AMERICAN PSYCHOLOGICAL ASSOCIATION

Psychiatric Rehabilitation Journal

ISSN: 1095-158X

2024, Vol. 47, No. 3, 189–192
https://doi.org/10.1037/prj0000628

The Growth and Diversity of the Evidence Base for the Clubhouse Model

Colleen E. McKay
Department of Psychiatry, Program for Clubhouse Research, University of Massachusetts Chan Medical School

The Clubhouse Model is a long-standing form of psychosocial rehabilitation that has been in existence for over 75 years. Today, over 350 Clubhouse programs in 33 countries affiliate with Clubhouse International and operate as nonclinical community-based recovery centers for adults and young adults living with mental illness. Clubhouses provide a strengths-based approach to recovery and offer participants, referred to as members, a variety of supports and services including assistance with obtaining and maintaining community-based employment, education, housing, social integration, outreach and advocacy, wellness and health promotion activities, and linkages to medical and psychiatric services. There is evidence and support for the Clubhouse Model in improving quality of life and social functioning, reducing hospitalization(s) and/or psychiatric symptoms, and promoting employment. This special issue has nine articles that highlight ongoing research collaborations from across the globe that examine the impact of the Clubhouse Model on a variety of novel outcomes. While more research is needed, the articles in this special issue reflect the growth and diversity of the evidence base for the Clubhouse Model.

Impact and Implications

The Clubhouse Model is a community-based and strengths-based form of psychosocial rehabilitation designed to help people living with mental health conditions with community integration and recovery. There is evidence and support for the Clubhouse Model in improving quality of life and social functioning, promoting employment, and reducing hospitalization(s) and/or psychiatric symptoms, but more research is needed. This special issue advances research and adds to the growing evidence base on the Clubhouse Model. Interested parties/groups can utilize findings from these studies to understand the impact of Clubhouse participation and inform future research on the Clubhouse Model.

Keywords: Clubhouse Model, recovery, evidence-based practice, qualitative research, quantitative research

In the last decade, there have been multiple calls for research on the *Clubhouse Model of Psychosocial Rehabilitation* (Clubhouse Model; Hinchey et al., 2023; C. McKay et al., 2018). Today, the Clubhouse Model is an evidence- and strengths-based approach to recovery demonstrated to positively impact people living with serious mental illness (C. McKay et al., 2018). Clubhouses are intentionally formed, nonclinical communities composed of individuals living with mental illness who work side by side with professional staff in all aspects of Clubhouse operations (Dougherty, 1994; Doyle et al., 2013; Macias, Propst, et al., 2001). The first Clubhouse, Fountain House in New York City, grew from a mutual support group of individuals who had been hospitalized at Rockland Psychiatric Center that began meeting on the steps of a public library in the 1940s to help each other with community reintegration and reduce social isolation (Anderson, 1999). Clubhouse participants are referred to as "members" to convey a message of belonging and the model's origins as a "club." Members engage in all Clubhouse operations including decision making (Dougherty, 1994; Doyle et al., 2013; Macias, Propst, et al., 2001). Participation is voluntary, and an emphasis is placed on reintegration into the larger community and a belief that work and work-mediated relationships are restorative.

Clubhouses provide an array of supports including improving social networks and reducing social isolation, addressing unemployment and work through transitional, supported, and independent employment, educational opportunities, assistance with transportation, and/or housing (Gorman et al., 2018; Macias, Barreira, et al., 2001; C. E. McKay et al., 2007). They also provide advocacy, reach-out (contacting members who are unable to attend the Clubhouse in person), wellness or health promotion, evening, weekend, and holiday activities and linkages to other services (Clubhouse International, 2024b).

Historically, the majority of evidence for the Clubhouse Model was based on expert consensus or testimony and/or anecdotal, personal narratives from Clubhouse participants. Early research on the Clubhouse Model was primarily limited to studies that examined the impact of one Clubhouse support or service such as employment, quality of life, or reductions in hospitalizations. Much of this early evidence for the impact of the Clubhouse Model was conducted in

Colleen E. McKay https://orcid.org/0000-0001-8578-6222

The author expresses her sincere appreciation for the input and feedback regarding Clubhouse International and the Clubhouse Model from Joel D. Corcoran, Executive Director, Clubhouse International, New York City, New York, United States. The author has no conflicts of interest to declare.

