How young adults in London experience the Clubhouse Model of mental health recovery: a thematic analysis

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Abstract[A]

Clubhouses are recovery orientated, participatory communities in which people with mental health diagnoses can take part in the running of the clubhouse. The objective of this research was to produce the first qualitative study of its kind, examining how the clubhouse model of mental health recovery is perceived and experienced by young adults aged 16-25. Five participants provided lengthy and detailed semi-structured interviews regarding their experiences as members of a clubhouse in London. Analysis produced themes including mixed age services as a distinct benefit, the benefits of getting involved in the work of the clubhouse, the mostly positive perception of the clubhouse compared with other mental health services, and the sense of personal change and social improvement experienced on becoming members of the clubhouse. While further research is needed, it was concluded that the clubhouse model was beneficial to all its young members, for reasons including its entirely collaborative and consultative process between staff and members, its humanitarian approach, its lack of rigid or inflexible time limits, and its reciprocal relationships, where members are expected to both provide and receive support.

Key words: mental health, young adults, coproduction, psychosocial rehabilitation, clubhouse model

Introduction [A]

Psychosocial clubhouses were one of the first non-clinical, community based mental health services to address social inclusion issues for adults with serious mental health issues, including isolation, a lack of employment and educational advancement, and housing issues (1). McKay and colleagues explain that the model has been operating for over 65 years, with approximately 326 clubhouses operating in 33 countries. The inaugural clubhouse, Fountain House, was founded in New York City by a small group of people who had been discharged as patients from a psychiatric ward. As part of the clubhouse model, emphasis is placed on choice, social integration, work, education, and equal relationships, with members working side-by-side with staff to run the clubhouse as colleagues. (1)

Raeburn and colleagues explain that the first published clubhouse research was a case study by Goertzel and colleagues in 1960, which conveyed non-traditional ideas regarding the importance of genuinely involving service users in the creation and delivery of services(2). It highlights the early role that clubhouses played in encouraging strengths-based, de-institutionalising models of mental health care delivery, in which coproduction is deeply embedded, rather than included in a tokenistic or ad hoc way. Coproduction can be defined as directing power towards service users, enabling them to act as experts on their own conditions and circumstances, and using this personal expertise to develop models of service delivery. Several studies and guidelines recommended this inclusive and transparent approach to service delivery within the social sector (3)(4).

Recently, the House of Commons Health Committee reported major problems with access to inpatient mental health services in the United Kingdom. In community child and adolescent mental health services ("CAMHS"), providers have reported longer waiting times and higher referral thresholds, as well as challenges in maintaining service quality due to funding cuts (5).

In this climate, looking towards models which offer complementary or alternative approaches to standard paths to recovery is essential. Availability of services which bridge the gap between inpatient and outpatient care is of huge social significance, and clubhouses could help to address this in some way.

McGorry et al describe a set of key features which may more adequately address the needs of young adults; these include: participation by young people at all levels, early intervention, social inclusion, vocational outcomes and targets, and the elimination of discontinuities in services at fixed ages (6). The clubhouse meets almost all of these criteria, with its robust focus on equal participation, social inclusion, vocational outcomes, and flexible membership periods.

Despite the longevity of the clubhouse model, as well as its presence across a plethora of countries, there is unfortunately a lack of quality research, particularly qualitative research, investigating the model and its impact. Where quality studies have been published, they tend to be limited by their non-randomised approaches, an absence of comparison groups, and a lack of longitudinal designs(7). While these are valid criticisms, they can only be accurately levelled at quantitative research, which should ideally lead to statistically significant, generalizable data. This numerical proof cannot be produced by qualitative research, nor is it sought. However, as Smith points out, generalisations can be formed from qualitative studies in others ways. For example, naturalistic generalisation can occur when a reader gains personal, subjective insight by reflecting on a case study or interview (8).

Another problem stems from multi-faceted nature of clubhouses, which leads to some uncertainty as to what precisely is being examined. Clubhouses do not offer standardized or manualised interventions, with membership also having the firm potential to be very lengthy. They also describe themselves as complementary to other approaches and not necessarily as

alternatives to them, therefore it is difficult to untangle which interventions may be providing the most positive or lasting results (7). Qualitative research can contribute to this task.

