smhpapers>

Biegel, D. E., Pernice-Duca, F., Chang, C. W., & D'Angelo, L. (2012). Correlates of peer support in a clubhouse setting. *Community Mental Health Journal*, 48, 153-160.

Abstract: The purpose of this study was to examine the social support characteristics and correlates of peer networks for Clubhouse members. A

random sample of 126 members from one Clubhouse was requested to nominate social network members and asked a series of questions about characteristics of supports provided by each network member. Respondents with both peers and non-peers in their network, three fifths of the sample, had more frequent contacts with peers than with non-peers and were more satisfied with peer relationships than with non-peer relationships. Those respondents also reported that peers were less critical than non-peers. Among all respondents, being Caucasian and having better quality of social life were correlated with having a peer network while higher degree of reliance on others and more Clubhouse visits were correlated with having a Clubhouse network. Longitudinal studies are needed to further investigate the relationship between quality and benefits of peer support.

Available: <http://link.springer.com/article/10.1007%2Fs10597-012-9502-5>

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Jung, S. H. & Kim, H. J. (2012). Perceived stigma and quality of life of individuals diagnosed with schizophrenia and receiving psychiatric rehabilitation services: A comparison between the clubhouse model and a rehabilitation skills training model in South Korea. *Psychiatric Rehabilitation Journal*, 35,460-465.

Abstract (from journal): Objective: This study aimed to identify the perceived stigma toward, and quality of life of, individuals diagnosed with a mental illness in South Korea, and how these two variables related to the clubhouse model and the rehabilitation skills training model in psychiatric rehabilitation. Method: In August 2007, a self-report survey questionnaire regarding perceived stigma (Perceived Stigma Scale; PSS) and perceived quality of life (Korean Quality of Life; K-QOL) was administered to 521 individuals diagnosed with schizophrenia, who, at the time, had been participating in one of the two different models of psychiatric rehabilitation for over 3 months. Results: The participants in the clubhouse model group reported significantly lower PSS scores and significantly higher K-QOL scores than did the recipients of the rehabilitation skills training model. Participants in the clubhouse model reported significantly higher interpersonal relationship scores in K-QOL than did the recipients of the rehabilitation skills training model. Conclusions and Implications for Practice: The individuals who participated in the clubhouse model reported significantly lower scores of perceived stigma and higher scores of perceived quality of life than did those who participated in the rehabilitation skills training model. These findings

suggest that active participation, self-determination, and increased roles in rehabilitation programs as experienced in these programs in South Korea will be effective in decreasing perceived stigma and promoting quality of life in individuals diagnosed with mental illness.

doi: [10.1037/h0094580](https://doi.org/10.1037/h0094580)

Kidong, Y., Mihyoung, L., Ji Young, L., & So Hee, K. (2012). Costs of Korean Clubhouses for Community Mental Health Service. Journal of Korean Academic Social Home Care Nursing, 19(2), 119-126.

Abstract: The purpose of this study is to identify clubhouses general characteristics, core services, funding sources and costs in Korean Clubhouse Model, and to compare with Korean and international clubhouses. We explored the annual budget, cost per member, and cost per visit for 1 year. Methods: The data were collected from 14 Korean clubhouses and analyzed using descriptive statistics and Spearman's rank correlation with the SPSS 14.0 program. Results: The average of clubhouse operating period was 8.2 years. There were an average of 40.4 active members; among them, 84.1% were schizophrenia. In addition, there were an average of 5.8 staff and 15.3 services in each clubhouse. Cost estimates were as follows: annual budget (excluding housing) \$223.633, cost per member \$5,704, and cost per visit \$21.35. There were significant differences among the annual budget, number of staff, number of service, and active members, but hours of Work-Ordered Day and social activities hours were not statistically significant. Conclusion: Findings provide a more understanding of operations, programs, and costs of Korean clubhouses.

Contact: Lee, Mihyoung, Department of Nursing, Inha University #100 Inha-ro, Nam-gu, Incheon, 402-751, Korea. E-mail: mihyoung@inha.ac.kr

Glickman, M. (2012). Personal Accounts: My Recovery: A Long, Winding Yellow Brick Road. Psychiatric Services, 63, 1169-1170.

Kidong, Y., Kunsook, B., Mihyoung, L. (2012). Recovery of People Living with Mental Illness: A Concept Analysis. Journal of Korean Academic Social Home Care Nursing, 19(1), 46-54.

