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Transition to a Clubhouse Model: An Approach to Mental Health Recovery

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by

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Abstract

The purpose of this research was to examine the shift in the mental health service delivery from the medical model to the Clubhouse model, using a psychosocial rehabilitative approach. Twenty-four articles were included in the systematic review to collect the data for this study. The use of Clubhouses and drop-in centers were a primary focus when looking at the shift from the medical model of mental health recovery, and clubhouses are important to those in communities who live with serious and persistent mental illnesses (SPMI). A thematic analysis was completed after reviewing the articles, in an effort to examine the benefits a clubhouse provides to communities, as well as the difficulties faced when opening a clubhouse. Definitions and key words were extracted from articles relating to key identifiers and member identifiers. Other themes include barriers, resources and the general theory of the article. The importance of peer relationships was identified throughout the research as well. Clubhouses provide a place for individuals to go, to hang out without judgment, and to be set up with service and supports if they are in need. There is an endless opportunity for further growth on this topic of research, exploring the benefits of Clubhouses and/or drop-in center in collaboration with peer support, and informing Social Work practice for those with SPMI.

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A clubhouse is a safe haven for adults, an accepting place for anyone in need of support, as well as advocacy and self- empowerment for people's mental health recovery journey. This definition can vary from center to center, depending on the services and activities they provide to the consumers utilizing the center. The Clubhouse Model to mental health deviates from the classic medical model in treating mental illness. The clubhouse model approach to mental health focuses on psychosocial rehabilitation in a community setting. This correlates more with the concept of Person Centered Planning, something that those working in the mental health field are focusing on more and more when assisting their clients. In 1997, statistics revealed that The Clubhouse Model of psychosocial rehabilitation had been replicated throughout the United States and in 19 other countries, 305 worldwide (Macias & Rodican, 1997). This is evidence that this is not something that is brand new, and that it has attracted the attention of many providers worldwide.

Bybee, et al (2006) define a clubhouse as "an intentional community composed of generalist staff who work there and the consumers who are its members" (p. 167). Membership is voluntary and on an as needed basis. The requirement is to have been diagnosed with a serious a persistent mental illness (SPMI), which may include, but is not limited to, Major Depressive Disorder or Schizophrenia.

To present a clear definition of a drop in-center, a clear definition of consumer operated services is also needed. Consumer operated services are services that are provided by those who are also utilizing services. Consumer operated services range from drop-in centers, housing and homeless support services, advocacy, case management services, respite care and businesses (Holter, Mowbray & Robinson, 2002). Although there are numerous consumer operated

services, this research will focus on consumer run drop-in centers and their connection to the

Clubhouse Model to Community Mental Health.

The focus of this research will be examining the benefits a clubhouse provides to

communities as well as the difficulties faced when opening a clubhouse. Clubhouses are very

important to those in communities who live with serious and persistent mental illnesses. They

provide a place for individuals to go, to hang out without judgment, and to be set up with service

and supports if they are in need. There is a gap in services for individuals living with serious and

persistent mental illness. Clubhouses are there to fill that gap, to direct members to the services

and supports that they need. The reality for most people with mental illness is that they have a

constant sense of not fitting in, of isolation, and rejection. Mental illness has the devastating

effect of separating people from others in society (International Center for Clubhouse Design,

2006).

Alongside the lack of services and supports for individuals with serious and persistent

mental illness, the recidivism rate for hospitalization and incarceration increases. When those

services and supports are in place, members are likely to have access to housing services, mental

health services, etc., reducing the likelihood of a mental health episode which can lead to

incarceration or hospitalization. Those services and supports could range from outpatient

therapy, psychiatric help, case management, housing and homelessness supports and/or just a

place to go without fear of judgment or fear of being pushed away (Clubhouse International,

n.d).

Some centers provide educational groups on mental illness, supported employment, basic

living skill classes, education on mental illness, etc. To better describe what supported

employment is, the definition is as follows:

"In the United States, the definition of *supported employment* is as follows.

> Supported employment means: (i) Competitive employment in an integrated setting
> with ongoing support services for individuals with the most severe disabilities — (A)
> For whom competitive employment has not traditionally occurred or for whom
> competitive employment has been interrupted or intermittent as a result of a severe
> disability; and (B) Who, because of the nature and severity of their disabilities, need
> intensive supported employment services from the designated State unit and extended
> services after transition in order to perform this work; or (ii) Transitional employment
> for individuals with the most severe disabilities due to mental illness" (Wehman,
> 2012 p. 139).

Many centers allow their consumers or peer to help guide the center in what the center will provide for the community. This research identified the necessary training requirements a drop-in center must go through, as identified by the International Center for Clubhouse Design, when they go through the process in becoming a Clubhouse, while also exploring the benefits to having a Clubhouse rather than a drop-in center.

This research is important to the service delivery of mental health service and supports because this is the future of those services. Psychosocial rehabilitation has been called the fourth reform in society's efforts to care about and support people coping with psychiatric problems (Moxley, Jacobs, & Wilson, 1992). The individuals now have control over how they receive their services and supports. That sense of control and personal empowerment can help create an overall better quality of life. Through this research, a systematic review of literature was

conducted to identify important resources and factors of a Clubhouse or drop-in center. Several criterion were identified throughout this review process.

Literature Review

History

The Clubhouse Model of rehabilitation was created in the 1940's by a group of ex-hospital patients (Macias & Rodican, 1997). The first Clubhouse, Fountain House in New York City, was founded in 1948 by a group of former patients from a nearby state hospital to provide refuge, support and rehabilitation to adults with psychiatric disabilities (Mowbray et al., 2006). As a result of the deinstitutionalization movement from the 1950's to the 1970's, ex-patients began to come together, recognizing the lack of supports in place for them in a community setting. Since this movement, more community mental health agencies have recognized the need for the support; thus, drop-in centers began (Mowbray, et al, 2002).

As the need for more resources and supports were identified, Clubhouses began to form with the help of outside funding sources. The Clubhouse was able to offer other supports to the members due to the governing board and strict guidelines followed. With this need for guidelines, the International Center for Clubhouse Development (ICCD) was created. The ICCD was designed to provide training for the Clubhouse Model, consultation in program development, and certification that a Clubhouse is operating in compliance with the Standards for Clubhouse Programs (Macias & Rodican, 1997). This revolutionary paradigm shift ensured that consideration was given to the mental health consumers' quality of life, self-worth, and involvement in treatment planning as examples of comprehensive measures of well-being. The ICCD itself is located within Fountain House (Macias & Rodican,1997). The ICCD was

established in 1994 (Floyd & Lorenzo, 2008). Psychosocial rehabilitation and consumer operated

programs were created in order to address the treatment needs of mental health consumers.

Well-being measures shifted from symptom management and decreased hospitalization

rates to include concepts of empowerment, quality of life, and self-worth. During this

time, the psychosocial clubhouse model and the consumer-operated drop-in center model

infiltrated the mental health service delivery system. Both models have made significant

contributions to the well-being of mental health consumers (Boyd & Bentley, 2005, p.

68).

Drop-in Center vs. Clubhouse

Bybee., Holter, Mowbray, C., & Mowbray, O. (2005) and Boyd & Bentley (2005)

identified the difference between a drop-in center and a clubhouse. Mowbray et al. (2005) go on

to describe a drop-in center as: "something that is peer run… People who are using the services

are actually running the services too" (pg. 55). Stated another way, Boyd and Bentley simply

state that drop-in centers represent a service that is provided by persons who have personal

experience with issues similar to those experienced by program participants, including mental

health problems, substance abuse or both.

A clubhouse on the other hand is still governed by peers, but decisions are ultimately left

to the director of the center. The director of a clubhouse is rarely a consumer (Mowbray et al,

2005). Biegle, Chang, Chung, Hess, and Pernice-Duca, F. (2015) and Mowbray et al. (2005)

identify participants of a Clubhouse as a member. This terminology used to define the

participants reinforces the fact that participation in a clubhouse is voluntary. Mowbray et al.

(2005) state further that drop-in centers tend to have less to offer than a clubhouse, including

fewer resources available for the members. Many of the clubhouses offer employment or

employment resources, where the traditional drop-in center does not. A key component of a Clubhouse is the Work Ordered Day (Boyd & Bentley, 2005; Coniglio, Hancock, & Ellis, 2012; Macias & Rodican, 1997; Marshal, Deane, & Hancock, 2010; Mowbray et al, 2009; Mowbray et al, 2006; Pernice- Duca et al, 2015; Sennett, n.d). In a Work Ordered Day, "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" (Marshall et al, 2010 p. 119).

A commonality between a clubhouse and a drop-in center is that the culture of each is to provide clear acceptance of personal disability and mental illness (Biegle et al, 2015; Macias & Rodican, 1997; Mowbray et al, 2005). Mental illness is the primary factor leading to clubhouse membership. Macias and Rodican (1997) sum up a theme found within the three above articles, "The title member denotes personal rights and unique responsibilities and replaces the de-individualizing term patient in every member's vocabulary" (pg. 211). Floyd and Lorenzo (2007) state that there is a clear "emphasis on minimizing the hierarchy between members and staff in the clubhouse culture" (pg.135). Moreover, there is a clear, identifiable camaraderie between both a clubhouse and a drop-in center, both striving for the same goal with the members with whom they work side by side. Mowbray et al. (2005) state both models address psychiatric disabilities and are voluntary, group-based, and open daily; both have rehabilitation focus and emphasize client engagement in operations and client involvement in decision making across all aspects of the program. Both programs are located within a community and share a commitment to community integration for members. Although there are differences in the services and supports provided, there is a common goal for each model: the services to its members.

Because of the differences in structure, it is suggested that the benefits of a clubhouse or drop-in center can vary depending on the individual using that service (Mowbray et al, 2009). There are many factors that can make a center thrive or fail in the eyes of the member. Mowbray et al. (2009) goes on to say that differences in gender distribution and diagnoses may be related to the differences in the focus and structure of Consumer Run Drop-in Centers (CRDIs) versus clubhouses. For example, the authors state that the nature of schizophrenia, in particular, a greater need for predictability and daily routine, may make the relatively structured routine in clubhouses more appropriate for those consumers, whereas the less-routinized CRDIs may be more consonant with the needs of those with a diagnosis of personality disorder or substance abuse. To summarize, it all depends on the member and the needs of those members as to whether or not a clubhouse or drop-in center is more appropriate.

Governing Body. There is a significant difference between a drop-in center and a clubhouse with the way in which decisions are made that effect the center as a whole. A drop-in center is primarily operated by peers, meaning, the individuals that access the drop-in center are also the people who make the decisions and rules for the drop-in center. More often, those drop-in centers are also described as a "consumer operated service" (Mowbray, et al., 2002). The authors go on to describe the term "consumer operated service" as an umbrella term for two different forms of service delivery. These forms could be described as consumer run centers and the other can be viewed as a consumer-involved program. Both of these stated terms apply specifically to drop-in centers. This method of service delivery is an important element in the shift to position consumers in the role of a provider. This is a working example of the shift from the medical model to the clubhouse model of community mental health.

A clubhouse on the other hand is staffed primarily by generalist staff (Mowbray et al., 2006). Authors go on to say that members also take part in the clubhouse governance and operations, with the assistance of staff, furthermore making the members feel a stronger sense of belonging and contributors to the operation and governance of the Clubhouse. The key difference in the governing bodies between a Clubhouse and a consumer run drop-in center is the staffing, Clubhouses are staffed with professionals and members, where a drop-in center is run by the peers the utilize those services, although it is likely that there are professionals in the background assisting with any issues that may arise.

The International Center for Clubhouse Design (ICCD), described above, is made up of 23 individuals worldwide.

> Our Board of Directors holds overall responsibility for the management of Clubhouse International, including: ensuring that Clubhouse International's activities are consistent with our purpose and mission; approving Clubhouse International's budget and monitoring expenditures; assisting Clubhouse International staff with fundraising activities; establishing and reviewing Clubhouse International's policies; and engaging and managing Clubhouse International's Executive Director, who consults with and reports to the Board (ICCD, 2016).

Training Requirements

The shift from the medical model to the Clubhouse model has also brought to surface a need for training requirements for drop-in centers to transition to an actual Clubhouse.

> In 1976 a grant from the National Institute of Mental Health allowed Fountain House to provide training in the clubhouse model throughout the United States. In 1988 this training program became the national clubhouse expansion program, funded by the

Robert Wood Johnson Foundation, Pew Charitable Trusts, and the Public Welfare

Foundation. The program evolved into the International Center for Clubhouse

Development, Inc. (ICCD) in 1994. The ICCD now has ten training bases offering a

common three-week training curriculum. All ICCD training and consultation is grounded

in the Standards for Clubhouse Programs (7), which are reviewed, augmented if

necessary, and reapproved every two years by clubhouse representatives at the ICCD

international seminar (Macias, Barreira, Alden, & Boyd, 2001).