The specifics: how the model operates and evidence of its effectiveness [A]

McKay et al (1) produced the first complete overview of the current evidence base supporting the clubhouse model. They describe clubhouses as non-clinical working communities; noting that membership is possible for any adult who has a history of ill mental health. Members work side-by-side with staff, taking part in tasks such as reception duties, administrative work, newsletter writing and catering, as well as inclusion and participation in many aspects of decision making and governance. Fundamental elements of membership include the formation of genuine relationships, the need to be needed, and a right of re-entry regardless of time elapsed (1).

A unique feature of clubhouses is the inclusion of employment opportunities in the community through Transitional Employment Placements ("TEPs"). TEPs are paid entry level jobs. Members are selected by the clubhouse rather than the employer for positions, based on their desire to work, rather than their previous experience. The clubhouse provides onsite support, and a clubhouse staff or member will cover any shifts in the case of an absence. Educational support typically includes member-led classes, classes run by outside agencies, and mentoring.

To become a part of the international clubhouse network, the relevant clubhouse must pay dues and become affiliated with Clubhouse International. Clubhouse International manages a set of 37 quality standards, which form operational guidelines for individual clubhouses, and are the basis of the Clubhouse Accreditation process (1).

Current quantitative evidence for the model[A]

Employment

One randomised controlled trial compared a community treatment program (PACT) and a clubhouse as part of a study of supported employment (9). It was found that the PACT program retained more active participants. However, clubhouse participants were employed more days, worked significantly more hours, and earned more money. Another investigation of data from the same research established that members of the clubhouse worked a significantly higher amount of weeks per job and earned significantly higher hourly wages (9). Masso, Avi-Itzhak and Obler found that based on 117 members, members with higher clubhouse attendance attained significantly higher rates of employment and educational attainment compared to those with lower attendance (10).

Social integration

Studies examining social networks of people with serious mental illness have found that they most often consist of less than six people, including service providers (11). These individuals tend to see themselves as receivers of care, rather than being engaged in mutually satisfying relationships. Mental health services which are more positive in nature could promote the creation of more reciprocal support networks (12). The clubhouse model provides a balanced, equal environment, based on both giving and receiving.

Mental health outcomes and hospitalisation

Masso and colleagues (10) found that rates of clubhouse attendance have a significant effect on rates of hospitalization recidivism. Members with high rates of clubhouse attendance showed a significant decrease in hospitalisation recidivism. Another study found that members were more likely to describe themselves as being in recovery and having a higher quality of life than consumers using other services, such as drop in centres (13). In Tsang and colleagues' study, negative symptoms of schizophrenia improved in clubhouse members (14). Jung and Kim compared a rehabilitation skills training model with the clubhouse model, finding that

clubhouse members with regular attendance had significantly lower results relating to perceived stigma and also reported higher quality of life scores(15).

Additionally, in one study, functional recovery, which is decidedly addressed through the clubhouse model, was valued more highly than symptomatic improvement by children and adolescents (16). It has also been found that an increase in work performance can lead to a reduction in mental health symptoms (17). It can be argued that other mental health services often do not pay enough attention to the financial, employment and other social circumstances of persons with mental illness (18). These functional and social aspects of recovery are very much at the core of the clubhouse model.

Raeburn and colleagues note that the model is mandated in several North American states due to its popularity amongst its users (19) (20). However, according to the authors, a shortcoming inherent in the model is that it does not provide consistent access to on site psychiatric care. The model purposively insists upon being a non-clinical space, although it does offer support in signposting to clinical services. It is worth noting that this was an American paper, based on psychiatric care systems which differ significantly, especially with regard to cost, to the United Kingdom.

Cost effectiveness

Gorman (2012) reported that for each hour a clubhouse staff person dedicated to employment support for a member, the member earned $38.73 (21). In the United States, the cost of running a clubhouse is approximately one-third of the cost of the more commonly used Individual Placement and Support model, and approximately half the cost of community mental health centres (22).

Relevant qualitative research [A]

At the time of writing, there was no identified qualitative research on the effect of clubhouses in the UK. Norman conducted a qualitative study in which three main thematic items were identified: meaningful relationships, important work tasks and a supportive environment. Tanaka, Craig & Davidson produced more detailed qualitative interviews, drawing on data from 105 members and 25 staff from five clubhouses in the United States and Finland. Members reported several changes in their lives occurring, central to which was a feeling of equality between staff and members irrespective of social status, and which respected members' choice and talents. Members appreciated staff getting involved in tasks such as cleaning toilets and sitting with them at lunch (23).