Purpose: The purpose of this study is to analyze the concept of recovery in relation to those living with mental illness and provide a better understanding to the definition, perspectives, and paradigm of recovery in phenomenon, as a conceptual knowledge. **Methods:** A literature review was conducted to define the concept of recovery from a mental illness by using key words, “recovery”, “mental health and illness”, “concept analysis” and “recovery-oriented nursing”, and searching the Cumulative Index to Nursing and Allied Health Literature, PubMed, Cochrane library and RISS4U database. Concept analysis of recovery was done, by using the Walker and Avant’s framework of concept analysis. **Results:** Attributes of recovery for those living with mental illness included *regain, life reconstruction, hope, adjustment, and health*. Antecedents of recovery from mental illness included *instilling hope, recovery vision, belief, peer support, recovery-oriented services, empowerment, personal accountability, education, human rights and culture*. The consequences, as meanings of recovery included *self-esteem, hopeful life, positive adjustment, and healthy life*. **Conclusion:** Concept of recovery is important for a nurse to understand when caring for a person living with mental illness. This concept of recovery from mental illness may apply to future studies to develop a recovery-oriented nursing intervention.

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Schonebaum, A. & Boyd, J. (2012). Work-Ordered Day as a Catalyst of Competitive Employment Success. *Psychiatric Rehabilitation Journal*, 35, 391-395.

Abstract (from journal): Objective: This purpose of this study was to determine whether participation in the Work-Ordered Day program of the Clubhouse model has a positive effect on vocational outcomes. Method: The longitudinal study followed a group of individuals with severe mental illness who were randomly assigned either to a Clubhouse program or a Program of Assertive Community Treatment team. Study participants were tracked for 135 weeks. These analyses evaluated the relationship between Work-Ordered Day participation and employment duration for the 43 study participants enrolled in the Clubhouse program who were active throughout the study and competitively employed during the study. Results: Participation in the Work-Ordered Day program had a significant positive impact on average duration of employment. On average, a 1-hr increase in participation prior to employment led to an increase of 2.3 weeks in competitive employment. Conclusions and Implications for Practice: Participants

with more Work-Ordered Day program participation prior to employment had significantly longer average competitive employment duration even when controlling for prior work history. Participation in the Work-Ordered Day program is likely to improve work readiness. Further research is warranted to study which elements of the program may foment employment success. This could lead to increased implementation of the Work-Ordered Day program and its elements as precursors to employment for adults with severe mental illness.

Available: <http://psycnet.apa.org/doi/10.1037/h0094499>

McKay, C.E., Osterman, R., Shaffer, J., Sawyer, E., Gerrard, E., & Olivera, N. (2012). Adapting Services to Engage Young Adults in ICCD Clubhouses. *Psychiatric Rehabilitation Journal*, 35, (3), 181-188.

Abstract (from journal): *Topic:* This article describes efforts to develop and offer supports for young adults within two clubhouse programs affiliated with the International Center for Clubhouse Development (ICCD). *Purpose:* In response to a need to address service gaps and create supports to engage young adults transitioning to the adult mental health system, the authors describe the background, development, and adaptations of services and supports for young adults within their respective clubhouse programs. The authors highlight details and challenges associated with program adaptation and success stories of transition aged youth actively engaged in their clubhouses. *Sources Used:* Published literature, personal observation, and member feedback. *Conclusions and Implications for Practice:* These clubhouse programs share successful strategies used to engage young adults including outreach efforts led by young adults, developing supports and linkages with local educational institutions, addressing housing issues specific to young adults, and using current technologies that young adults find appealing. These strategies may prove useful to other service models that serve this population. Clubhouses affiliated with the ICCD show promise in expanding their approach and services to engage and support young adults.

Available: http://www.umassmed.edu/uploadedFiles/cmhsr/Products_and_Publications/journal_articles/AdaptingSvcsEngageYainICCD_CH.pdf

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Coniglio, F., Hancock, N., & Ellis, L. (2012). Peer support within clubhouse: A grounded theory study. *Community Mental Health Journal*, 48(2), 153-160.

Abstract (from journal): Peer support facilitates recovery. However, little is known about the role of peer support within the Clubhouse model. This article reports on Clubhouse members experiences of peer support and the outcomes they identify from engaging in this phenomenon. Grounded theory guided the study design involving 17 semi-structured interviews conducted with 10 Clubhouse members. Constant comparison and open coding were undertaken to identify underlying concepts within transcripts. A conceptual model of peer support was derived from Clubhouse members' experience. Four levels of peer support emerged: Social inclusion and belonging; shared achievement through doing; interdependency; and at the deepest level, intimacy. Peer support within Clubhouse is a multi-layered construct in terms of depth and nature of relationships. Clubhouse appears to contribute a unique tier within the layered construct of peer support. This tier is based on the sharing of achievement through working together on shared tasks within the work-ordered day Clubhouse structure.

Available: <http://dx.doi.org/10.1007/s10597-010-9358-5>

Hancock, N., Bundy, A., Honey, A., Helich, S., & Tamsett, S. (2012). Measuring the Later Stages of the Recovery Journey: Insights Gained from Clubhouse Members. *Community Mental Health Journal*, 1-8.

