Clubhouses and Clubhouse Research Outcomes

Clubhouses are community centers that provide members (adults and young adults diagnosed with mental illness) with supports with obtaining employment, education and housing and long-term relationships. Clubhouses offer people living with mental illness hope and opportunities to reach their full potential. The basic components of successful clubhouses are a Work-Ordered Day in which the day to day operations of the clubhouse are conducted with members working side by side with clubhouse staff, community based Employment Programs including Transitional, Supported, and Independent Employment, community supports, reach-out, education, housing, decision-making and governance, wellness and health promotion, and evening, and weekend and social activities. Over 330 clubhouses located in thirty countries and thirty-six states network through the Clubhouse International. Clubhouse International supports the development of new and existing clubhouses, maintains a set of International Clubhouse Standards; coordinates clubhouse training and technical assistance; and a certification process. The Clubhouse Model is included on the Substance Abuse and Mental Health Service Administration’s (SAMHSA) National Registry of Evidence Based Practices and Programs (NREPP) and differences in clubhouse outcomes for accredited and non-accredited Clubhouses were published in SAMHSA’s Mental Health United States, 2010. We describe some of the recent published research outcomes about clubhouses below.

Recent Research Outcomes – Clubhouses

Promote recovery:

Carolan and colleagues examined pertains to social network support and social relationships in the clubhouse using a naturalistic inquiry approach. Personal narratives revealed that the overall clubhouse structure emerged as the center of social interaction and comfort for participants and a central sustaining means of social support. Carolan and colleagues state that the clubhouse provides an intentional environment that creates a sense of community and a place to belong. They say the clubhouse is very helpful in achieving recovery by providing opportunities to build shattered social networks and offering contact with others in similar contexts (Carolan, Onaga, Pernice-Duca, & Jimenez, 2011).

A recent study found that clubhouse members were more likely to report being in recovery and having a higher quality of life compared with a group of participants from consumer run drop in centers (Mowbray, Woodward, Holter, et al, 2009).

Clubhouse members indicate the clubhouse provides valuable opportunities to pursue meaningful activities that help them address their mental health recovery at their own pace (Stoffel, 2008).
Recent Research Outcomes – Clubhouses (cont’d)

Reduce hospital stays or costs associated with partial hospitalization:

Plotnick & Salzer examined clubhouse costs in the context of system transformation initiatives. They analyzed three years of data (2003-2006) for 29 clubhouses that are part of the Pennsylvania Clubhouse Coalition in order to obtain program costs, annual costs per member, and costs per day. Their 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. They found that clubhouse costs are substantially lower than the costs of partial hospital services. Plotnick & Salzer report that clubhouses serve an important role in lowering costs associated with supporting those who would otherwise utilize partial hospital programs (Plotnick, & Salzer, 2008).

Membership in a clubhouse program resulted in a significant decrease in the number of hospitalizations (Di Masso, Avi-Itzhak, & Obler, 2001).

Help members obtain community based employment:

Researchers followed a group of individuals with severe mental illness who were randomly assigned to a Clubhouse or a Program of Assertive Community Treatment. They examined whether participation in the Clubhouse Work-Ordered Day had a positive effect on vocational outcomes. Schonebaum and Boyd evaluated the relationship between Work-Ordered Day participation and employment duration for participants enrolled in the Clubhouse (N=43). They found that participation in the Clubhouse Work-Ordered Day had a significant positive impact on average duration of employment. On average, a 1-hr increase in participation in the Work-Ordered Day prior to employment led to an increase of 2.3 weeks in competitive employment. 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 (Schonebaum, & Boyd, 2012).

Researchers conducted a randomized controlled trial comparing an assertive community treatment (ACT) program with an ICCD certified clubhouse in the delivery of supported employment services. Outcomes for participants in both programs met or exceeded most published outcomes for specialized supported employment teams. Compared with ACT participants, clubhouse participants worked significantly longer (median of 199 days vs. 98 days) for more total hours (median of 494 hours vs. 234 hours) and earned more (median of $3,456 vs. $1,252 total earnings) (Macias, Rodican, Hargreaves, et al, 2006).