With regard to research on young adults specifically, McKay (24) provided a study of young adults who have engaged with one of two clubhouses in the United States. Participants highlighted the importance of being amongst other young adults within the clubhouse. They described benefiting from the relationships formed during the activities of the work-ordered day and social events. Often young adults acted as mentors, helping to make newer members feel comfortable.

Reavey and colleagues (25) conducted research regarding inpatient experiences within a Supported Discharge Service in a London borough, making it very valuable in terms of comparison and context. Young people described hospital wards as places to contain behaviour, rather than as places to treat and deeply explore mental health difficulties. Several participants stated that they had received no information about the outcome of their assessments and had been offered medication without understanding what it was for. There was a perceived over-emphasis on risk to the detriment of creating "normal" relationships. Where trusting relationships with staff were formed, participants benefitted from staff who listened,

empathised, were non-judgemental and who got involved in ordinary conversations. This helped to deconstruct the symbolic power of the hospital environment and professional barriers. This informal aspect of relationships is absolutely integral in the clubhouse model.

Rationale[A]

At the time of writing, there is no known research regarding how young adults specifically experience the clubhouse model, quantitatively or qualitatively. Producing comprehensive research examining original services like clubhouses could greatly improve of the evidence base and may lead to increased funding, publicity and the possible creation of new clubhouses. Early intervention and support for young adults not in employment, training or education is also topical and of huge political, economic and social importance. Although we have evidence showing that those aged between twelve and fifteen years have the highest occurance of ill mental health across the lifespan, their contact with mental health services is the poorest of all age profiles (6). It is vital that this age group, as they progress into adulthood, receive better access to quality psychosocial mental health support and are afforded smoother transitions from CAMHS to AMHS services where necessary.

Method [A]

Purposive sampling was employed to recruit participants in line with the research question. In addition to being capable of providing informed consent, the inclusion criteria included being a member of the clubhouse, and being aged between sixteen and twenty-five. Five young adults participated in the current study, with the mean age being twenty three. Two were male and three were female. One participant had a mixed ethnic background, one was Irish and remaining three were white British. Each participant, by virtue of being a clubhouse member, had a history of ill mental health. Diagnoses included depression, anxiety, PTSD and borderline personality disorder, with some associated issues such as self-harm and suicidal ideation. Interviews were recorded on secure devices, and later were transcribed verbatim.

Inductive, semantic thematic analysis was chosen. Braun and Clarke note that thematic analysis is a valuable method which allows the researcher to recognize, analyse, and report on patterns within data, as well as interpreting various dimensions of the research topic (26). The themes identified were clearly based within the data and were not driven by a predefined theoretical interest in the subject. This open approach struck the researchers as being well suited to the production of a study on an under-researched topic. A code identified a feature of the data which stood out because of its level of occurrence, and/or the level of meaning attributed to it by participants. A theme had to capture elements of the data which were significant with regard to the overall research question.

Ethical considerations

In addition to receiving the University of East London's ethical approval, the study was also approved by the CEO of the clubhouse. Both the participant invitation letter and the consent form informed participants of their right to withdraw from the study at any time prior to the analysis of data. Participants were also advised that should they decide to withdraw, this would

in no way disadvantage them or affect their membership of the clubhouse. Participants were debriefed after interviews and provided with the opportunity to ask questions or share concerns. They were reassured that their names would be anonymised, the data would be securely stored, and were reminded to seek support from the researcher or their support worker in the clubhouse in the event that they became upset by anything discussed in the interviews. Contact details for out of hours crisis support were also provided.

Findings [A]

How I experience the clubhouse compared with how I experience other mental health services [A]

This was the most prominent and highly discussed theme. By comparing and contrasting the clubhouse to other services, particular aspects of the clubhouse which make it unique were elucidated. Members generally regarded clubhouse staff as "normal", non-judgemental, and genuinely interested in their opinions and skills. This tied in with empowerment concepts, where it is recognised that everyone has strengths on which they can build up their lives, even during difficult periods (27). A benefit of the clubhouse service was that members described feeling included in decisions made about them and about the service at large. As Foot and Hopkins state, excluded young people should be considered experts by experience and can bring valuable knowledge which can be drawn upon to create change for individuals and communities (4). This is clearly recognised within the clubhouse model, and for participants, often stood in stark contrast to clinical settings.

While some negative descriptions of clinical services were put forward, at the same time, several young members spoke about the potential benefits of services such as psychological therapies. It could be that for young adults, the idea of talking therapies is somewhat normalised, promoted, and common in mainstream culture. For under twenty-fives, memories of institutional settings and significant maltreatment within mental health services may not be as potent as it is for typically older clubhouse members. This is not to say, however, that the current participants all had positive experiences of clinical settings, or that clubhouses are intended to replace clinical services, but rather, that some interesting discussion and conflicts emerged when discussing these issues.

There was a hope amongst three members in particular for more mental health information to be available in the clubhouse and for mental health conditions to be discussed and explained more often. This bore some similarity to Kightley and colleague's research, where access to psychiatric care within American clubhouses was cited as an issue (28). This could reflect a capacity issue within clinical services, and the difficulty which people can experience in trying to access them, rather than a gap which clubhouses should be obliged to fill. However, for the current participants, suggestions were more focussed on the potential for clubhouses to disseminate more psychological information or education rather than to provide direct access to onsite clinical treatments.

Ali described her journey since becoming mentally unwell in her teens, moving from counsellors and hospitals to the clubhouse. She struggled with the distance created between her and clinical staff members in hospital settings, in particular how she was expected to divulge all aspects of her illness and experiences to people she knew nothing about. It seemed that when she wanted to be listened to, she was thoroughly questioned instead. As in Reavey et el's research, which looked at experiences in inpatient care, Ali seemed to quickly pick up on the unyielding emphasis on risk management within hospitals, and also felt that her emotions needed to be contained within those settings (25).

> I kind of feel like, in hospital people come in and see you, and it's like 'can we help you', but it's also like 'can we see what you've done', 'can you explain to us why you've done this'…and you're like 'why do you want me to explain this?'…I can't. it's like they're talking, and as they're talking they're still judging, they're still questioning, 'why, why' why?' and you're like 'I don't know why just I've been told to come here'…So I think it's hard.. It wasn't until one nurse came up and said 'I've experienced it before'. That made me feel a lot better... I think there are some people like that… but

it's rare…I would more happily talk to everyone here than talk to my social worker, or

my parents or my friends even. (Ali)

With regard to crisis services, which she intensely disliked, the clubhouse offered her a preferred solution. This is significant given the far lower running costs of clubhouses compared to hospital settings. Having people use clubhouses as an alternative to A&E, where appropriate, could reduce some of the burden on NHS frontline services. As outlined previously, it has been found that clubhouse attendance resulted in fewer hospital admissions (10). The benefits of the voluntary nature of membership also became clear, as Ali explained that she would only go to A&E if she "didn't have the choice", whereas she decides herself when she wants to use the clubhouse. Overall, her clear preference was to use the clubhouse above crisis services where possible

Grace described receiving a complex diagnosis of borderline personality disorder, but acquired no clear information or support regarding this. In order to find out more about her diagnosis, she came to the clubhouse. It was striking that a young person could leave a clinical service with a serious, stigmatising and poorly understood mental health diagnosis, without actually fully appreciating the nature of the condition itself. Clubhouse staff are not mental health clinicians. Despite this, they were placed in a position where a young adult was relying on them to provide information about personality disorders. The seemingly incomplete clinical support which she received may highlight the strains currently placed on NHS services, as well as the gaps which charitable organisations may have to fill.

I wasn't getting any help from them, all they did was assess me…told me I had

borderline personality disorder then signed me out. I had come to terms with it that I

had the illness, but then to find out what the illness was…I had to learn how to cope

with it...I had to come here and ask the staff stuff about it. (Grace)

For Jack, his impression was that staff in clinical professionals could be almost robotic in their responses. He had a sense of ticking box exercises being completed by clinicians without any rapport building. Much of his previous distress seemed to stem from isolation, and the clubhouse decidedly addressed this. When asked whether he would approach a clinical professional or his support worker about an issue in the first instance, Jack outlined his preference for approaching clubhouse staff who are well known to him, and who exist in a structure which more holistically addresses his mental health and social isolation issues, rather than a clinical professional who may just offer what he perceives as quick medical fixes.