Correspondence concerning this article should be addressed to Colleen E. McKay, Department of Psychiatry, Program for Clubhouse Research, University of Massachusetts Chan Medical School, Chang Building, 222 Maple Avenue, Shrewsbury, MA 01545, United States. Email: Colleen.McKay@umassmed.edu

the United States from a single site and/or lacked evidence from more rigorous research designs including quasi-experimental studies or randomized controlled trials.

When the first special issue on the Clubhouse Model appeared in the *Psychiatric Rehabilitation Journal* in 1992, the Clubhouse Model had undergone rapid expansion in the United States, a set of International Standards for Clubhouse Programs (Clubhouse Standards) had been created to define Clubhouse practices (Jarl, 1992; Norwood, 1992; Propst, 1992, 1997), a Clubhouse Faculty consisting of 50 members and staff had been established to assist with Clubhouse development and program quality, and a biennial international Clubhouse conference had been held six times to address the need for dissemination.

As of 2024, over 350 Clubhouses in 33 countries are affiliated with Clubhouse International (Clubhouse International, 2024a). Clubhouse International oversees the ongoing evolution of the Clubhouse Standards that serve as operational guidelines and form the basis of a Clubhouse Accreditation process established in 1992 (Clubhouse International, 2024c; Propst, 1992). Clubhouse International conducts the Clubhouse Accreditation process with an international faculty comprised of 127 members and staff, delivers training on the model through 12 comprehensive training centers in seven countries and five states within the United States, provides technical assistance for existing and new Clubhouses and support and training for groups interested in starting a new Clubhouse, coordinates with a network of 26 regional Clubhouse coalitions (groups or organizations that work collaboratively to develop and support Clubhouses located within their respective states and/or countries), and disseminates best practices through a series of conferences, webinars, and written materials. Clubhouse Accreditation serves as a symbol of quality and a Clubhouse's commitment and adherence to the International Clubhouse Standards (Macias, Barreira, et al., 2001; Macias et al., 1999). Approximately 80% of Clubhouses currently affiliated with Clubhouse International are accredited.

Much has happened since the first special issue on the Clubhouse model in the Psychiatric Rehabilitation Journal. The Clubhouse Model has been standardized through the Clubhouse accreditation process. Program-level information about the characteristics and performance outcomes of Clubhouses is gathered annually through the Clubhouse Profile Questionnaire. The worldwide Clubhouse community now recognizes the need for research and the extent of published research on the model has grown significantly. While the wide array of services offered by the Clubhouse Model and its emphasis on member choice do not lend itself well to randomized clinical trials, there is evidence for the contemporary Clubhouse Model from studies using rigorous designs. Five review papers have summarized the research that now provides evidence and support for the model in improving quality of life, social functioning, promoting employment, reducing hospitalization(s), and/or psychiatric symptoms (Battin et al., 2016; Hinchey et al., 2023; C. McKay et al., 2018; Meyer et al., 2023; Yan et al., 2021). The worldwide Clubhouse community has emphasized the importance of having research that examines the impact of the model regionally or locally. Articles have been published on Clubhouses located outside the United States in ten different countries.

The articles in this special issue add to this knowledge base through both qualitative and quantitative research methods to examine the impact of the Clubhouse Model on a variety of novel outcomes. It begins with three articles that examine the impact of the Clubhouse Model during the COVID-19 pandemic. Lockdowns and social distancing requirements forced many Clubhouses to close their buildings, limit in-person participation, and rapidly pivot to virtual or hybrid services. The first article is a multisite longitudinal study examining community functioning and hospitalization rates of members from six accredited Clubhouses in Canada (Mutschler et al., 2023). These Clubhouses utilized technology to deliver virtual programming during pandemic lockdowns or restrictions. In an examination of the switch to social distancing and the use of technology to deliver supports remotely, members had improvements in interference in functioning and behavioral problems while social competence, community functioning, and rates of hospitalization remained stable, including during the pandemic.

Rice, Simaitis, et al. (2024) examined patterns of engagement with the Clubhouse among three cohorts at Fountain House in New York City to assess member participation in virtual and in-person programming (Rice, Simaitis, et al., 2024). Cohorts consisted of members who enrolled before (prior cohort), during (pandemic cohort), and after pandemic restrictions (reopening cohort). Members in the prior cohort sustained their overall rate of engagement. The pandemic cohort had a higher rate of engagement than the prior cohort during pandemic restrictions, but their engagement rate decreased after lockdown restrictions. Prior and pandemic cohorts had similar virtual and in-person engagement ratios after lockdown restrictions. The prior and pandemic cohorts had a proportionally greater in-person engagement once lockdowns were lifted. The reopen cohort had a predominant ratio of in-person engagements.

A. L. Agner, Nakamura, et al. (2024) used virtual focus groups to identify photo prompts and virtual Photovoice with a sample of members and staff from five Clubhouses in Hawaii to examine member engagement and participation in hybrid or virtual Clubhouse programming during the COVID-19 pandemic (A. L. Agner, Nakamura, et al., 2024). Study participants were engaged in an iterative process to identify themes and interpret findings. The authors noted the advantages of virtual programming including opportunities for members to learn modern technology, to remain connected with the Clubhouse despite pandemic restrictions, and for Clubhouses to network, particularly with the geographic limitations in Hawaii. However, some members did not adapt well to virtual programming and felt something was missing from being unable to participate in the Clubhouse in person.

Rice, Hand, et al. (2024) described how participatory action research (PAR) methods and principles align with Clubhouse philosophy and practices, share examples of how PAR has been used at Fountain House, and provide a framework for using PAR methods in other Clubhouses (Rice, Hand, et al., 2024).

Clubhouses are beginning to adopt and incorporate standardized measures to evaluate their impact. Wojtalik et al. (2023) examined the psychometric properties of the World Health Organization Disability Assessment Schedule 2.0, a brief, self-report measure of functional disability, using retrospective data from one accredited Clubhouse in a metropolitan area within the Midwest (Wojtalik et al., 2023). Findings indicate that the World Health Organization Disability Assessment Schedule 2.0 is a reliable and a potentially valid outcomes assessment for the Clubhouse Model, especially when only using the general disability score to track clinical progress.

A group of researchers from Finland utilized qualitative research methods to understand Clubhouse practices. Mäntysaari et al. (2024) held focus groups with members and staff at five Clubhouses in Finland using purposive sampling to examine the ideals of decision making (Mäntysaari et al., 2024). The authors identified six interpretative themes and paired them where there were dilemmas between two related themes. These included participation by everyone in decision making versus efficient decision making, which may be less inclusive and not involve everyone; importance of member choice—members choosing how to participate in the Clubhouse versus the need for members to actively participate; and joint decision making that requires active resistance against traditional power structures versus power structures, which are both unavoidable and partially needed in decision making.

The last three articles in the special issue attempt to apply conceptual models or theories to describe the mechanisms by which Clubhouse practices impact member outcomes. J. Agner, Botero, et al. (2024) created a conceptual model of how Clubhouses contribute to health and quality of life using PAR and Photovoice with members and staff from five Clubhouses in Hawaii (J. Agner, Botero, et al., 2024). Constructs within the conceptual model that lead to improvements in health and quality of life include participation in Clubhouse activities, mutually supportive relationships, a sense of mattering (being needed and valued), the importance of reducing the stigma associated with mental illness, and member self-efficacy. The final two articles by F. M. Pernice et al. (2023, 2024) propose a theory of Social Practice to describe the processes and practices within the Clubhouse Model. The authors describe how the elements of social practice within the intentional community formed by the Clubhouse address social determinants of health and foster recovery. However, the application of this theory to the Clubhouse Model is new. Additional research will be needed to determine if there is rigorous evidence to support this theory. Clubhouse programs will also need to develop consensus to determine if this theory will be integrated into the model.

Taken together, the papers in this special issue demonstrate that the Clubhouse community has embraced research. These articles highlight several ongoing research collaborations from across the globe that reflect the growth and diversity of research on the Clubhouse Model. Findings from these articles can inform future directions of Clubhouse supports and services. For example, findings from studies conducted during the pandemic have the potential to inform how hybrid Clubhouse supports might be delivered to individuals with limited access to transportation or those who reside in rural areas. Additional studies are still needed to understand the impact of supports offered by Clubhouses that have not been well researched such as reach-out, supported education, or supported housing. Studies that assess the impact of Clubhouse participation on service utilization, the reduction of health care costs, or the delivery of Clubhouse services in value-based care models would be useful to policymakers and funders particularly given that the number of people experiencing mental illness is growing and approximately half of the Clubhouses in the United States are funded by Medicaid. It will also be important to examine the potential of the Clubhouse Model where it has been adapted to serve other populations such as individuals diagnosed with brain injuries (C. McKay et al., 2022). Future research on the Clubhouse Model should use rigorous designs and validated measures involving accredited Clubhouses that have implemented the model with high fidelity. Researchers can partner with Clubhouses, Clubhouse International, or the Program for Clubhouse Research to acquire a good understanding the nuances of the model that can inform the design of these studies and the interpretation of their results. While more research is needed, the articles in this special issue reflect the diversity of research and the steadily growing evidence base for the Clubhouse Model.

References

Agner, A. L., Nakamura, L., Kaukau, T., Liu, M., Botero, A., Churchill, J., Teranishi, D., Patton, F., Cogo, K., & Cha, T. (2024). Creative virtual engagement: Successes and challenges supporting people with serious mental illness in hybrid Clubhouse environments. *Psychiatric Rehabilitation Journal*, *47*(3), 209–218. https://doi.org/10.1037/prj0000605

Agner, J., Botero, A., Cha, T., Nakamura, L., Kaukau, T. M., Liu, M., & the Hawai'i Clubhouse Coalition. (2024). A conceptual model of how mental health clubhouses impact health and quality of life among individuals with serious mental illness. *Psychiatric Rehabilitation Journal*, *47*(3), 249–259. https://doi.org/10.1037/prj0000579

Anderson, S. (1999). *We are not alone: Fountain house & the development of clubhouse culture*. Fountain House.

Battin, C., Bouvet, C., & Hatala, C. (2016). A systematic review of the effectiveness of the clubhouse model. *Psychiatric Rehabilitation Journal*, *39*(4), 305–312. https://doi.org/10.1037/prj0000227

Clubhouse International. (2024a). *Clubhouse directory*. https://clubhouse-intl.org/what-we-do/international-directory/

Clubhouse International. (2024b). *How clubhouses work*. https://clubhouse-intl.org/resources/how-clubhouses-work/

Clubhouse International. (2024c). *Quality standards*. https://clubhouse-intl.org/resources/quality-standards/

Dougherty, S. (1994). The generalist role in clubhouse organizations. *Psychosocial Rehabilitation Journal*, *18*(1), 95–108. https://doi.org/10.1037/h0095531

Doyle, A., Lanoil, J., & Dudek, K. J. (2013). *Fountain house: Creating community in mental health practice*. Columbia University Press. https://cup.columbia.edu/book/fountain-house/9780231157100

Gorman, J. A., McKay, C. E., Yates, B. T., & Fisher, W. H. (2018). Keeping clubhouses open: Toward a roadmap for sustainability. *Administration and Policy in Mental Health and Mental Health Services Research*, *45*(1), 81–90. https://doi.org/10.1007/s10488-016-0766-x

Hinchey, L. M. E., Pernice, F. M., Christian, J. N., Michon, A., & Rice, K. (2023). A contemporary review of the Clubhouse Model of psychosocial rehabilitation: Past, present, and emerging directions. *Psychiatric Quarterly*, *94*(4), 569–604. https://doi.org/10.1007/s11126-023-10051-w

Jarl, B. (1992). Living with the standards in a growing clubhouse. *Psychosocial Rehabilitation Journal*, *16*(2), 31–34. https://doi.org/10.1037/h0095710

Macias, C., Barreira, P., Alden, M., & Boyd, J. (2001). The ICCD benchmarks for clubhouses: A practical approach to quality improvement in psychiatric rehabilitation. *Psychiatric Services*, *52*(2), 207–213. https://doi.org/10.1176/appi.ps.52.2.207

Macias, C., Harding, C., Alden, M., Geertsen, D., & Barreira, P. (1999). The value of program certification for performance contracting. *Administration and Policy in Mental Health*, *26*(5), 345–360. https://doi.org/10.1023/a:1021231217821

Macias, C., Propst, R., Rodican, C., Boyd, J., & the International Center for Clubhouse Development. (2001). Strategic planning for ICCD clubhouse implementation: Development of the Clubhouse Research and Evaluation Screening Survey (CRESS). *Mental Health Services Research*, *3*(3), 155–167. https://doi.org/10.1023/A:1011523615374

Mäntysaari, K. A., Stevanovic, M., Weiste, E., Paananen, J., & Lindholm, C. (2024). Ideals of joint decision makeing in Clubhouse communities. *Psychiatric Rehabilitation Journal*, *47*(3), 240–248. https://doi.org/10.1037/prj0000626

McKay, C., Nugent, K. L., Johnsen, M., Eaton, W. W., & Lidz, C. W. (2018). A systematic review of evidence for the Clubhouse Model of psychosocial rehabilitation. *Administration and Policy in Mental Health and Mental Health Services Research*, *45*(1), 28–47. https://doi.org/10.1007/s10488-016-0760-3

McKay, C., Seel, R. T., Young, J., & Johnson, C. (2022). Organizational characteristics of brain injury Clubhouse Model programs. *Brain Injury*, *36*(2), 221–231. https://doi.org/10.1080/02699052.2022.2033835

McKay, C. E., Yates, B. T., & Johnsen, M. (2007). Costs of clubhouses: An international perspective. *Administration and Policy in Mental Health and Mental Health Services Research*, *34*(1), 62–72. https://doi.org/10.1007/s10488-005-0008-0

Meyer, M. S., Agner, J., Botero, A., & Cha, T. (2023). Mapping community: A scoping review of clubhouse members' social networks and their impact on recovery in mental illness. *Psychiatric Rehabilitation Journal*, *46*(3), 250–264. https://doi.org/10.1037/prj0000520

Mutschler, C., McShane, K., Liebman, R., Junaid, S., & the Canadian Clubhouse Research Group. (2023). A multisite longitudinal evaluation of Canadian clubhouse members: Impact on hospitalizations and community functioning. *Psychiatric Rehabilitation Journal*, *47*(3), 193–199. https://doi.org/10.1037/prj0000581

Norwood, K. (1992). The evolution of gateway house: The embodiment of the standards for clubhouse programs. *Psychosocial Rehabilitation Journal*, *16*(2), 35–38. https://doi.org/10.1037/h0095709

Pernice, F. M., Hinchey, L. M., Rice, K., Drews, J., Michon, A., Jenuwine, M., Christian, J., Doyle, A., Madison, E., Kessler, L., Bayer, C., Napolitano, C., & Jedrzejczak, K. (2023). Community as therapy: The theory of social practice. *Psychiatric Rehabilitation Journal*, *47*(3), 260–269. https://doi.org/10.1037/prj0000588

Pernice, F. M., Hinchey, L. M., Rice, K., Michon, A., Drews, J., Jenuwine, M., Doyle, A., Madison, E., Kessler, L., Bayer, C., Napolitano, C., & Jedrejczak, K. (2024). The method and application of social practice in the Clubhouse. *Psychiatric Rehabilitation Journal*, *47*(3), 270–277. https://doi.org/10.1037/prj0000604

Propst, R. N. (1992). Standards for clubhouse programs: Why and how they were developed. *Psychosocial Rehabilitation Journal*, *16*(2), 25–30. https://doi.org/10.1037/h0095711

Propst, R. N. (1997). Stages in realizing the international diffusion of a single way of working: The clubhouse model. *New Directions for Mental Health Services*, *1997*(74), 53–66. https://doi.org/10.1002/yd.2330227407

Rice, K., Hand, R., Diop, B., Mejia, A., Mahoney, O., & Seidman, J. (2024). Expending community-based participatory action research practices to Clubhouses through sustainable research practices. *Psychiatric Rehabilitation Journal*, *47*(3), 219–228. https://doi.org/10.1037/prj0000607

Rice, K., Simaitis, G., & Pernice, F. (2024). Clubhouse virtual programming: A trend analysis of member engagement patterns before, during, and after pandemic lockdown. *Psychiatric Rehabilitation Journal*, *47*(3), 200–208. https://doi.org/10.1037/prj0000615

Wojtalik, J. A., Kotwani, A., Honarvar, R. L., Eack, S. M., D'Angelo, L., Whiting-Madison, C., & Brown, W. J. (2023). Confirmatory factor analysis of the 12-item World Health Organization Disability Assessment Schedule 2.0 (WHODAS-2.0) within the clubhouse model of psychosocial rehabilitation for serious mental illness. *Psychiatric Rehabilitation Journal*, *47*(3), 229–239. https://doi.org/10.1037/prj0000594

Yan, H., Ding, Y., & Guo, W. (2021). Clubhouse Model of psychiatric rehabilitation in china to promote recovery of people with Schizophrenia: A systematic review and meta-analysis. *Frontiers in Psychiatry*, *12*, Article 730552. https://doi.org/10.3389/fpsyt.2021.730552

Received June 24, 2024
Accepted June 24, 2024 ■