Severe and Persistent Mental Illness

Clubhouses and drop-in centers are specifically designed for the severe and persistent

mentally ill (SPMI) population, to provide the needed service and supports to help them

reintegrate into the community and remain successful in their recovery journey. Serious and

persistent mental illnesses that are frequently referenced include, but are not limited to: Major

Depressive Disorder, Schizophrenia, Personality Disorders and Bipolar Disorder. According to

the Minnesota Department of Human Services, SPMI is defined as

> "A condition consisting of a mental health diagnosis that meets at least one of the
>
> following: the recipient had two or more episodes of inpatient care for mental illness
>
> within the past 24 months; the recipient had continuous psychiatric hospitalization or
>
> residential treatment exceeding six months' duration within the past 12 months; the
>
> recipient has been treated by a crisis team two or more times within the past 24 months;
>
> the recipient has a diagnosis of schizophrenia, bipolar disorder, major depression or
>
> borderline personality disorder; the recipient evidences a significant impairment in
>
> functioning, and has a written opinion from a mental health professional stating he/she is
>
> likely to have future episodes requiring inpatient or residential treatment unless

community support program services are provided; the recipient has, in the last three

years, been committed by a court as a mentally ill person under Minnesota statutes, or the

adult's commitment as a mentally ill person has been stayed or continued; the recipient

was eligible under one of the above criteria, but the specified time period has expired

and/or the recipient was eligible as a child with severe emotional disturbance; and the

recipient has a written opinion from a mental health professional, in the last three years,

stating that he/she is reasonably likely to have future episodes requiring inpatient or

residential treatment of a frequency described in the above criteria, unless ongoing case

management or community support services are provided" (2015).

Challenges. Those living with SPMI face many daily challenges. Those challenges can

range from reintegration into their communities, reintegration into their social network or social

integration in general.

Essentially every aspect of a person's life can be affected by mental health symptoms.

For example, symptoms of depression can make it difficult for someone to get out of bed

every day. Activities like going to work, caring for the house, and accomplishing the

other many responsibilities in life are almost impossible if you cannot first get out of bed.

Not only is the dysfunction debilitating, but it also interrupts the functioning of what

society sees as a normal individual. The experience of losing functioning due to the

development of a mental illness is unique and painful (Kaasa, 2013, pg. 2).

A common theme found among the literature was the difficulties surrounding

employment. Those with SPMI are faced with employment challenges due to possible prior lack

of stability in their mental health. When those individuals access a clubhouse or drop-in center,

some of those challenges can be reduced because they are then able to access supports to help

them with those challenges. Clubhouses are able to provide the needed supports to get individuals back into the workforce, whether it be supported employment or competitive employment. The primary focus is to first build people up, through increasing their self-confidence and self-esteem. These are described as essential tasks to begin employment (Sennett, n.d).

With mental illness comes stigma. Many individuals living with mental illnesses are accustomed to being defined as: "mental patient", "client", "disabled", "consumer", and/or "user" (ICCD, 2006). This article goes on to say "the rest of society, then, segregates them according to these labels, and wholly defines them by these images. The person with mental illness, then, is seen as someone who needs something, who is primarily a burden that needs to be managed" (p. 1).

For those living with SPMI, holding a steady job can prove to be very difficult. "Whether we like it or not we are often judged by our vocation and it is frequently a defining character of who we are" (Sennett, n.d). There has been a tendency to portray recovery in terms of individuals fighting back to well-being and a valued societal position through self-determination. (Armour, Bradshaw & Roseborough, 2009; Yates, Holmes, & Priest, 2012. Pg. 104-105). It can be deduced that societal position holds the same connotation as vocation/employment status. When there is no job to define us, this can be a challenge. This can slog down a person's self-esteem. When people feel good about their abilities and what they have to give back, it is "very powerful and ultimately helps members to increase their self-esteem and confidence" (Sennett n.d.). This in turn promotes recovery.

Meaning of recovery. Macias and Rodican (1997) state that "many with chronic illnesses recover, returning to jobs and families, even while they continue to cope with

symptoms. One of the primary determinants of this remarkable personal achievement is the individuals' ability to persevere in spite of failure and loss" (pg. 206). Recovery can mean any thing to any person. This idea varies vastly depending on the individual with whom one is speaking. Peer support has been recognized and evidences as a key facilitator of mental health recovery over the last two decades. It has been defined as the notion of reciprocity in giving and receiving support based in the key principles of respect, responsibility and shared experience. This shared experience provides peers with the understanding of what benefits and motivates the other (Coniglio, Hancock, & Ellis, 2012). For each individual living with SPMI, recovery may mean something completely different. Biegel et al. (2013) identify the goal of a clubhouse setting as decreasing isolation of adults with serious and persistent mental illnesses, which prevents their full participation in the life of the community, by providing a setting where they find acceptance, constructive activities and the development and fostering of meaningful relationships. This is a very clear definition of what recovery would and should look like in a clubhouse setting. That same article goes on to say larger social network size has been correlated with the subjective recovery experience, such as greater hope in being oriented toward goals and successes. Key aspects of recovery have been reported as the reconstruction of identity, obtaining hope, acceptance, finding meaning, empowerment, a sense of agency and coping (Yates et al., pg.104). The authors go on to describe loneliness, isolation and stigma as major obstacles to recovery (pg. 105). Moreover, "places designated as normal, such as 'community venues' and work settings, have been associated with positive identity and recovery whereas places designated as psychiatric spaces are seen as positioning people within a degrading 'illness' identity" (pg. 105).

Barriers. There are many barriers faced when transitioning from a drop-in center to a clubhouse. Holter and Mowbray (2005) state that the primary challenges these centers are facing

are negative responses from mental health professionals, inadequate funding, cash-flow problems, burnout of consumer leaders, difficulties in recruiting and maintaining active participants, co-optation from traditional mental health provider; and stagnation due to bureaucratization. In the list the authors provided, funding in different forms is listed twice, indicating that money is a huge barrier. Holter and Mowbray (2005) go on to break down the actual cost to run a drop-in center. The median annual budget for a center is about $54,000. The cost per day is about $7.30 per person. Funding is a struggle that is faced by nearly all drop-in centers. Asking for help with funding can also be very difficult and uncomfortable for most. According to the National Mental Health Consumers' Self-Help Clearing House, a significant majority of drop-in centers obtain funding from federal block grants that are administered (or "passed through") by state or local mental health authorities. Not understanding the proper channels can be a huge barrier when trying to obtain more funding for a drop-in center.

Successes. Participation within a clubhouse is completely voluntary, and because of this voluntary nature, members are given the chance to access the resources and supports at a pace that is right for them. "A clubhouse is an opportunity center, where, as adults, members have the right to use their own discretion about the opportunities and relationships they choose. This very dignified right of choice is the fundamental right of membership and one of the basic ingredients in the success of any clubhouse." (Glickman, 1991, pg.1). Glickman (1991) also states that the right of voluntary participation is balanced by the obligation of members and staff to reach out enthusiastically to all members who choose not to participate. In other words, active participation is encouraged; however, it is at the pace the member chooses, and others will reach out to encourage this participation. That being said, the success rate is determined by the member themselves. Because everything is at the pace of the member, success and/or recovery is

acknowledged differently by each member. For some members, just being a part of something is a measure of success. Sennett (n.d) states that a sense of belonging is very powerful and ultimately helps members increase their self-esteem and confidence.

Resources. An important resource in a clubhouse is employment resources and opportunities. Members are given the skills to find gainful employment through their work and membership within a clubhouse. Macias and Rodican (1997) explain the reason behind employment being an important element to clubhouses. They identify employment as "a defining aspect of the clubhouse model, a Work-Order Day, in which members and staff work side by side to perform jobs essential to the maintenance of the clubhouse and its membership" (p. 208). In this sense, they are building skills to get back out into the community with confidence. This is where a drop-in center and a clubhouse vary. A drop-in center is peer ran, unable to provide this type of program for their members. Many drop-in centers provide the basic services to their members, which include: groups, activities and a sense of belonging and ownership. Holter and Mowbray (2005) explored the budgeting and funding areas for the everyday running and maintaining of a drop-in center. They found that if there is greater involvement with other community mental health agencies in the area, there is a great ability to provide more services and resources. There is a common theme across this literature reviewed with the need to have collaborations with other agencies to provide a broader umbrella of services and support.

Benefits to having a clubhouse or drop-in center. Biegel et al. (2005) state "access to a Clubhouse may qualitatively lessen the burden on family support networks" (pg. 448). For family members, it can be very difficult to take on the care of a loved one living with SPMI. Giving their loved one a place to go, a place to belong, can reduce the "burden" placed on their loved ones/caregivers. This provides a helpful outlet for both the member and the caregiver. A

common theme found in articles reviewed was the greater achievement rate for recovery for those individuals living with SPMI when they actively participated in drop-in center or clubhouse activities and took advantage of the available resources. Holter, Mowbray, and Robinson (2002) state that the programs are successful in serving the target group- people with SPMI, many of whom were not affiliated with the mental health system. However, it is a big step for individuals to accept the fact that they are living with SPMI, and another big step to reach out and get help. Many people are much more willing to reach out for informal support rather than getting formal support due to the stigma many people feel come with this acceptance. A quote from a participant reported from a study validates this point: "It's more peer to peer, it's easier talking about your illness with someone who has it than with a trained professional, they don't know what its like to live with it" (Weiss, 2014, pg. 2).

Conceptual Framework

This researcher was given the opportunity to tour and take part in the day to day activities in an operational clubhouse. The clubhouse, known as Vail House is located in St. Paul Minnesota. This researcher, along with four other professionals and two certified peer recovery specialists were invited to Vail House to assist in understanding how a clubhouse functions, as well as what it takes to convert from a drop-in center to a clubhouse. Some of the duties that were assigned to this group consisted of: assisting with lunch preparation, signing people up and collecting money for the daily lunch, taking part in group to delegate tasks to members and staff for the daily tasks, providing assistance to members in need and to observe the daily tasks of the staff members at the clubhouse. An interesting observation made during the day at Vail House was there was no way to clearly tell who was a member of the clubhouse and who was a staff at the clubhouse as everyone held just as much responsibility for the tasks to assist in its daily

functioning. Throughout the Clubhouse there is access to resources to other areas affecting

members lives. There are resources for public assistance, housing, and mental health services as

well.

The group was also given an opportunity to ask questions about how things function

within this Clubhouse such as: work with areas businesses for Transition Employment (TE) and

how that program functioned, roles of case managers on-site, as well as other resources offered

to the members. As for Transitional Employment, staff at the Clubhouse would make

arrangements with some businesses (4 or 5) to employ consumers. Those same staff would then

go and be trained in the position and would then train members. A unique aspect of this program

is, if the consumer failed to show up at work for their scheduled shift, the staff would go in and

cover the shift. Every person is held accountable this way**.** After an employee (Clubhouse

member) had worked under the Transition Employment umbrella, there have been accounts of

members actually gaining competitive employment through this method because the business

liked them so much.

Case managers would provide members with a representative payee type of arrangement,

with no official contract. How this works is members would deposit their money with Vail

House; the case manager would then help members set up a budget and write out bills each

month**.** If there was any money left after bills were paid each month, members had complete

access to it. If members requested their money, anything over $20.00 would be given to the

member in a check form. If members chose to take all their money out before paying bills, it was

up to them and they would have natural consequences of not paying bills.

 A common theme found throughout the research is that individuals are utilizing

Clubhouses because they are in need of the service and supports provided. Another theme found

throughout research is an attempt (and in most instances, success) to empower those members and capitalize on their own individual strengths and finally, show that there is a link between access to Clubhouses and promotion of positive mental health recovery. When honing in on strengths, people are likely to respond and thrive from that attention to detail. In turn, people will feel empowered to succeed in their recovery.

Empowerment Theory

As this literature has shown, the use of Clubhouses empowers individuals to find competitive employment, find assistance with housing and increase their social networks. There is universal acceptance that the concept of empowerment is especially important in mental health and social care, given the relative powerlessness of those experiencing poor mental health. "Concurrent is a social-wide disempowerment in the form of poverty and social exclusion (Gromm, 1996), with many mental health service users (MHSUs) facing barriers in access to housing, employment, education and training, goods and services, and social networks (Dunn 1999)" (Masterson & Owen, 2006 p. 20). Power can be either masculine or feminine, with feminine being more in relation to the mental health care system.

> An alternative describes power as something that may be generated within individuals by increasing, for example, self-esteem, knowledge and problem-solving skills, and is consistent with the description of psychological empowerment that is discussed below. Such has been described as a feminist notion of power because it emphasizes goal attainment through power sharing, as opposed to the antagonism on which Weber's traditional view of power is founded. For example, they argue that women and other marginalized groups conceive and exercise power in an essentially different way (power with) rather than the prevailing paradigm (power over/power for),

which privileges control and imposition (p. 21).

Empowerment theory in community mental health has been around for decades. When this movement began, one of the primary characteristics was hopefulness (Clark & Krupa, 2002). For those living with mental illness, many challenges are faced every day. It is paramount for the services they are utilizing to provide some form of hope for them when daily living can seem daunting. Clark and Krupa (2002) further explain:

Empowerment related directly to community mental health is considered to have its origins in the consumer movements of the early 1970's in both the United States and Canada (Capponi, 1997; Chamberlin, 1990; Geller, Brown, Fisher, Grudzinskas & Thomas, 1998). These movements were a response to the anger towards the oppression of the medical model, psychiatry, and institutions (McLean, 1995) and the intent was to create a 'separatist' model of the mental health system (Church, 2000). Chamberlin (1990) for example, articulated that, based on the organizing principles of the consumer movement, self-definition and self-determination, the goals are to develop self-help alternatives to medically based psychiatric treatment and to secure full citizenship rights for people labeled with mental illnesses (p. 345).

The experience from Vail House shows the importance of members feeling empowered in their own recovery journey. When an individual feels empowered and like their voice matters, they matter, they are likely to give back more to the services set out to help them. When an individual succeeds due to the assistance of others, they will feel empowered to help other succeed as they already have.

