ICCD 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, and evening, and weekend and social activities. Over 330 clubhouses located in thirty countries and thirty-six states network through the International Center for Clubhouse Development (ICCD). The ICCD 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 ICCD Clubhouse Model is included on the Substance Abuse and Mental Health Service Administration’s National Registry of Evidence Based Practices and Programs (NREPP). We describe some of the recent published research outcomes about clubhouses below.

Recent Research Outcomes – ICCD Clubhouses

Promote recovery:

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).

Reduce hospital stays:

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 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 the 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).
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Are cost-effective:

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).

Improve quality of life:

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 colleagues 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, Saxe, & Johnson, 2009).

In a NIMH funded study examining over 1800 participants in 31 geographically matched pairs of clubhouses and consumer run drop-in centers 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: