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Brief Report

Increasing Research Familiarity Among Members of a Clubhouse for People With Mental Illness

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This study describes a project that aimed to train people with mental illness in introductory research skills to support the development of a Clubhouse. Eight mental health consumers from the Illawarra region in New South Wales, Australia were recruited to participate in the project. The group met weekly over a 10-week period to participate in training sessions. The training program focused on increasing familiarity and confidence with research related activities considered useful for Clubhouse members. Measures related to Familiarity with the Clubhouse model, Clubhouse Role Confidence, Research Self Efficacy, and Familiarity with Research Terminology were completed by six of eight participants before and after training. There were significant improvements in consumer's familiarity with components of the Clubhouse and research terminology. There was also increased confidence in performing roles relevant to research activities in Clubhouse settings but no significant improvements in Research Self efficacy related to more general research skills. There is a need for future research to confirm the findings in larger trials with a control condition.

Keywords: consumers, research, training, empowerment

Clubhouse programs are based upon an international model where people with mental illness join as members with the aim of improving their employment and productive activities of everyday living (McKay, Johnsen, Banks, & Stein, 2006). The Clubhouse model of psychiatric rehabilitation was originally established in 1948 in Manhattan (Macias, Jackson, Schroeder, & Wang, 1999). Since this time approximately 300 Clubhouses have been developed in over 28 countries and are formally recognised by the International Centre for Clubhouse development (McKay, Johnsen, Banks, & Stein, 2006). A key component of Clubhouses is the 'work ordered day' and members are expected to run their Clubhouse by taking on essential tasks and working side by side with staff on areas such as clerical work, food preparation, building maintenance, intake of new members and attendance recording (Macias, Jackson, Schroeder, & Wang, 1999).

A key principle of Clubhouses is the focus on empowerment of its members (Accordino & Herbert, 2000). Clubhouse standards state that members should be

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involved in all aspects of Clubhouse operation. One important area of Clubhouse operation is member involvement in research and evaluation activities to inform the workings of the Clubhouse (Mowbray, Lewandowski, Holter, & Bybee, 2006). However, there is very little research regarding member involvement in these activities.

Collaboration in Research and Evaluation

An ethnographic study of the development of a participatory research unit in a Canadian Clubhouse suggested that it was possible to empower Clubhouse members though collaborating with them in the process of research and evaluation (Townsend, Birch, Langley, & Langille, 2000). A second study examined the performance and job satisfaction of 18 consumers with serious and persistent mental illness who were hired to conduct structured interviews with their peers (Lecomte, Wilde, & Wallace, 1999). It was found that 90 percent of interviews were performed with complete accuracy. Furthermore the consumer interviewers reported a sense of personal fulfilment and enjoyment afforded by the experience. Such studies provide evidence that consumers can be meaningfully involved in research activities but no data exists about how they were prepared for these roles, or indeed whether provision of training is beneficial.

Involving Clubhouse members at varied levels of the research process is likely to be important. For example, collaborating with members at the design level will help ensure that research questions and areas of importance to them are addressed (Linhorst & Eckert, 2002; Townsend & Braithwaite, 2002). Involving consumers in the collection of data has been presented as one possible way of enhancing the validity of responses from consumers (Clark, Scott, Boydell, & Goering, 1999; Morrell-Bellai & Boydell, 1994; Polowczyk, Brutus, Orvieto, Vidal, & Cipriani, 1993). Participation of consumers in the analysis and interpretation of data will help ensure that meanings are consistent with consumer perspectives (Allam et al., 2004; Linhorst & Eckert, 2002). Furthermore, involving consumers in the dissemination of research findings may encourage consumers to request new treatments and evidence based practices, facilitating their uptake in service settings (Williamson, 2001).

Clearly if Clubhouse members are to be empowered through involvement in research and evaluation activities, it is important to provide them with training to assist them in these endeavours. Mental health literature describing consumer research experiences repeatedly emphasises how critical training is for genuinely empowering partnerships (Cleary, Matheson, Walter, Malins, & Hunt, 2008; Linhorst & Eckert, 2002; Morrell-Bellai & Boydell, 1994). The development of a new Clubhouse in Wollongong, NSW, provided an opportunity to assess the feasibility and effectiveness of a research training program.