Method

In this study, I will conduct a systematic review which identifies the rules and regulations Clubhouses must follow, the difference between a clubhouse and a drop-in center, what the clubhouse model is, what a Severe and Persistent Mental Illness is, barriers those living with severe and persistent mental illness face, meaning of recovery and finally the benefits the member and the community will see when there is a clubhouse or drop-in center in their community, as well as the importance of having a drop-in center or Clubhouse in a given community. The purpose of this study is to identify and compare the literature on Clubhouses and drop-in centers, the importance of this service delivery form to those living with SPMI and the importance of peer support in mental health recovery.

A widespread article search of social work databases was completed to assemble a large sample size to evaluate other Clubhouses in operation, drop-in centers in operation, serious and persistent mental illness; challenges and successes, meaning of recovery and resources and supports offered within a clubhouse. Key words such as "SPMI", "community mental health", "SPMI barriers to community access", "empowerment", "empowerment theory", "drop-in center" and "Clubhouse Model" were used to identify relevant articles to review. Articles were drawn from four databases: SocINDEX, PsycINFO, Summons and Google Scholar.

Articles that were chosen for this research met the criteria for the clubhouse model design, drop-in center design/structure, as well as the history of the clubhouse model. Articles also met criteria defining severe and persistent mental illness, recovery, needs (resources and supports) as well as barriers to success. Articles were then separated into categories of either clubhouses or drop-in centers. From there they were coded regarding successes, barriers, definitions of severe and persistent mental illness, history and finally structure.

Review Protocol

Articles included have dates ranging from 1999 to 2015. Peer- reviewed, full-text articles

and journal articles were all considered for this review. Due to the relatively new nature of this

shift in the treatment of mental illness, the date range consideration for articles was lenient.

There were limited articles that fit the exact nature of this study which is another reason older

articles were included. Those said articles were only included after close review of research

criteria ensuring findings were relevant to mental health treatment today.

Inclusion Criteria. Searches were carried out using the following terms: "SPMI",

"community mental health", "SPMI barriers to community access", "empowerment",

"empowerment theory", "drop-in center" and "Clubhouse Model". Many of the articles were

found across all databases. The focus of the research was around empowering individuals during

their recovery, peer recovery support, and the shift from the medical model to the clubhouse

model: psychosocial rehabilitation in treatment for mental illness.

Exclusion Criteria. Of the 39 articles reviewed for this research, only 24 met criteria to

be included in the systematic review of the literature. Articles that were excluded from this

review were articles specifically relating to the regulation of opening a clubhouse and articles

specifically relating _only_ to funding.

Table 1 Included Articles

Title	Author(s)
Correlates of Peer Support in a Clubhouse Setting	Biegel, D., Pernice- Duca, F., Chang, C., D'Angelo, L. (2013)
The Relationship Between the Level of Personal Empowerment and Quality of Life Among Psychosocial Clubhouse Members and Consumer-Operated Drop-in Center Participants	Boyd, S., Bentley, K. (2005)
Creating Community: Changing the World of Mental Health	Clubhouse International (n.d)

Table 1 Included Articles continued

Title	Author(s)
Peer Support Within Clubhouse: A Grounded Theory Study	Coniglio, F., Hancock, N., Ellis, L. (2012)
Technical Assistance Guide: Consumer-run Drop-in Centers	Consumer Run Drop-in Centers (n.d)
The Meaning and Importance of Employment to People in Recovery from Serious Mental Illness: Results of a Qualitative Study	Dunn, E., Wewiorski, N., Rogers, S. (2007)
Academia and Mental Health Practice Evaluation Partnerships: Focus on the Clubhouse Model	Floyd, M., Lorenzo- Schibley, J. (2010)
The Voluntary Nature of the Clubhouse	Glickman, M. (1992)
Clubhouse Model: Outcome Study of Hospital Recidivism of the Mentally 111	Gunderson, K. (2000)
Consumer-Run Drop-In Centers: Program Operations and Costs	Holter, M., Mowbray, C. (2005)
Coping with Recurrent Loss in Mental Illness: Unique Aspects of Clubhouse Communities	Macias, C., Rodican, C. (2007)
Increasing Research Familiarity Among Members of a Clubhouse for People With Mental Illness	Marshall, S., Deane, F., Hancock, N. (2010)
Mental Health Service User's Social and Individual Empowerment: Using Theories of Power to Elucidate Far-Reaching Strategies	Masterson, S., Owen, S. (2006)
Consumer-Run Drop-In Centers and Clubhouses: Comparisons of Services and Resources in a Statewide Sample	Mowbray, C., Holter, M., Mowbray, O., Bybee, D. (2005)
The Clubhouse as an Empowering Setting	Mowbray, C., Lewandowski, L., Holter, M., Bybee, D. (2006)
Consumer Drop-in Centers: Operations, Services, and Consumer Involvement	Mowbray, C., Robinson, E., Holter, M. (2002)
Characteristics of Users of Consumer-Run Drop-In Centers Versus Clubhouses	Mowbray, C., Woodward, A., Holter, M., MacFarlane, P., Bybee, D. (2009)
The Structure and Quality of Social Network: Support Among Mental Health Consumers of Clubhouse Programs	Pernice-Duca, F. (2008)
Work Ordered Day: How Can Three Simple Words Have So Much Meaning?	Sennet, M. (n.d)

Table 1 Included Articles continued

Title	Author(s)
The Work Unit: The Heart of the Clubhouse	Waters, B. (1992)
Drop-in Center Puts Mentally Ill at Ease	Weiss, J. (2014)
Implementation of Clubhouse Model Programme: Perception of Mental Health Nurses	Wong, K.F. (2010)
Recovery, Place and Community Mental Health Services	Yates, I., Holmes, G., Priest, H. (2004)

Findings

Support. Empowerment and support is identified throughout the research as an important role for individuals living with mental illness. Of the 24 articles reviewed for this research, ten (41.6%) of those articles clearly identify empowerment as a key defining factor to recovery. Empowerment can be identified by the ability to care for oneself, to be the expert in one's own life or to be able to make decisions for oneself. Of those ten articles, eight articles (80%) identify support as being an important factor as well. Support was stated as important in thirteen (54.2%) of the articles. Supports are identified as, but not limited to peer support, housing, transportation, advocacy, vocation, crisis response, etc.

Throughout the literature, a sense of belonging and acceptance was important to those with mental illness working toward recovery, identified in twelve (50%) of the articles chosen for this review. Ten (41.6%) of the articles identify a sense of community playing an important role in recovery as well. Community was either identified as an intentional community, inclusive community or protective community. For purposes of this research each is one in the same. In addition to belonging and acceptance, a shared experience was important to individuals as well. This can correlate with peer support. Of the 24 articles, eight (33.3%) identified peer support or

shared experience as being important to recovery. Peer support can be described as assistance by someone with lived experience.

Specific services. Nine (37.5%) of the articles specifically identify Work-Ordered-Day, while 16 (66.6%) of the articles relate employment, employment skills, and prevocational training as being important factors to an individual's recovery. Employment, whether it be skills or training, was found in 17 (70.8%) of the articles reviewed for this study. To break this down further, 29.1% specify vocation/job skills as a resource. Three (12.5%) of the articles identified transitional employment as a significant resource. Transitional employment is unique strictly to a Clubhouse functioning under the guidelines of the ICCD.

Barrier identified. Barriers identified throughout this research include gender, location and staff member hierarchy. In terms of staffing, six (25%) of the 24 articles identified staffing as being a concern or barrier to mental health recovery and/or operations of the Clubhouse or drop-in center. Five (20.8%) of the articles clearly identify the stigma of having a mental illness as being a barrier to reaching out to receive formal services. As a safety concern, four (16%) identify as gender being a barrier to receiving or utilizing less formal services.

Member identifying terms. Key words found throughout the articles to identify the population served within a clubhouse or drop-in center used SPMI, nine (37.5%) specially state SPMI being criteria to utilize services or to identify to population utilizing services. Many who identify with SPMI struggle everyday with thoughts of being judged. Seven (29%) articles show that individuals were able to find a sense of belonging and acceptance among peers when utilizing those services.

Review of the articles. A breakdown of the articles chosen for the systematic review shows that 15 (62.5%) strictly pertain to Clubhouses and three (12.5%) are strictly pertaining to

drop-in centers. The remaining six (25%) pertained to both Clubhouses and drop-in centers or were not applicable to this breakdown. To further review the 24 articles, they were also divided based on being a theoretical or empirical study. Of the 24 articles, 19 (79.1%) are theoretical studies, leaving only three (12.5%) being empirical studies. Two of the articles did not apply to this division of the articles as they were guides to the rules of operating a Clubhouse.

Thematic Analysis

Table 2 below depicts the analysis each article underwent to be included in the systematic review. Each are explained more in detail.

Definitions and key words. Definitions and Key Words were used to identify important concepts found throughout the article by both the authors and those (service users) who may have been included in their research. Definitions and key words found consistently throughout the literature include; Work-Order-Day, Empowerment and psychosocial rehabilitation, all of which are consistent with a positive experience from both services users and service providers in mental health recovery.

Member key words. Member key words when identifying what was important to them in their own mental health recovery include: empowerment, a sense of community, support, peer support, identity, and acceptance. Boyd & Bentley (2005) identify that personal empowerment increases a personal quality of life which in turn increases their own sense of self-worth.

Gaps and barriers. Gaps and barriers included as part of this research can also include whether or not there is staff present. The presence of staff was identified as both a resource and a barrier or gap. Staff presence as a barrier or gap meant that the structure of peer support was impeded on by staff member or the peer support was put off to include more formal supports for the individuals utilizing the services. The importance of peer support was identified throughout

this research as being very central to those working toward recovery. The support provided this way is more informal, walking beside one another or working/helping someone with lived experience. This is an element to a recovery journey that is unique to peer support and a person likely would not find that working strictly with professional or staff members.

Another barrier or gap that was identified within the research articles was the gender distribution among service users. Females are underserved in comparison to males in the Clubhouse or drop-in setting, as females are more likely to seek out formal supports. That being said, a majority of members utilizing a Clubhouse or drop-in center are male, making a possible uncomfortable environment for a single female to walk into to seek out resources. To continue from the gender gap, the location of services can also make this difficult. Add to a single female a very rural setting for services, a Clubhouse or drop-in center, they are even less likely to seek out those services for safety concerns.

Disempowerment can be felt in terms of poverty, lack of resources, being excluded from other community members due to utilization of mental health services, limited access to housing and other resources due to an individual's mental illness. This can be felt as a sense of shame from the individual having to reach out to service providers, needing the assistance in their everyday life, or a sense of little control of their own lives. To further look at this feeling of disempowerment, one could look at individuals' obstacles to recovery. Those obstacles are: poverty, victimization, physical and sexual abuse, exploitation, loneliness, isolation, and stigma to name a few. When those are added to the shame already being felt by trying to access mental health services, it can be sure to exacerbate an already uncomfortable feeling. Sennet (n.d) states that mental illness can strip people of their self-worth. This can sum up the feeling some may experience when trying to access services when there are already numerous barriers in their path.

Resources offered. Many different resources are offered within a Clubhouse or drop-in center. Those resources can include: vocation/job skills, specified training, case management, money management, transitional employment, education, social and recreational activities, social supports. Those resources vary depending whether or not it is a clubhouse or a drop-in center. Many of the resources offered come down to the funding that is available to those centers. As stated previously, Clubhouses generally have more funding, therefore can offer many more resources, the main one being a Work-Ordered- Day.

Theory of article. The common theme or theory of the article was pulled out throughout the examination of the article. This assisted in breaking down the articles in examining if the key concept was peer support, drop-in center, Clubhouse or the meaning of recovery to name a few. Many theories found throughout the research identified peer support as being very important to mental health recovery, as well as the importance of vocation throughout the recovery process. The concept of empowerment was prevalent throughout a majority of the literature as well. One theory that was found to be very interesting is as follows: Psychosocial rehabilitation in a community setting, with peer involvement, provides a more holistic approach to recovery (Pernice-Duca et al, 2015). This being said, they are working on whole body and mind recovery; nothing is being left out.

Empirical studies. There are relatively few article based on empirical evidence were used for this study. Biegel et al studied more of the gender distribution among Clubhouse members, as well as the frequency certain mental health diagnosis were found among those same clubhouse members. The authors identified males diagnosed with Schizophrenia to be the primary population to utilize Clubhouses.

Holter and Mowbray (2005) studied the cost of operating drop-in centers, hours of operation and the salary of the paid staff. These authors also noted the gender distribution and mental health diagnosis among drop-in center participants, also noting a majority of the participant were male. Authors note the average annual budget to operate a drop-in center is approximately $54,000 (p. 326). Authors further say that the cost per person is approximately $7.30 per day (p. 327).

Mowbray et al (2005) studied the locations of both Clubhouses and drop-in centers. Authors looked at both rural and urban settings in comparison to the number of members or participants on any given day. To further that research question, they also looked at whether or not the Clubhouse or drop-in center was in a shared building or shared space. Authors also explored the percentage of member or participants that showed more cognitive impairments rather than mental illness as this can also have an effect on the population served within the Clubhouse of drop-in center.

Table 2 Thematic Analysis of Articles

Author	Definition/Key Words	Member Key Words	Gaps/Barriers	Resources	Theory of Article	Drop-in Center or Clubhouse	Empirical or Theoretical Study
Biegel et al (2013)	Acceptance, peer relationships, intentional community, shared experience	Fellowship, social interactions, belonging	Gender, urban vs. rural, peer vs. staff	peer support, social networks, education, job skills,	Larger social networks correlate with greater recovery experience. Increase use of professionals creating positive outcomes	Clubhouse	Empirical study
Boyd & Bentley (2005)	Empowerment, social supports, improved quality of life, strength based, intentional community	Formal and informal supports, open ended membership, previous, hospitalization, SPMI, choices	Gender, unable to integrate into community without assistance from clubhouse	social networks, housing, transportation, vocation, financial	Personal empowerment = increased quality of life = self-worth	Clubhouse and drop-in center	Theoretical study
Clubhouse International (n.d)	Holistic, inclusive, community, life success, acceptance	Challenged living conditions, stolen hopes and dreams, denied opportunities	N/A	Vocational rehabilitation, employment, housing support, case management, social and recreational programs, crisis response, advocacy	Time has proven this is a lasting method/system	Clubhouse	N/A

Table 2 Thematic Analysis of Articles continued

Author	Definition/Key Words	Member Key Words	Gaps/Barriers	Resources	Theory of Article	Drop-in Center or Clubhouse	Empirical or Theoretical Study
Coniglio et al (2012)	Intentional community, reciprocity, support, interdependency, routine, structure, shared achievement, Work- Ordered- Day	Valued friend, shared achievement, inclusion, belonging, life satisfaction, coping skills, daily living,	No formal examination of the role peer supports play within the clubhouse context	Mutual help, shared experiences, Work- Ordered- Day	Strength rather than deficit focus, recovery through active and needed engagement rather than tradition therapy	Clubhouse	Theoretical study
Consumer Run Drop-in Center (n.d)	Empowerment, no conditions to use, support center	Improved quality of life, independence, people not patients, understanding, chance to have fun and enjoy life,	Limited support from staff members, location	Groups, training in vocation, activities, provide basic needs, link to social supports, meals, socialization	Recovery- the belief that consumers should focus on building better lives rather than simply treating symptoms	Clubhouse and drop-in center	N/A
Dunn et al(2007)	Empowerment, employment, underemployment, recovery	Work has personal meaning, work promotes recovery, work in a helping role is very important to many	N/A	Consumer providers (peer support), financial gain	Work is central to recovery	Clubhouse	Theoretical study

Table 2 Thematic Analysis of Articles continued

Author	Definition/Key Words	Member Key Words	Gaps/Barriers	Resources	Theory of Article	Drop-in Center or Clubhouse	Empirical or Theoretical Study
Floyd & Lorenzo (2010)	Training programs, SPMI, member focused	SPMI	Staff/Member hierarchy	On-going treatment	A restorative environment for people who have had their lives drastically disrupted and need support of others who believe that recovery from mental illness is possible for all	Clubhouse	Theoretical study
Glickman (1992)	Choice, voluntary, opportunity	Participation at their own pace	People going at own pace can make active participation can take a very long time for full involvement	Transitional employment	An opportunity center, where, as adults, members have the right to use their own discretion about the opportunities and relationships they choose	Clubhouse	Theoretical study
Gunderson (2000)	Empowerment, psychosocial rehab, Work-Ordered- Day, community care, goal orientated, deinstitutionalizati on	SPMI, decrease stigma, member, survivor, non-institutionalization	Lack of supporting research	Vocational, social, independent living skills, transitional employment, case management	Shift from focusing on an individual's psychopathological symptoms to their functioning capacities	Clubhouse	Theoretical study

Table 2 Thematic Analysis of Articles continued

Author	Definition/Key Words	Member Key Words	Gaps/Barriers	Resources	Theory of Article	Drop-in Center or Clubhouse	Empirical or Theoretical Study
Holter & Mowbray (2005)	Psychosocial rehab, collaboration, volunteer	SPMI	Negative responses from mental health professionals, funding, transportation, space	A place to go and not be alone	Shift in mental health service delivery	Drop-in center	Empirical study
Macias & Rodican (2007)	Advocates, rehabilitation, Work- Ordered-Day,	Self-determination, member, SPMI, friend and professional, acceptance, failing doesn't make you a failure	N/A	Transitional employment, independent employment	Clubhouses are communities of friends sharing daily work and conversations as they rebuild personal bridges to the wider world p.206	Clubhouse	Theoretical study
Marshall et al (2010)	Empowerment, Work- Ordered-Day	SPMI, member, confidence, personal fulfillment, job tasks	N/A	Work- Ordered-Day	Shared responsibility for clubhouse maintenance	Clubhouse	Theoretical study
Masterson & Owen (2006)	Empowerment, social action	Group unity	Disempowerment felt in the form of poverty and social exclusion, access to housing, employment, education	N/A	Empowerment is a key concept in mental health due to the relative powerlessness of those experiencing poor mental health	N/A	Theoretical study

Table 2 Thematic Analysis of Articles continued

Author	Definition/Key Words	Member Key Words	Gaps/Barriers	Resources	Theory of Article	Drop-in Center or Clubhouse	Empirical or Theoretical Study
Mowbray et al (2005)	Intentional community, advocacy, support	Safe, supportive, normalizing, grow from one another, lifelong membership, voluntary, within the outside community	Drop-in Centers tend to have fewer resources	Supportive services, case management, respite, housing, money management, social activities	Resource differences between drop-in centers and clubhouses	Clubhouse and drop-in center	Empirical study
Mowbray et al (2006)	Empowerment, psychosocial rehab	Decrease reliance on professionals, lifelong membership, side-by-side work, protective community, intentional community, contribution	Funding, low population=low clubhouse utilization, staff do too much- members need to do more	Prevocational services and training	A clubhouse is an intentional community	Clubhouse	Theoretical study
Mowbray et al (2002)	Empowerment, psychosocial rehab, person centered planning, advocacy, community mental health	SPMI, consumer, personal control, accepting, normalizing, increase in self -worth and dignity, peer support, feel needed	Funding, not open on holidays when support is needed most, gender concerns, transportation, staffing	Social supports, individualized services, housing support, homelessness support, case management, business skills	Low expectation and voluntary participation	Drop-in center	Theoretical study
Mowbray et al (2009)	Work-Ordered-Day, filling the gap in mental health services	SPMI, acceptance, peer support, recovers	Gender- more men served than women	Social and recreational activities, formal and informal	Greater focus put on vocation that rehabilitation, and understanding of the importance of work	Clubhouse and drop-in center	Theoretical study

