FOUNTAIN HOUSE

Brief Summary of Evidence Supporting Clubhouses
Joshua Seidman, PhD, and Kevin Rice, MA

Over 14 million people in the United States live with a severe mental illness (SMI). Traditional care delivery models fail to address many of the underlying needs of people with SMI, and these failures result in unnecessary morbidity, mortality, healthcare costs, and other social service costs to society. Racial disparities further pervade access to and quality of mental health care, as Black and brown Americans are far less likely to have access to culturally competent care than their white counterparts.[1]

The Problem: The Unmet Needs of Loneliness for People with SMI
Research consistently demonstrates that outcomes for people with SMI are tied to the recovery of dignity, hope, self-direction, coherent sense of identity, and the achievement of quality of life.[2] Loneliness, in particular, has been identified as one of the leading unmet needs among people with SMI,[3] whose social support networks are typically small and consist primarily of family members or primary and behavioral health clinicians.[4] For people with SMI, persistent experiences of loneliness have been associated with maladaptive social belief systems, impaired social skills, and lack of opportunities to participate in social activities.[5] Social withdrawal leading to loneliness for persons with histories of SMI is also highly associated with pervasive experiences of stigmatization,[6] difficulties with symptoms, social skill impairments, poverty, and unemployment.[7]

Persistent experiences of loneliness have also been demonstrated to produce health effects similar to smoking cigarettes and obesity,[8] increasing risks of cardiovascular mortality,[9] eating disturbances,[10] inflammatory diseases and reduced immune functioning.[11] Beyond risk for medical comorbidities, research has further shown that small or restricted social networks threaten psychological and emotional wellbeing,[12] quality of life,[13] and increase the likelihood of psychiatric re-hospitalization.[14] Research also demonstrates a relationship between loneliness and psychotic experiences that is unaffected by stage of illness.[15]

The Solution: Clubhouse Model of Social Practice

The Clubhouse model is a unique community-based program that provides strength-based interventions to help people with SMI socially reintegrate, develop agency, dramatically improve their quality of life, and substantially reduce Medicaid costs. It relies on the utilization of Social Practice, which is a specialized form of therapy that uses the setting of an intentional community to assist people in their mental health recovery. Members (Fountain House has never called them patients or clients) may come to Clubhouses with varying needs and motivations to participate in the programming, but the majority of members report coming for 'something to do'.[16] While many members may initially be motivated to access community supports such as housing, employment, and care management, it is through the shared community work of achieving those goals that Social Practice seeks to simultaneously promote self-efficacy and the development of intrinsic values of stewardship and a fulfilling social network that keeps many members involved even after achieving initial support goals.[17] This evolutionary process of how members relate to the Clubhouse involves Social Practitioners leveraging members' help-seeking behavior to empower them to become stakeholders in the community, grow beyond it, and choose the circumstances and conditions with which they wish to engage in it in managing their own health.[18]

The organizing principle of the Clubhouse model lies in its creation of an intentional social environment that experientially nurtures the *need to be needed*.[19] This experience of being needed is fostered through the structured development of interpersonal relationships within the cooperation of Clubhouse services, spaces, and resources,[20] and in partnership with professionals known as social practitioners.[21] It is through these communal engagements that Social Practice seeks to enable recovery processes through the creation of social opportunities, interpersonal growth, and access to psychosocial supports such as employment, housing, skills development, and wellness initiatives.

The Evidence: Recovery and Research in Clubhouses

Recovery conceptualizations are shifting toward self-directed models as well as models that integrate that approach with hospital and community psychiatry, community mental health, and psychiatric rehabilitation to build more integrated care models.[22] Research related to social determinants of mental health has identified the role of integrated care models in impacting the course of a person's recovery in SMI, pushing

promotion for greater integration across service providers even further to address the complex social circumstances many with histories of mental illness endure.[23]

Highlights

- Research demonstrates that participating in the Clubhouse model promotes a sense of unity and belongingness for members, particularly the social support gained through a sense of shared achievement when working on the joint operation of the community.[24]
- Randomized controlled trials have indicated that Clubhouse members experience a significantly improved quality of life due to their involvement in the model, compared to those participating in general community services and other models.[25] [26] The improvement in quality of life was most prevalent in the area of interpersonal relationship satisfaction.[27]
- The competitive employment component of the model is linked to improved global quality of life, with the greatest positive influence being on members' levels of self-esteem.[28]
- Overall, aspects of the Clubhouse model thought to account for these improvements include the focus on empowerment, autonomy, and person-hood instead of patient-hood.

Clubhouses have further been proven to reduce severe psychiatric symptoms, improve self-esteem,[29] and decrease internalized stigma, promoting greater recovery experiences,[30] thus reducing the need for psychiatric hospitalization. Randomized control trials of Clubhouse programs have shown reduced hospitalizations for Clubhouse members.[31] Additionally, membership in Clubhouses show lower drop-in rates and fewer hospitalizations,[32] and Clubhouse costs are substantially lower than partial hospitalization, thus Clubhouse membership reduces overall cost of healthcare.[33]

[1]Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[2] Leonhardt, B. L., Huling, K., Hamm, J. A., Roe, D., Hasson-Ohayon, I., McLeod, H. J., & Lysaker, P. H. (2017). Recovery and serious mental illness: a review of current clinical and research paradigms and future directions. *Expert Review of Neurotherapeutics*, *17*(11), 1117-1130.

[3] Fortuna, K. L., Ferron, J., Pratt, S. I., Muralidharan, A., Aschbrenner, K. A., Williams, A. M., ... & Salzer, M. (2019). Unmet needs of people with serious mental illness: perspectives from certified peer specialists. Psychiatric Quarterly, 90(3), 579-586.

[4] Perese, E. F., & Wolf, M. (2005). Combating loneliness among persons with severe mental illness: Social network interventions' characteristics, effectiveness, and applicability. *Issues in Mental Health Nursing*, *26*(6), 591-609.

[5] Perese, E. F., & Wolf, M. (2005). Combating loneliness among persons with severe mental illness: social network interventions' characteristics, effectiveness, and applicability. *Issues in mental health nursing*, *26*(6), 591-609.

[6] Dickerson, F. B., Sommerville, J., Origoni, A. E., Ringel, N. B., & Parente, F. (2002). Experiences of stigma among outpatients with schizophrenia. *Schizophrenia bulletin*, *28*(1), 143-155.

[7] Draine, J., Salzer, M. S., Culhane, D. P., & Hadley, T. R. (2002). Role of social disadvantage in crime, joblessness, and homelessness among persons with serious mental illness. *Psychiatric Services*, *53*(5), 565-573.

[8] Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspectives on psychological science*, *10*(2), 227-237.

[9] Hawkley, L. C., & Cacioppo, J. T. (2003). Loneliness and pathways to disease. *Brain, behavior, and immunity*, *17*(1), 98-105.

[10] Heinrich, L. M., & Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical psychology review*, *26*(6), 695-718.

[11] Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of behavioral medicine*, *40*(2), 218-227.

[12] Green, G., Hayes, C., Dickinson, D., Whittaker, A., & Gilheany, B. (2002). The role and impact of social relationships upon well-being reported by mental health service users: A qualitative study. *Journal of Mental Health*, *11*(5), 565-579.

[13] Borge, L., Martinsen, E. W., Ruud, T., Watne, Ø., & Friis, S. (1999). Quality of life, loneliness, and social contact among long-term psychiatric patients. *Psychiatric Services*, *50*(1), 81-84.

[14] Goldberg, R. W., Rollins, A. L., & Lehman, A. F. (2003). Social network correlates among people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, *26*(4), 393.

[15] Michalska da Rocha, B., Rhodes, S., Vasilopoulou, E., & Hutton, P. (2018). Loneliness in psychosis: a meta-analytical review. *Schizophrenia bulletin*, *44*(1), 114-125.

[16] Pernice, F. M., Price, M. H., & Rice, K. (2020). Why We Come: Clubhouse Members Seek Connection, Purpose and Meaning. *Community Mental Health Journal*, 1-11.