Abstract: The Recovery Assessment Scale (RAS) is a frequently used measure of recovery from mental illness but has previously been shown to poorly differentiate between more recovered consumers. This research aimed to: (1) identify components of later recovery stages; (2) ascertain the extent to which these are measured in the RAS; and (3) suggest modifications to improve the ability of the RAS to differentiate between more recovered consumers. Clubhouse members who scored high on the RAS participated in focus groups in which they discussed areas of recovery most recently or yet to be achieved. Constant comparative analysis of data indicated that later stages of recovery are characterized by: (a) accepting your illness and gaining control over symptoms (b) self love and optimism, (c) doing things for and experiencing pleasure, (d) contributing through meaningful activity, (e) having a diversity of friendships, (f) being needed and valued by others and (g) coming to terms with family relationships. Results suggest the RAS would be improved by addition of items, particularly in functional and social recovery domains.

Clements, K. (2012). Participatory action research and photovoice in a psychiatric nursing/clubhouse collaboration exploring recovery narrative. *Journal of Psychiatric and Mental Health Nursing*.

Abstract (from Journal): The Clubhouse of Winnipeg (a community psychosocial rehabilitation centre) collaborated with a psychiatric nursing assistant professor on a participatory action research (PAR) project exploring the concept of recovery using a using a research method called photovoice. The collaborative project "Our Photos Our Voices" demonstrates how PAR and photovoice are well suited for collaborative research in mental health which honors principles underlying consumer empowerment and recovery. The foundation of empowerment is the power to act on one's behalf; PAR and photovoice support the full participation of concerned individuals in all aspects of research with the ultimate goal of action to solve problems or to meet goals identified by those individuals. Empowerment is also the ability to lay claim to one's own truth. At the core of the recovery model is the principle that recovery is defined by the individual and based on individual determinations of meaningful goals and a meaningful life. The Our Photos Our Voices project uses PAR and photovoice to effectively access, explore, document and share personal, local knowledge about recovery grounded in the personal experience of the Clubhouse researchers.

Available: <http://dx.doi.org/10.1111/j.1365-2850.2011.01853.x>

Carolan, M., Onaga, E., Pernice-Duca, F., & Jimenez, T. (2011). A Place to Be: The Role of Clubhouses in Facilitating Social Support. *Psychiatric Rehabilitation Journal*, 35, (2), 125-132.

Abstract (from journal): Objective: Intentional recovery communities, such as clubhouse programs, aim to foster social connections among individuals at risk for isolation as a result of living with a serious mental illness to engage and become active participants in the community. The objective of the study was to gather information on the nature of clubhouse support as it pertains to social network support and social relationships. Methods: The personal story/narrative approach was utilized and involved a naturalistic inquiry approach that allowed stories of clubhouse experiences to come forth with little interference or interjection as possible. Results: Personal narratives revealed that staff, members and the overall clubhouse structure emerged as the center of social interaction and comfort for participants and a central sustaining means of social support. Conclusions and Implications for Practice: It appears that the clubhouse provides an intentional environment that creates a sense of community and a

place to belong. The clubhouse as a place to be where one can meet individuals in like situations has been identified as very helpful in achieving recovery by providing the opportunity to rebuild one's shattered social network and offering contact with others in similar contexts.

doi: [10.2975/35.2.2011.125.132](https://doi.org/10.2975/35.2.2011.125.132)

Casstevens, W. (2011). A Pilot Study of Health and Wellness Program Development in an International Center for Clubhouse Development (ICCD) Clubhouse: Procedures, Implementation, and Implications. *Psychiatric Rehabilitation Journal*, 35, (1), 37-43.

Abstract (from journal): Objective: This article describes the development, implementation and results of a health and wellness initiative at an ICCD Clubhouse in North Carolina. Methods: This pilot study used a collaborative and consultative focus group process to identify sustainable health and wellness programming components, and then used networking to develop community resources in order to implement and sustain these components at the Clubhouse. The series of focus group questions was based on Glasser's (1998) choice theory; focus groups included members and staff, and had the support of Clubhouse administration. Once focus groups identified specific health and wellness categories of interest to members, program developers located and initiated links with potential presenters, volunteers, and/or local resources. Approximately one year after the final focus group, followup health and wellness surveys were administered to members and staff at a Clubhouse community meeting to assess perceptions of health and wellness at the Clubhouse after all planned components had been implemented. Results: Using a choice theory approach to health and wellness programming development in this ICCD Clubhouse venue involved members and staff collaboratively in identifying health and wellness components for the Clubhouse that have been implemented and sustained for over thirteen months. Conclusions and Implications for Practice: Choice theory-based focus group outcomes are currently being assessed for another three Clubhouse health and wellness initiatives. This approach to health and wellness program development may also be effective in other programs that provide services with and/or for this population.

doi: [10.2975/35.1.2011.37.43](https://doi.org/10.2975/35.1.2011.37.43)

Lee, J.G., Ranney, L.M., Goldstein, A.O., McCullough, A., Fulton-Smith, S.M., & Collins, N. (9-1-2011). Successful implementation of a wellness and

tobacco cessation curriculum in psychosocial rehabilitation clubhouses. *BMC Public Health*. 14, (11), 702.

Abstract (from journal): BACKGROUND: Tobacco remains a seemingly intractable problem for individuals living with severe and persistent mental illness. This study evaluated the implementation, technical assistance, and perceived impact of a model curriculum to promote wellness and motivation to quit tobacco use in psychosocial rehab clubhouses. METHODS: We used semi-structured interviews with clubhouse staff and a survey of participating clubhouse members in nine clubhouses. RESULTS: 58 percent of clubhouse participants completed surveys. Results showed tobacco users open to tobacco free policies and perceiving more discussions about quitting tobacco with healthcare providers. Analyses of staff interviews and member surveys revealed four key themes (1) the curriculum was successfully implemented and appreciated (2) technical assistance kept implementation on track (3) adding wellness content and interactive components should enhance the curriculum and (4) the curriculum advanced other healthful policies and practices. CONCLUSIONS: Mental health settings are important locations for implementing programs to address tobacco use. In this real world implementation of a model curriculum in psychosocial rehabilitation clubhouses, the curriculum tested well, was feasible and well-received, and suggests potential impact on tobacco use outcomes. Revision, dissemination, and a randomized controlled trial evaluation of the model curriculum should now occur.

Available: <http://www.biomedcentral.com/1471-2458/11/702>

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Gregitis, S., Glacken, J, Julian, C, and Underwood, K. (2010). Comparing working role values of employed and unemployed clubhouse members. *Work*. 36, 39-46.

Abstract (from journal): OBJECTIVE: Examine the impact of the Clubhouse Model of Vocational Rehabilitation by comparing the roles values of employed and unemployed members. It is a model of psychiatric rehabilitation and community support, which emphasizes the importance of work as a major re-integrative force for Clubhouse members. PARTICIPANTS: Sixty Clubhouse members consisting of 31 employed members and 29 non-employed members.

METHODS: A convenience sample of sixty participants completed the Role Checklist (Revised) (Oakley, Kielhofner, Barris, & Klinger-Reichler, 1988), the Maryland Addiction Questionnaire Short-Form (O'Donnell, 1997), and the Historical Background Survey (Gregitis, 2003). The study was completed at an ICCD certified Clubhouse in the United States. **RESULTS:** Results showed that there was no significant difference in the working role values of employed and unemployed participants. However, there was a significant difference in resistance to treatment of substance use by employed and unemployed participants. **CONCLUSIONS:** Volition and motivation of the employed Clubhouse members was higher when seeking work and pursuing life roles outside the Clubhouse environment. Unemployed Clubhouse members derived personal satisfaction and volition in the work-ordered day within the clubhouse setting. Further research should include verification, with a larger sample, of the importance of the working role in relation to mental health.

Available: <http://iospress.metapress.com/content/637272k870443116/>

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Floyd, M. & Lorenzo-Schibley, J. (2010). Academia and mental health practice evaluation partnerships: focus on the clubhouse model. *Social Work in Mental Health*, 8, 134-139.

Abstract (from journal): In this article, the authors explore evaluation between a local mental health agency and a researcher from the local university with a focus on issues for ongoing inquiry in the unique clubhouse setting and special attention to maximizing member participation and comfort throughout the process. Due to grantor expectations and a growing culture of systematic evaluation of psychosocial rehabilitation, establishing and implementing outcome indicator protocols is important for the modern clubhouse. The authors and club members collaborated on developing a new outcome indicator protocol. After completing the process, information was gathered from members and the research team about their comfort level throughout the process. The university and the clubhouse can be effective evaluation partners; however, attention to important issues in clubhouse research must be a priority. Several important issues and tips for clubhouses considering program evaluation are included.

Available: <http://dx.doi.org/10.1080/15332980902830934>

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Tsang, A.W.K., Ng, R.M.K., & Yip, K.C. (2010). A six-month prospective case-controlled study of the effects of the clubhouse rehabilitation model on Chinese patients with chronic schizophrenia. *East Asian Archives of Psychiatry*, 20, 23-30.