Table 2 Thematic Analysis of Articles continued

Author	Definition/Key Words	Member Key Words	Gaps/Barriers	Resources	Theory of Article	Drop-in Center or Clubhouse	Empirical or Theoretical Study
Pernice-Duca (2008)	Work-Ordered-Day, social support network	Reciprocity among peers, larger more diverse social network	N/A	Social skills	Non-hierarchical structure to facilitate more peer to peer support and involvement in clubhouse tasks	Clubhouse	Theoretical study
Pernice-Duca et al (2015)	Psychosocial rehab, holistic, deinstitutionalization, family caregivers	SPMI, member, voluntary, lived/shared experience, belonging, lessen the burden on family caregivers, improved family relationships	N/A	Employability	Psychosocial rehabilitation in a community setting provides a more holist approach to recovery	Clubhouse	Theoretical study
Sennet (n.d)	Work-Ordered-Day, health and wellness, structure	vocation defines who we are, increase self-esteem, self-worth, confidence	Mental illness can strip people of their self-worth	Education, employment	Vocation defines who we are and what we can give to our communities	Clubhouse	Theoretical study
Waters (1992)	Trust, Work-Ordered-Day, work in the philosophy of a clubhouse	Common bond, competency, confidence, mastery,	Staff roles- not fully understanding those roles, staff lack of trust in the capabilities of the members, staff not delegating tasks	Transitional Employment,	"If work is the lifeblood of our clubhouse, then our clubhouses become anemic without enough" pg. 8 Work is formed from the needs of the members	Clubhouse	Theoretical study

Table 2 Thematic Analysis of Articles continued

Author	Definition/Key Words	Member Key Words	Gaps/Barriers	Resources	Theory of Article	Drop-in Center or Clubhouse	Empirical or Theoretical Study
Weiss (2014)	Equality, peer support	Being among friends, equals, safety,	Stigma of mental illness	Safety	N/A	Drop-in center	Theoretical study
Wong (2010)	Empowerment, Psychosocial rehab, Work-Ordered-Day,	Self-determination, mastery of skills, coping, adaptation, support	N/A	Job skills, real work, education, housing	N/A	Clubhouse	Theoretical study
Yates et al (2004)	Empowerment, community, recovery,	Reconstruction of identity, hope, acceptance, meaning, work	Obstacles to recovery- poverty, victimization, physical and sexual abuse, exploitation, loneliness, isolation, stigma	Support	People will seek out the services they need and the services they are comfortable with	N/A	Theoretical study

Discussion

As stated previously, the focus of this research was to examine the benefits a clubhouse provides to communities as well as the difficulties faced when opening a clubhouse. Clubhouses are very important to those in communities who live with serious and persistent mental illnesses. They provide a place for individuals to go, to hang out without judgment, and to be set up with service and supports if they are in need. There is a gap in services for individuals living with SPMI. Clubhouses are there to fill that gap, to direct members to the services and supports that they need. The reality for most people with mental illness is that they have a constant sense of not fitting in, of isolation, and rejection. In this research, I also examined the importance of peer support during recovery, the barriers individuals face during recovery and the important role Clubhouses have in an individual's recovery journey. It shows the shift from the Medical model to the Clubhouse model to mental health recovery and the importance of peer support. As shown in the literature, Psychosocial Rehabilitation (PSR) is fundamental to the shift to the Clubhouse model. PSR looks at the individual as a person, not a diagnosis. It begins to help the whole person, not only the symptoms.

Strengths and Limitations

Limitation to this study include the lack of empirical data on this topic. As noted previously, the empirical studies that were used for this research focused on important areas of concern an agency would likely have when considering opening and operating a Clubhouse or drop-in center. There is very little research to show the actual cost of operation. The fact that there is a clear gender gap in the utilization of this resource, it would be interesting to know why there is this gap, aside from the safety concern that was mentioned in the literature but what other factor could contribute to this uneven distribution between genders.

Strengths to this research consist of the proven effectiveness utilizing this resource has on an individual's recovery and maintenance of their mental health. This area of research shows the effectiveness the feeling of empowerment has on people and how this interacts with their ability to manage their own recovery. This research shows the important role vocation has on an individual's recovery and how important this resource is to provide to individuals struggling with their mental health.

Implications for Social Work Practice

Mental health services have changed drastically throughout the years. Social work is on the forefront of those changes. It is very important as a profession that Social Workers continue to educate themselves and be flexible with these changes. Social Workers need a firm understanding of what psychosocial rehabilitation really is, as well as the benefit of peer support in order to incorporate this fully into their practice. To understand this would help them treat the whole person, not just the symptoms. With the use of less formal mental health services and peer support, a Social Worker will be able to see things from many different lenses rather than just a clinical lens.

For Social Workers in other settings, in other settings rather than strictly community mental health, it is important for them to have a full understanding of what a Clubhouse or drop-in center is and what it can offer those there are helping. This would involve further educating themselves on other less formal services available as well as how to collaborate with those other services to better serve their clientele. For Social Workers in those other settings, it is important to have a firm understanding of what a Clubhouse or drop-in center can offer. By having a clear understanding, they can better explain this service to the clients they serve, which in turn will

help those individuals make the decision to utilize the Clubhouse or drop-in center and have a better understanding of what to expect.

Implications for Advocacy and Policy Change

Advocacy for those living with SPMI could include reducing the stigma and promoting the use of peer support to assist in the recovery process. Stigma causes huge barriers for those in need of mental health services. The fear of being judged for needing services can cause many people to refuse help. That being said, it is important to look at the benefit of peer support. Individuals can be fearful to reach out for help, but if someone with lived experience and proof that recovery is possible can help them, many would be more likely to seek out services. To continue from the unwillingness to seek out services, having understanding of mental health service information and how to help clients find/locate services that suit their needs is a very important element in all of this. To make this system easier to navigate would help open the doors for those who would normally not seek out services to actually seek them out.

Implications for Further Research

The benefit of peer support or less formal supports on the recovery journey is relatively new. Through the limited research there is to date, especially empirical research, it is important to continue to look at this approach in mental health recovery. The use of peer support is even more beneficial when in collaboration with a Clubhouse or drop-in center. The benefits of peer support are clearly noted throughout the article used for this study. However, a study strictly on the peer support relationship in relationship to mental health recovery would further support this point.

Another possible area for further research includes psychoeducation: involving other professionals, incorporating a couples and family therapy approach to help educate mental health

service users and their loved ones. This would involve a whole system approach, treating the

whole person, family included as well as the symptoms. For a majority of those living with

SPMI, especially when it is affecting their ability to care for themselves, there is likely a family

care giver present. To approach the family and educate the family as a whole can help promote a

positive recovery experience for all involved. To study this would involve collecting data on

individuals who utilize a Clubhouse or drop-in center who also have a family member as a

primary caregiver. This would involve finding the individuals that fit these criteria and beginning

the family therapy process. Individuals living with SPMI not utilizing a Clubhouse or drop-in

center, who also have a family member who is their primary caregiver would also need to be

considered. This way the effectiveness of a Clubhouse or drop-in center and the effects on family

relationships could be measured. This would involve looking at the strength of those

relationships, as well as the history of those relationships.

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