> I would rather go to my support worker because I already know them and they're not my friend but they're friendly ish, the dynamic is different and I can get a another opinion on the issue first instead of a clinical person who will be like" yes, no, yes, no, criteria met, criteria not met" kind of thing and that's just not helpful…You can take medicine for a symptom but if you don't sort the symptom, you don't solve the problem, just puts a plaster on the wound. You need to find out the cause and fix it. If it's social you can sort it. (Jack)

However, this tendency to see the clubhouse as an alternative to crisis services was not unanimously expressed. From Eva's perspective, while the clubhouse provided a much needed distraction from her worries, the more deep seated issues she was experiencing remained underlying.

> It (the clubhouse) distracts you but the feeling is still there. Fair enough, speaking to your support worker might alleviate it, but you still have that feeling that you either want to commit suicide or cut yourself because there isn't that actual service here who you can speak to and actually help you. (Eva)

Eva did not feel that there existed a suitable qualified person in the clubhouse to fully assist her during a crisis. In a sense, this would be an expected response as the clubhouse purposefully

does not utilise clinicians and is intended to complement clinical services, rather than to replace them. On the other hand, for other members such as Ali, the clubhouse did serve as an alternative to A&E. A realistic conclusion might be that if clubhouses can reduce dependence on crisis services for *some* people, this is a compelling benefit, as well as a hefty responsibility. Eva, rather than needing a non-judgemental space like the clubhouse during a crisis, wanted a more structured, private set-up, where she could be advised of highly specific strategies for dealing with her negative thought patterns. Matteo thought the clubhouse sometimes help young people to avoid going to A&E because attending the clubhouse may be a preventative measure. This possibility to prevent the escalation of a mental health crisis is also a compelling benefit. However, the clubhouse does present itself as complementary to other services, meaning that members typically access therapy or medication externally, and come to the clubhouse for different, more vocational purposes. It could also be possible that members like Eva could use skills gained during the therapy within the safety of the clubhouse setting.

Matteo, Eva and Jack all expressed a desire to learn more about mental health conditions generally. Matteo questioned the practicality of this, however, and thought that it might not be possible without a psychologist. It was interesting to note that for several members, learning about other peoples' struggles was very intriguing. This bore some comparison to the new power threat framework for understanding distress, which highlights the substantial role of the community and society in understanding and treating an individual's mental health (29). It seemed that having the ability to participate in decision making and running of the service led to most members developing a real awareness of the intricacies and complexities of the model, as well as the people who use it. Matteo noted:

> It would be great to incorporate some sort of awareness about people's psychological states and how they interact with each other. It's that thing of "how do you facilitate that without a psychologist on site"…It's a culture thing; it's almost like trying to create

a culture for people having their circumstance shared. And trying to get people to help people challenge, not confrontational, just talk and challenge them… I don't think the clubhouse reachs out or tries to solve too much about your psychological or mental well-being…from my knowledge, people here aren't fully trained psychologists or psychiatrists. I think it would be helpful (to have a psychologist), but it wouldn't be integrated with the system. I suppose, it's always great to have someone like that around. I definitely wouldn't see it as negative. It would probably help if that person was somehow not just a clinically trained person and they interacted with the rest of the clubhouse. It's almost impossible to facilitate. (Matteo)

To summarise, participants generally experienced the clubhouse more positively than other services they had received. This was because they did not feel judged, their input was valued, and they were able to relate to staff and other members on a far more personal level. While there was some demand for more mental health related information, most participants relied on clubhouse staff and members to deal with any mental health issues in the first instance and believed that the clubhouse had a preventative role in reducing the possibility of having a mental health crisis. The young adults' appetite for more information on mental health could highlight a potential area of change for the clubhouse, even in terms of clearer signposting, or it could reflect the need for longer and more complete clinical interventions within the NHS.

Why and how work can help [A]

The right to meaningful work is a core aspect of the clubhouse philosophy, and working both inside and outside the clubhouse were topics expressively discussed by all members. Norman's qualitative study also identified meaningful work within the clubhouse as a key benefit for members (30). Participants generally felt that the work of the clubhouse was not overly challenging, but it attempted to nurture a sense of confidence in them to work towards meaningful employment. Of interest was how several members highlighted how worthy and needed they felt when helping older members with tasks such as computer work. This demonstrates the value of reciprocal relationships between members of different generations. It also bears some similarity with Norman's (30) finding that members felt they had something in common despite cultural, language or other differences. In the present study, one oft discussed concern was the desire for members to keep their link with the clubhouse even when they had successfully secured outside employment.

Some participants felt that for young adults, more project-based, longer term tasks might be more helpful in terms of future career prospects. This is useful feedback for clubhouses working with young members and reflects the need for clubhouses to genuinely reflect the realities of modern employment.