The Wollongong Clubhouse

The Wollongong Clubhouse committee members felt there was a need to engage and empower local mental health consumers who would potentially become founding Clubhouse members. One mechanism the committee thought would be beneficial in facilitating this process was to provide some people with mental illness in the local community with introductory training in conjunction with a general orientation to the Clubhouse model. It was hoped that some of these people would be willing to go on to utilise and share their skills and knowledge within the Clubhouse as it developed, passing on this information to peer members and potentially taking a leadership

role. The would be Clubhouse was not yet operational participants viewed the training in research and evaluation activities timely to empower their planning skills.

Aims of the Study

The aim was to assess the feasibility of providing introductory training in research skills to individuals with mental illness to set up a members Clubhouse. Specifically we sought to determine whether training significantly increased member's familiarity with Clubhouses, role confidence in relation to the Clubhouse, familiarity with research terminology and, research self-efficacy.

Method

Recruitment of Participants

An expression of interest flyer was developed and distributed widely through contacts in government mental health services and local community and recovery groups in Wollongong, Australia to facilitate recruitment of group members. The first author arranged face-to-face visits to local services and groups to talk directly to potential participants about the training program on offer. An initial cohort of nine people expressed interest in taking part in this program. From this initial cohort, eight volunteered to participate (3 = males and 5 = females age range 25 and 57 years). All participants had long standing mental illness and on disability support.

Training Modules

Training modules had previously been developed and piloted by Clubhouse members from Manly, Australia in collaboration with researchers from the University of Sydney and University of Queensland (Hancock, Bundy, James, & Tamsett, 2009). These original modules were customised to specifically meet the needs of members taking part in this study. Each of the nine modules, including title, time spent on each module and key goals and objectives are outlined in Table 1. All modules placed a strong emphasis on learning through engagement in practical activities and exercises.

Structure of Training Groups

Training groups were run over a 10-week period and were facilitated by the project coordinator from the Illawarra Institute for Mental Health, at the University of Wollongong and most meetings took place in a teaching room at the University. There was one site visit to an existing Clubhouse in week 5 and a visit to the local library during week 4. These off site visits aimed to link participants into existing community resources that could be readily accessed on completion of the training program. Groups covered the 9 training modules described in Table 1.

Instrument

Group members completed a questionnaire before and after training. The questionnaire was developed by the study authors to provide a measure of familiarity with research terminology and key aspects of Clubhouses as well as perceived confidence in performing research related activities gained during the course of the training program.

The Research Self Efficacy Scale (RSES; Biechke, Bishop, & Garcia, 1996) asks respondents to rate their confidence in their ability to perform various research related tasks. The original measure comprised 51 items and had high internal reliability (coefficient alpha .96) and scores predicted subsequent research involvement (Biechke et al.,

TABLE 1
Structure of Training Program

Module title	Hours spent on module	Key goals and objectives
1. Welcome and introduction	2	Getting to know facilitator/group members and setting group rules/expectations Background to Clubhouses/Ilwarrarra Clubhouse development
2. Taking the mystery out of research	2	Understanding the research process/linking research to activities in daily life Developing a research question and planning how to answer it Identifying research questions of relevance to Clubhouse settings
3. Reflecting on Clubhouse standards and preparing questions for Clubhouse site visit	2	Increasing familiarity with International Clubhouse standards/purpose of Clubhouses Generating questions of interest for Clubhouse site visit Understanding how Clubhouses evaluate the effectiveness of their services
4. Accessing information relevant to Clubhouses and learning to undertake a subject search on an online database	2	Linking members into local library facilities/generating email accounts Developing skills in accessing and using online research databases Use databases to search for information on Clubhouses and Clubhouse research
5. Site visit to existing Clubhouse	4	Develop interview skills by interviewing Clubhouse members and staff to learn about Clubhouse activities and operations Practical placement in Clubhouse daily activities (e.g., work ordered day)
6. Ensuring your research is good quality and involving people with mental illness in research activities	2	Review of Clubhouse site visit and discussing reasons why Clubhouses may want to determine the effectiveness of their practices Understanding sampling and validity as they apply to research Understanding participatory research and its benefits
7. Conducting research in a responsible way and managing the research process	2	Ethics and identifying ways of ensuring that research is conducted in a responsible way Discussion of ethics in relation to Clubhouse context Learning what can go wrong in the research process and identifying ways of responding
8. Methods for collecting information to answer research questions: Focus on interviewing	2	Review of different methods to answer research questions (e.g., interviews, focus groups, observations, questionnaires) Attributes of a good interviewer/rapport/questions types/non-judgmental stance Role play interviewing a Clubhouse member/skills practice
9. Reflecting on group experiences and where to from here?	2	Review and reflection on group experiences Discussion and planning for ongoing role of group in future