[17] Prince, J. D., Mora, O., Ansbrow, J., Benedict, A., DiCostanzo, J., & Schonebaum, A. D. (2018).Nine ways that clubhouses foster interpersonal connection for persons with severe mental illness: lessons for other types of programs. *Social Work in Mental Health*, *16*(3), 321- 336. https://doi.org/10.1080/15332985.2017.1395781

[18] Tanaka, K., Davidson, L., & Craig, T. J. (2018). Sense of clubhouse community belonging and empowerment. International Journal of Social Psychiatry, 64(3), 276-285. https://doi.org/10.1177/0020764018759134

[19] Mancini, M. A., Hardiman, E. R., & Lawson, H. A. (2005). Making sense of it all: consumer providers' theories about factors facilitating and impeding recovery from psychiatric disabilities. *Psychiatric Rehabilitation Journal, 29*(1), 48-55. https://doi.org/10.2975/29.2005.48.55

[20] Whitley, R., Strickler, D., & Drake, R. E. (2012). Recovery centers for people with severe mental illness: A survey of programs. *Community Mental Health Journal*, *48*(5), 547-556.

[21] Pernice, F., Madison, E., Kessler, L., Meibach, J., & Bayer, C. (2019). Defining Social Practice. *The Roar Journal*, *1*(1), 21–27.

[22] Compton, M. T., & Shim, R. S. (2020). Mental illness prevention and mental health promotion: when, who, and how. *Psychiatric services*, *71*(9), 981-983.

[23] Compton, M. T., & Shim, R. S. (2015). The social determinants of mental health. *Focus*, *13*(4), 419-425.

[24] Carolan, M., Onaga, E., Pernice-Duca, F., & Jimenez, T. (2011). A place to be: The role of clubhouses in facilitating social support. *Psychiatric Rehabilitation Journal*, *35*(2), 125.

[25] Chen, Y., Yau, E., Lam, C., Deng, H., Weng, Y., Liu, T., & Mo, X. (2019). A 6-month randomized controlled pilot study on the effects of the clubhouse model of psychosocial rehabilitation with chinese individuals with schizophrenia. Administration and Policy in Mental Health and Mental Health Services Research. https://doi.org/10.1007/s10488-019-00976-5

[26] 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; New York, 45(1), 28–47. http://dx.doi.org.proxy.lib.wayne.edu/10.1007/s10488-016-0760-3

Prepared January 2022

[27] Jung, S. H., & Kim, H. J. (2012). Perceived stigma and quality of life of individuals diagnosed with schizophrenia and receiving psychiatric rehabilitation services: A comparison between the clubhouse model and a rehabilitation skills training model in South Korea. Psychiatric Rehabilitation Journal, 35(6), 460–465. https://doi.org/10.1037/h0094580

[28] Gold, P. B., Macias, C., & Rodican, C. F. (2016). Does competitive work improve quality of life for adults with severe mental illness? Evidence from a randomized trial of supported employment. The Journal of Behavioral Health Services & Research, 43(2), 155–171. https://doi.org/10.1007/s11414-014-9392-0

[29] Tsang, A.W.K., Ng, R.M.K., & Yip, K.C. (2010). A six-month prospective case-controlled study of the effects of the clubhouse rehabilitation model on Chinese patients with chronic schizophrenia. *East Asian Archives of Psychiatry, 20*, 23-30.

[30] Pernice, F. M., Biegel, D. E., Kim, J.-Y., & Conrad-Garrisi, D. (2017). The mediating role of mattering to others in recovery and stigma. *Psychiatric Rehabilitation Journal, 40*(4), 395–404. https://doi.org/10.1037/prj0000269

[31] Solís-Román, C., & Knickman, J. (2016). Project to evaluate the impact of Fountain House programs on Medicaid utilization and expenditures. *Health Evaluation and Analytics Lab: New York University*.

[32] Di Masso, J., Avi-Itzhak, T., & Obler, D. R. (2001). The clubhouse model: An outcome study on attendance, work attainment and status, and hospitalization recidivism. *Work: Journal of Prevention, Assessment & Rehabilitation, 17*(1), 23–30.

[33] Solís-Román, C., & Knickman, J. (2016). Project to evaluate the impact of Fountain House programs on Medicaid utilization and expenditures. *Health Evaluation and Analytics Lab: New York University*.

Prepared January 2022