Abstract (from journal): Objective: To investigate the effects of the 'clubhouse' model of rehabilitation on various psychosocial issues for Chinese patients with schizophrenia living in the community. Methods: A longitudinal, case-controlled and naturalistic design was used. A total of 92 participants were recruited via criteria-guided systematic sampling for a study lasting 6 months. Forty-six participants attending a local clubhouse program were matched for sex and age with a control group of patients recruited from a regional outpatient clinic who were not attending a clubhouse program. Case note reviews, standardized assessments of psychotic symptoms, depressive symptoms, quality of life, self-esteem, and locus of control were performed at baseline, 3 and 6 months. Results: Clubhouse participants showed significant improvements in their positive and negative scales, general psychopathology, and total scores after attending the clubhouse for 6 months. The clubhouse participants' employment rate also improved. Conclusion: The clubhouse model of rehabilitation may have beneficial effects on various psychiatric symptoms in Chinese patients with schizophrenia living in Hong Kong.

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Niemeier, J. P., DeGrace, S. M., Farrar, L. F., Ketchum, J. S., Berman, A. J., & Young, J. A. (2010). Effectiveness of a comprehensive, manualized intervention for improving productivity and employability following brain injury. *Journal of Vocational Rehabilitation*, 33, 167-179.

Abstract (from journal): Unemployment rates continue to hover at 39% for persons with brain injury because of persistent neurobehavioral deficits that limit their employability. This paper reports findings of a prospective, repeated measures design and controlled trial of a 20-session, manualized, employability-enhancing intervention for community-dwelling persons with acquired brain injury attending six work-centered clubhouses. A total of 71 clubhouse members were assigned, in order of their signing up to participate in the study, to either receive the 20 intervention sessions or to be in a waiting control group. Employment and productivity status were measured pre- and post-treatment. Analyses revealed modestly significant treatment effects for employment status and productivity. The program also appears to have a positive effect on job stability. These results were moderated by whether the participant had disability income and their ratings, by clubhouse staff, of their employability. Persons who had disability income and had high employability ratings from staff were less likely to be employed following treatment. There was not a significant difference between treatment and control participants in work-related knowledge, employability ratings, or a measure of effort in the rest of the clubhouse program activities.

Available: <http://iospress.metapress.com/content/2n44506n03766875/?p=ea4d89056e7e46d8819449be54721a2c&pi=2>

For more information contact: Janet P. Niemeier, Department of Physical Medicine and Rehabilitation, Virginia Commonwealth University, Richmond, VA, USA.

Tratnack, S. A. & Kane, C. (2010). Preventive health screenings in a clubhouse setting for persons with serious mental illness. *American Journal for Nurse Practitioners*, 14, 8.

Abstract (from journal): Because of increased morbidity and mortality related to physical disease in persons with serious mental illness (SMI), screening for physical health risks in this population is important. But is the SMI population as diligent as non-SMI-afflicted individuals in obtaining preventive healthcare services? The purpose of this descriptive pilot study was to investigate whether persons receiving mental health services in a small community were also receiving preventive healthcare services. The authors conducted a health screening survey of SMI sufferers who regularly attended a clubhouse -- a psychosocial rehabilitation center -- in a mid-sized semi-rural community in Virginia. Use of a health maintenance review form in this setting facilitated the collection of health screening data. Contrary to some reports in the literature that persons with SMI are less likely than members of the general population to participate in regular health screenings, this sample was found to have received

fairly regular health screenings. In areas of the country in which integrated primary mental health care is not available for SMI sufferers, involvement with a clubhouse program or other supportive psychosocial program may promote regular physical

WONG, K.F. (2010). Implementation of Clubhouse Model programme: perception of mental health nurses. *Journal of Psychiatric and Mental Health Nursing*, 17, 750-753.

Available: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2850.2010.01601.x/abstract>

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Mowbray, C.T., Woodward, A.T., Holter, M.C., MacFarlane, P., & Bybee, D. (2009). Characteristics of Users of Consumer-Run Drop-In Centers Versus Clubhouses. *Journal of Behavioral Health Services & Research*, 36(3), 361-371.

Abstract (from journal): Clubhouses and consumer-run drop-in centers (CRDIs) are two of the most widely implemented models of consumer-centered services for persons with serious mental illness. Differences in structure and goals suggest that they may be useful to different types of consumers. Information on what types of consumers use which programs would be useful in service planning. This study analyzes data from the authors' NIMH-funded research on 31 geographically matched pairs of Clubhouses and CRDIs involving more than 1,800 consumers to address the following question: are there significant differences in the characteristics and outcomes of members of Clubhouses versus CRDIs? Results from multilevel analyses indicated that Clubhouse members were more likely to be female, to receive SSI/SSDI, to report having a diagnosis of schizophrenia, and to live in dependent care; and they reported both a greater number of lifetime hospitalizations and current receipt of higher intensity traditional MH services. Controlling for differences in demographic characteristics, psychiatric history, and mental health service receipt, Clubhouse members also reported higher quality of life and were more likely to report being in recovery. CRDI consumers were more likely to have substance abuse histories. Possible reasons for the differences are discussed. The results suggest

that CRDIs are a viable alternative to more traditional mental health services for individuals who might not otherwise receive mental health services.

Available: <http://link.springer.com/article/10.1007%2Fs11414-008-9112-8#>

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McKay, C.E., Ziedonis, D., Seward, G., Williams, V., Bradley, K., Colburn, J. & Rocheleau, D. (2009, October). Issue Brief: Addressing Tobacco Use in Adult Mental Health Service Programs. Center for Mental Health Services Research, University of Massachusetts Medical School.

Hinden, B., Wolf, T., Biebel, K., & Nicholson, J. (2009). Supporting clubhouse members in their role as parents: necessary conditions for policy and practice initiatives. *Psychiatric Rehabilitation Journal*, 33(2):98-105.

Abstract (from journal): OBJECTIVE: Given that the majority of adults with mental illness are parents, it is likely that a substantial number of members in the Clubhouse community are parents. Supporting members in their role as parents presents meaningful, philosophical and practical challenges for both individual Clubhouses and the Clubhouse movement. Supporting parents within the Clubhouse, however, is a necessary and logical step, consistent with the Clubhouse emphasis on rehabilitation and recovery. The current study explored the conditions necessary for supporting members in the parenting role in an existing Clubhouse. METHODS: A grounded-theory, ethnographic approach was used to collect data from multiple stakeholders including Clubhouse members, staff, and Board of Directors. A total of nine focus groups with 30 participants were conducted. RESULTS: Five themes emerged reflecting the conditions necessary to support parents in the Clubhouse: 1) securing stakeholder buy-in; 2) identification of shared values and principles; 3) clarification about how supporting parents will affect current Clubhouse activities; 4) facilitation of ongoing communication about changes; and 5) exploration of opportunities to maximize resources to support all Clubhouse members. CONCLUSIONS: Findings confirm the philosophical desirability and practical feasibility of supporting members in the parenting role, and identify fundamental challenges to

philosophy and practice raised by the paradigm shift from thinking about individuals to thinking about families.

doi: [10.2975/33.2.2009.98.105](https://doi.org/10.2975/33.2.2009.98.105)

Pernice-Duca, F. & Onaga, E. (2009). Examining the contribution of social network support to the recovery process among clubhouse members. *American Journal of Psychiatric Rehabilitation*, 12, 1-30.

Abstract (from journal): A structured interview was used to gather information pertaining to social network support and the recovery process among individuals participating in psychosocial clubhouses. Using a cross-sectional, longitudinal design, a sample of clubhouse members participated in an initial interview (n = 221). A follow-up interview with 80% of the participants was conducted approximately 14 months later. A social process model predicting recovery revealed that social network support as well as reciprocity with network members significantly contributes to understanding the recovery process over time. The study attempts to contribute to an earlier investigation of social network support and recovery from mental illness (Corrigan & Phelan, 2004)

For more information contact: Francesca M. Pernice-Duca, Division of Theoretical and Behavioral Foundations, Wayne State University, Detroit, MI, USA.

Plotnick, D.F. & Salzer, M. (2008). Clubhouse costs and implications for policy analysis in the context of system transformation initiatives. *Psychiatric Rehabilitation Journal*, 32, 128-131.

Abstract (from journal):

Objective: Documenting service costs is important for psychiatric rehabilitation programs to make persuasive arguments to policymakers/funders about their role in system transformation efforts. The purpose of this study was to report program costs, annual costs per member, and costs per day over three years (2003-2006) for 29 clubhouses that are part of the Pennsylvania Clubhouse Coalition (PCC). Methods: This study utilized data elements that are submitted annually by coalition members to the Pennsylvania Clubhouse Coalition. Results: Our results indicate that clubhouses play a substantial role in the Pennsylvania mental health system, providing almost 180,000 units of contact to more than 2,400 people

across the state. Conclusions: Most relevant to Pennsylvania's system transformation is our finding that clubhouse costs are substantially lower than the costs of partial hospital services. Clubhouses are likely serving an important role in lowering costs associated with supporting those who would otherwise utilize partial hospital programs.

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For more information contact: Debbie F. Plotnick, Mental Health Association of Southeastern Pennsylvania, 1211 Chestnut Street, Philadelphia, PA 19107. 215-751-1800

Sheppard, K. (2008, June 23). Programs that Work. Clubhouses and ACT are proven successes. So why aren't they better known or funded. *The American Prospect*, 1-4.