1996). Given the limited range of training in the present study, only 20 items relevant to the training to be delivered were selected (e.g., 'Generate researchable questions', 'Discuss research ideas with peers', 'Identify and report limitations of study'). Items related to data analysis were not included as this was not a part of the training program. All items were rated on an 11-point scale ranging from *No confidence* (0) to *Complete confidence* (100). A mean across all 20 items was calculated for analysis.

Familiarity with research terminology was assessed with six items generated for the purpose of this study (e.g., 'Are you familiar with the difference between qualitative and quantitative research methods?', 'Are you familiar with the difference between a structured, semi-structured and unstructured interview?'). Respondents answered Yes or No. The sum of Yes responses was used in analyses.

A Clubhouse Role Confidence scale was developed for the purposes of this study and comprised 7 items. Item content related to components of the training program that focused on participant's potential roles in the Clubhouse (e.g., ethics in research, giving a small oral presentation, interviewing a peer, obtaining information about Clubhouses). All items were rated on an 11-point scale ranging from *No confidence* (0) to *Complete confidence* (100), with means calculated across all items.

The Familiarity with Components of the Clubhouse was assessed with three items (e.g., 'Can you describe the meaning of 'work-ordered day' as it applies to Clubhouses?'). A sum of the Yes/No responses was calculated.

Data Analysis

Six group members had complete pre-post questionnaire data available for analysis. A series of paired *t* tests were conducted to assess pre-post differences on the four scales (see Table 2).

Results

Significant differences were reported for *t* tests on the familiarity with research terminology scale, Clubhouse role confidence scale and familiarity with Clubhouse scale as outlined in Table 2. However no significant differences were reported on the Research Self Efficacy Scale (RSES).

Discussion

Group participants showed a significant improvement on three of the four scales included in the pre-post data analysis. There was a significant improvement in confi-

TABLE 2

Means and *t* Test Results Before and After Training (N = 6)

Measure	Pre-Training		Post-Training		<i>t</i> value
	M	SD	M	SD	
RSES	70.72	16.04	76.28	24.17	-1.21
Clubhouse Role Confidence	46.79	14.79	76.25	17.02	-4.27*
Familiarity with research terms	2.83	0.75	5.33	0.82	-5.84*
Clubhouse familiarity	0.67	0.82	2.17	1.17	-4.39*

Note: * $p < .05$ (2-tailed), RSES = Research Self-Efficacy scale.

dence levels related to performing potential roles in the Clubhouse, improved familiarity with key aspects of the Clubhouse, as well as research terms. However, no significant differences were reported on the Research Self Efficacy Scale (RSES). It appears that training sessions were successful to the extent that group participants acquired familiarity regarding Clubhouses and basic research principles, as well as increased confidence in applying the things they had learned in a Clubhouse setting.

It is perhaps not surprising that significant differences were not found on the Research Self Efficacy Scale (RSES) for the pre-post data, when compared to the other three scales. While this scale broadly assesses confidence performing various research tasks, some items tapped domains that were not fully covered in training (e.g., 'Deciding when to quit searching for related research/writing', 'Synthesise [bring together] current literature' and 'Identify and report limitations of study'). It is possible that provision of more extensive training would lead to more consistent changes in confidence in the wider range of research skills captured in the RSES.

Conclusions

This preliminary data suggests training sessions improved consumer's familiarity with research terminology and components of the Clubhouse, as well as perceived confidence in performing research based activities relevant to Clubhouse settings. Limitations to this study include the very small sample size. It also lacked a control group who did not receive training. Further, it is unclear whether confidence and perceived familiarity with research actually lead to the development of research skills that might be able to be meaningfully applied in practice. Philosophically, the goal of empowering people with mental illness to more fully participate in research and evaluation activities remains important. Projects such as this provide an example of a practical attempt to test the feasibility of research training with people with mental illness for program development.

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