Using a longitudinal dataset which followed 2195 individuals employed in 3379 separate job placements over a four-year period, researchers explored movement between Transitional, Supported, and Independent Employment (TE, SE, and IE) offered by clubhouses. Sixty-four percent, of employed members held only one job while and 36% held multiple jobs during the study. Forty-six percent of individuals holding multiple jobs moved between employment types (TE, SE, and IE). When movement occurred, clubhouse members were significantly more likely to move from employment types offering more supports to those that offer less supports (McKay, Johnsen, Banks, et al, 2006).
**Clubhouses:**

*Are cost-effective:*

Gorman measured costs of member employment services in 43 US clubhouses. Gorman found that 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. Gorman also found that for every hour a clubhouse staff member dedicates to employment services members earn $38.73 and for every dollar invested in employment services members earn $1.31 (Gorman, 2014).

The cost of clubhouses is estimated to be one-third of the cost of the IPS model; about half the annual costs of Community Mental Health Centers; and substantially less than the ACT model (McKay, Yates, & Johnsen, 2007).

*Improve well being and physical and mental health:*

One study suggests that service systems should prioritize services that offer ongoing social supports like Clubhouses, as they enhance mental and physical health by reducing disconnectedness (Leff, McPartland, Banks, et al, 2004).

Researchers examining the increased morbidity and mortality from physical health conditions of people diagnosed with a mental illness conducted a survey of members of a rural clubhouse in Virginia and found that involvement with a clubhouse program or other supportive psychosocial program may promote regular physical health screenings (Tratnack & Kane, 2010).

*Can successfully engage young adults:*

McKay and colleagues describes efforts to develop and offer supports for young adults within two clubhouse programs affiliated with Clubhouse International. These clubhouses 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. Clubhouses affiliated with the ICCD show promise in expanding their approach and services to engage and support young adults (McKay, Osterman, Shaffer, et al, 2012).

*Improve quality of life:*

Gold and colleagues examined whether participation in competitive employment improves quality of life using data from a two-year, randomized trial comparing a Clubhouse to a Program of Assertive Community Treatment (PACT) program. Their analyses showed that 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 (Gold, Macias, & Rodican, 2014).
Clubhouses (cont’d):

Improve quality of life (cont’d):

Researchers in South Korea examined differences in perceived stigma and quality of life of 521 individuals diagnosed with schizophrenia and participating in the clubhouse model or a rehabilitation skills training model for over three months. Clubhouse participants reported significantly lower Perceived Stigma scores and significantly higher Quality of Life scores than the recipients of the rehabilitation skills training model. Clubhouse participants also reported significantly higher interpersonal relationship scores in the Korean Quality of Life Scale than participants in rehabilitation skills training model (Jung & Kim, 2012).

Researchers in China examined the effects of the clubhouse model on various psychosocial issues for people diagnosed with schizophrenia living in the community. Clubhouse participants showed significant improvements in their symptoms, self-esteem, and quality of life after attending the clubhouse for six months. The clubhouse participants’ also had improved employment rates (Tsang, Ng, & Yip, 2010).

Pernice-Duca and Onaga examined factors that influence staff perceptions of a clubhouse’s organizational environment and found that staff in high fidelity clubhouses endorsed the presence of more empowering elements of the clubhouse as compared to low fidelity clubhouses. These empowering elements included more positive recovery attitudes to recovery and the importance of finding paid work for members (Pernice-Duca & Onaga, 2009).

Mowbray and colleagues conducted a NIMH funded study examining over 1800 participants in 31 geographically matched pairs of clubhouses and consumer run drop-in centers. The researchers controlled for differences in demographics, psychiatric history, and receipt of mental health services and found that clubhouse members reported having a higher quality of life and were more likely to be in recovery (Mowbray, Woodward, Holter, et al, 2009).
References: