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An overview of the clubhouse model of psychiatric rehabilitation

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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.

Keywords
overview, model, psychiatric, clubhouse, rehabilitation

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Method: The paper uses a sample vignette (with all identifying information removed) and survey of literature describing clubhouses over the last 15 years.

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Key words: clubhouse, employment, health, psychiatry, relationships

Emerging from recognition that medical treatment alone did not meet the complex needs of people with severe mental illness, the original clubhouse named “Fountain House” was established in 1948 by a group of ex patients from a New York psychiatric hospital.[1] The methods at Fountain House have since been developed into the “clubhouse model” of psychiatric rehabilitation, which is currently used at over 300 sites across more than 27 countries worldwide[2] including 8 in Australia.[3] The International Centre for Clubhouse Development website indicates there are 4 in Queensland, 2 in NSW, 1 in South Australia and 1 in Tasmania.[3]

While engaged in psychiatric rehabilitation, clubhouses have also been at the forefront of developing “recovery oriented services”.[4] According to Oades, recovery focused mental health services often struggle to describe their model of care.[5] The clubhouse model is an exception, with 36 clearly articulated accreditation standards guided by the following four core principles [3]:

1) A right to a place to come;

2) A right to meaningful work;

3) A right to meaningful relationships;

4) A right to a place to return.

Using a social franchise approach reliant on both government and philanthropic funding, each clubhouse is organized as an independent centre linked to Fountain House via a tri annual accreditation fee.[2] Typically open Monday to Friday, modern clubhouses offer a broad range of programs designed to provide, a safe environment, supportive relationships and employment opportunities.[6] The following vignette is used to illustrate some of the potential advantages of the model (all identifying information has been removed).

Vignette: 'Susan' had a complex history including developmental disability, drug abuse and paranoid schizophrenia, she was referred to a local clubhouse by her government disability support pension caseworker. Through regular involvement, she started to feel more comfortable in the setting, forming friendships and engaging in prevocational skills building activities that boosted her confidence. With the encouragement of members and staff, she soon began spending 3-4 days per week at the clubhouse, reducing social isolation and with improved her self-esteem.

Managing Susan's symptoms of paranoia and auditory hallucinations remained challenging due to her poor organisational skills, lack of disposable income and impulsivity. Two years after commencement at the clubhouse her disability support pension caseworker was reviewing her file. She asked why Susan had been able to attend the clubhouse regularly but had been unable to find paid work in the competitive job market?

Overview

Like Susan, people seeking to overcome mental illness often cite improved social support as crucial to their recovery.[7] In the clubhouse model, participants are referred to as "members" rather than patients or clients in an effort to engender shared ownership and involvement. Pursuing a satisfying life is preeminent, with a strong emphasis on identifying personal strengths rather than clinical symptoms.[8] Members commonly cite increased confidence, acceptance, empowerment and hope through the opportunity to engage in supportive relationships with others who share their experience.[9] Alongside supportive relationships, a wide range of rehabilitation programs are offered, typically including case management, social advocacy, housing assistance, psycho educational and employment activities.[2]

Relevant to Susan's involvement in confidence-building prevocational activities are the model's employment programs which have been shown to be effective in randomized controlled trials.[10, 11] The model's foundational pre vocational program is an activity schedule referred to as "the work ordered day".[2] This follows the timetable of a typical working week, whereby instead of presenting for a time

limited appointment or therapeutic group, each day members are given the opportunity to work alongside paid staff. In this way, members build skills and relationships, while also assisting the function of the clubhouse, including reception and administration, meal preparation and building maintenance activities etc.[12]

A second pre vocational program offered by clubhouses is referred to as the “transitional employment program” (TEP). This provides short term job placement positions brokered between individual clubhouses and local businesses designed to provide a confidence building stepping stone towards paid employment.[10] Finally, the model provides a “supported employment program”, which offers assistance and ongoing support to acquire and maintain work in the competitive job market.[8]

The multifaceted nature of modern clubhouses appears to have made them challenging for researchers to study and describe with consistency.[13] For example, the clubhouse has been described as a “prevocational program” [15], a “multi service program” [10], a “self help group” [16] and an “intentional recovery community”.[17] The apparent risk is that descriptions which focus on discreet clubhouse programs without acknowledging their place within the models wider context may lead to unfounded appraisal and false comparison.[14]

While the model’s complexity has proved challenging for researchers, it appears to have been viewed as a strength by people with severe mental illness who “vote with their feet”, averaging a daily attendance exceeding 160 participants per site at North American clubhouses.[15] Indeed, the model has proved so popular amongst consumers and families in North America that it is now mandated in several states and Hinden and colleagues suggest further programs should be developed through improved engagement and education of the children and families of members.[16]

Criticism

As suggested by Susan's experience in the vignette, accessing regular psychiatric review is often challenging for people with complex mental illness.[17] A major gap in the clubhouse model is its failure to provide consistent access to on site psychiatry clinics. With a few notable exceptions in North America,[8, 18] this generally leaves members to organise their own access to psychiatric care.[19] Relevant is research demonstrating that improved access to psychiatry leads to improved life satisfaction and higher rates of paid employment.[20] There appears to have been an attempt to remedy this situation in recent times with proponents such as Aquila and colleagues writing enthusiastically about the importance of providing improved access to psychiatry for clubhouse members.[18]

Another criticism is found in the literature on models of supported employment, such as the Individual Placement Support (IPS) program which is renowned for its fast job placement of people with mental illness and provision of long term clinical support.[21] These studies often focus on comparing the IPS program with clubhouse's two prevocational programs. Similar to Susan's experience with her centre link officer, concern is expressed in this research that members may become overly reliant on the relationships and activities within clubhouses, breeding a form of institutional dependence which compromising movement towards paid employment.[21] If discreet prevocational programs were all that clubhouses offered, then this criticism may be partly valid (notwithstanding the literature supporting the clubhouse's value in the employment area [18]). However, while IPS is clearly an employment focused program, the clubhouse model has multiple foci emphasising provision of a safe environment, social networks, educational and employment opportunities.[3]

Implications and Conclusion

The literature suggests that the modern clubhouse is a valuable model of psychiatric rehabilitation providing a multifaceted mix of social, educational and employment programs that attract large numbers of people to over three hundred sites worldwide.[2] Opportunities to improve the model exist, and one example is the inclusion of onsite psychiatry clinics.[18]

The model's complexity provides a challenging mixture of programs to describe and evaluate.[13] Due to their applicability in complex healthcare settings mixed methodological research approaches might be useful in future.[22] Broad service evaluation paradigms such as recovery orientated service measurement tools capable of adequately grasping the complexity of the clubhouse model might also be worth considering.[23]

Disclosure

Toby Raeburn is the founder and CEO of ROAM Communities, a mental health nursing charity that has been influenced by the clubhouse model.

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