Available: http://www.prospect.org/cs/articles?article=programs_that_work

Staples, L. & Stein, R. (2008). The clubhouse model: Mental health consumer–provider partnerships for recovery (pp. 177-196). In Chambré & Goldner (Eds.) *Patients, Consumers and Civil Society (Advances in Medical Sociology, Volume 10)*, Emerald Group Publishing Limited.

Abstract: Purpose – This chapter examines the international Clubhouse movement, which features a unique "partnership model" that enables individuals who have serious and persistent mental illness to take an active role in their recovery. Consumer–provider and consumer–consumer supportive relationships are deepened through engagement in a range of cooperative activities both in the Clubhouse and in the local community. Methodology – Data for this study have been gathered via case materials, semi-structured interviews, review of official publications, direct experience, participant observation, primary and secondary sources. Findings – This study is consistent with other research demonstrating the efficacy of the Clubhouse model in providing mental health consumer assistance and support to gain paid employment, an education, and adequate housing. Research limitations – While data have been gathered from a variety of sources encompassing a large number of Clubhouses, this is a single case study that includes limited comparative analysis with other modalities. Practical implications – The Clubhouse model is an option that shows great promise for assisting mental health consumers to obtain employment, education,

housing, and supportive relationships including peer support. It also promotes leadership development and participation in collective action for policy reform. Originality/value – The Clubhouse approach is grounded in an empowerment paradigm of helping that emphasizes a strengths-based perspective, resiliency, activated consumers, collaborative partnerships with professionals, high expectations, self-help, mutual assistance, self-advocacy, and collective action for social change.

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Pernice-Duca, F. (2008). The structure and quality of social network support among mental health consumers of Clubhouse programs. *Journal of Community Psychology*, 36(7), 929-946.

Abstract (from journal): This study explored the structure and quality of social network support among a group of adult consumers of community-based mental health programs known as Clubhouses. The structure and quality of social network support was also examined by diagnosis, specifically between consumers living with and without schizophrenia. The study involved a sample of 221 consumers across 15 Clubhouse programs. Social network nominations were collected using a semi-structured social network interview strategy. Over 97% of the participants identified at least one source of support in their social network with an average of five nominations. Family members were identified as the most common source of support whereas fellow Clubhouse members were least likely to be nominated. Clubhouse members with schizophrenia were less likely to identify family members and were more likely to rate their support networks as more important and engage in greater levels of contact than consumers with other diagnoses. The structure and quality of social network supports were not associated with level of social functioning, length of Clubhouse membership or level of participation or other selected demographic variables typically associated with the size and quality of support. © 2008 Wiley Periodicals, Inc.

Available: <http://www3.interscience.wiley.com/cgi-bin/fulltext/121358358/PDFSTART>

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Waegemakers Schiff, J., Coleman H., & Miner, D. (2008). Voluntary Participation in Rehabilitation: Lessons Learned from a Clubhouse environment. *Canadian Journal of Community Mental Health, 27(1), 65-78.*

Abstract (from journal): Clubhouses, as voluntary communities, can be excellent indicators of recovery environments for persons who have a mental illness. To understand why people become affiliated with a Clubhouse and others disengage, 4 focus groups with Clubhouse members and 1 with staff explored questions of membership retention. Responses encompassed 4 domains: personal, interpersonal, structure, and organizational environment. These domains were interwoven with values of acceptance without stigma, empowerment, self-determination, egalitarian relationships, independence, interdependence, dignity, respect, hope, and positive expectations. The domains and values correspond to elements that aid recovery. The presence and absence of such domains encouraged people to either attend or stay away from the organization. Overall analyses of the groups' responses suggest that recovery-oriented values and organizational climate are important factors in determining attendance in a consumer-oriented program.

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Stoffel, V.C. (2008). Perception of the Clubhouse experience and its impact on mental health recovery. *Dissertation Abstracts International Section A: Humanities and Social Sciences. Vol. 68(8-A), 2008, pp. 3300.*

Abstract (from dissertation): This phenomenological study investigated how members of a psychosocial Clubhouse perceived their Clubhouse experience as impacting on their recovery, while living with a serious mental illness. Mental health recovery is understood as a journey towards living a meaningful life and achieving personal life goals despite challenges posed by serious mental illness. Psychosocial Clubhouses provide an environment where members feel they belong and can return to, and offer opportunities to be engaged in work, school and other meaningful occupations. The Clubhouse environment facilitates active engagement through colleague relationships while building on member interests and strengths. The purpose of the study was to determine how adults with serious mental illness who are active members of a Clubhouse (attending for three or more months, an average of two times per week, minimum) perceive the Clubhouse experience as impacting their mental health recovery. Using a phenomenological approach to gain the perspective of the lived experience of

Clubhouse engagement and mental health recovery, data measures included participant observation with a full continuum of Clubhouse activities and exposure to the Clubhouse context across a 10 month period, in-depth interviews and measures of recovery, empowerment, hope, and life satisfaction with four participants, and photovoice (participant-generated photos and narratives) workshop with nine participants. Results were analyzed using constant comparative methods, with themes and descriptive narratives derived from the interviews, triangulated with data from the photovoice workshop and field notes, and confirmed with selected data from measures of recovery, empowerment, hope and satisfaction with life. In addition, verification and trustworthiness was strengthened by use of a second coder. The study found that members valued Clubhouse opportunities to pursue meaningful activities in order to pursue mental health recovery at their own pace. Respect, hope and reaching out to members supported engagement in Clubhouse community and met the needs of members who struggled with the pain and challenge of living with a serious mental illness. Using solid evidence to build and create Clubhouse practices and programs conducive to genuine recovery, hopefulness, empowerment, and satisfaction with life are the mutual responsibility of mental health professionals and Clubhouse members.

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Ng, Roger, M.K., Pearson, V., Lam, M., Law, C.W., Chiu, C.P.Y., & Chen, E.Y.H. (2008). What does recovery from schizophrenia mean? Perceptions of long-term patients. *International Journal of Social Psychiatry*, 54 (2), 118-130.

Abstract (from journal): **Background:** The study investigated the meaning of recovery to eight people with chronic schizophrenia. **Method:** A qualitative methodology was used based on a 3-hour focus group. The material was transcribed and analysed into 18 subcategories and 4 categories; namely recovery as a multi-dimensional construct, the relationship of medication to recovery, a sense of hopelessness and helplessness about recovery, factors that promoted recovery. **Discussion:** Respondents believed that full recovery could not be said to have been achieved until they stopped medication and had a steady job. The support and care of family and friends were also vital, although sometimes problematic. Independent living has a different meaning in Chinese culture. **Conclusions:** Further research directions are suggested as well as ways to change attitudes to the inclusion of medication in recovery.

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McKay, C.E. & Pelletier, J.R. (2007). Health Promotion in Clubhouse Programs: Needs, Barriers, and Current and Planned Activities. *Psychiatric Rehabilitation Journal*, 31(2), 155-159.

Abstract (from journal): A survey was designed to obtain information concerning ways Clubhouses affiliated with the International Center for Clubhouse Development (ICCD) promote practices that improve the physical health of members. This study examined perceptions of the need for health promotion interventions, current and planned health promotion practices, and barriers to change and program development. The mean number of health promotion activities ICCD Clubhouses (N = 219) report providing was 5.24, SD = 2.42, range = 1 to 10. Despite barriers (e.g., cost), results indicate that every Clubhouse responding to this survey offers at least one health promotion activity.

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Lloyd, C., King, R., McCarthy, M. & Scanlan, M. (2007). The association between leisure motivation and recovery: A pilot study. *Australian Occupational Therapy Journal* 54, 33–41.

Abstract: (from journal): Background and aims: Recovery from mental illness may be facilitated by participation in activities that provide meaning and purpose in the lives of consumers. Leisure participation can be a major source of enjoyment as well as mental and physical well-being. Methods and results: This study examined the association between consumers' motivation to engage in leisure and their self-reported perception of recovery in a sample of 44 Clubhouse members. The Leisure Motivation Scale and the Recovery Assessment Scale were used to measure the association between leisure motivation and recovery.

The results indicated a statistically significant association between leisure motivation and recovery. Conclusion: These findings have implications for service delivery within mental health settings, as occupational therapists may be able to design leisure-based programs more effectively if they can understand the needs and motives for participation. More emphasis should be placed on supporting consumers to re-integrate and be socially included within the community through leisure-based initiatives.

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McKay, C.E. (2007, August). Issue Brief: Evidence Based Practices in Mental Health: Advantages, Disadvantages, and Research Considerations. Center for Mental Health Services Research, University of Massachusetts Medical School.

Available: <http://escholarship.umassmed.edu/cgi/viewcontent.cgi?article=1014&context=pib>

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McKay, C., Yates, B., & Johnsen, M. (2007). Costs of Clubhouses: An International Perspective. Administration and Policy in Mental Health and Mental Health Services Research, 34(1), 62-72.

Abstract (from journal): Costs of providing psychosocial rehabilitation services are analyzed . We explored effects of several program operating characteristics on total program cost per year, cost per member per year, and cost per visit using data from Clubhouse programs in 12 countries. We also examined the relationship between program costs and the range of services offered. Findings provide a more complete understanding of the operations and expenses of Clubhouses.

Available: <http://www.springerlink.com/content/bq4753482qh4628r/fulltext.pdf>

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