> I mean I've had times where a staff member will say 'Ali, what do you think?' and I'm like 'oh you actually want my opinion?', and I've kind of got used to that now. Normally they just decide and that's how it is, but here actually you get a say…I actually want to be productive and do things, I'll actually say 'can I do reception, can I go on the phones', I'm happy to do it even though it's like doing three different jobs at once, it keeps me so distracted, and then I have a laugh and a joke with everyone. (Ali)

Ali had taken a temporary leave of absence from her course due to a recent deterioration in her mental health, but noticed some other members securing jobs, which gave her a sense of hope.

The plethora of tasks she had taken on provided her with confidence, distraction and, crucially, some fun. Inclusion in clubhouse meetings left her feeling flattered and surprised, and having her opinion pursued was paramount. This was contrasted with her previous experiences of services where she felt her voice was neither heard nor sought. Her experience highlights the genuine ethos of coproduction in clubhouses, where members can get involved in all aspects of service delivery. When executed fully, this can be truly transformative (31).

Jack also described how his opinion is taken seriously in the clubhouse, explaining how his suggestions regarding improving the clubhouse's social media profiles had been duly acted upon. There was a real sense of ownership regarding this issue, as he noted that he longer needs to prompt staff to get this work done. He felt confident enough to direct staff towards appropriate actions. This was similar to Tanaka and colleague's qualitative study which found that where members' talents were both respected and utilised, feelings of confidence and increased wellbeing followed (23).

> I remember when we didn't have social media and I said we needed it, and now we do it. It's good. I said we need to do it and I said you can't just do updates, it's not good enough, you have to have a plan. I haven't done it in a long time but it's good to know it's being done without having to say you need to do this and this. (Jack)

Eva had attended some public mental health events with her support worker, which she spoke proudly about.

> It didn't really teach me anything knew because I sort of knew how to do everything but it was just helpful because at the same time I could help other people who weren't too sure about it, and that's what I liked about it. Some people know that I'm sort of good at writing, spelling, and people always ask me "Eva, can you help me spell this" and that's fine. (Eva)

Attending the clubhouse had provoked her interest in mental health policy issues. She seemed particularly fulfilled by work which involved outside agencies or issues. Her account bears similarity to Gumber & Stein's finding which highlights the importance of social integration both inside and outside the clubhouse (32). Within the clubhouse, Eva said the work did not teach her a huge amount of novel skills, and rather what was helpful was teaching fellow members new skills. She employs a similar account to Ali, in describing happily how other members ask her how to do certain tasks. This need to be needed, a core tenet of the clubhouse philosophy, is apparent as a key benefit within these narratives.

Norman (2006) found that the possibility of taking part in a Transitional Employment Placement ("TEP") was a source of hope for many members and a chance to become even more socially included. Similarly, Eva's journey had culminated in her being offered a TEP. Her description of her initial visit to her new workplace was filled with a sense of awe and novelty. Achieving milestones outside of the clubhouse had become an important hallmark of success. For her, the journey from becoming a member to securing a job was about one year in duration. This highlights the arguably unrealistic rapidity of commonly offered six-twelve week support programmes.

> It was definitely a shock but then I was like, maybe I do deserve it… Do you know the Wolf of Wall Street, you know that part where you see all the people working and there aren't any walls. It's just like that. It's massive! I feel anxious going into my TEP but it's a good type of anxious. It's always good to have a kick to get out of our comfort zone. I am definitely advocating on spreading your wings and doing something outside of the clubhouse. (Eva)

For Matteo, working in the clubhouse allowed him to safely test his ability to be an employee. He echoed Eva's views that the work was not overly demanding, but he felt that having the discipline to complete tasks which genuinely needed to be done was an essential life skill.

Additionally, like Jack and Ali he opined that having no strict time limits on his membership was very comforting. He described a process of doing little pieces of work day by day, and then gradually, without noticing at first, he became closer to his goals. This bore similarity to Tanaka et al's findings, where participants described improvements mostly as gradual, accompanying an increased involvement in the work of the clubhouse (23). His wish to give back to the clubhouse highlights the sense of community and meaning inherent in the model.

> It was kind of a more an option for an "in-between doing nothing" and going into full-time work or education. Feeling useful is probably part of it, but I think it's more showing to yourself that you can do these sort of tasks without going through something big. It would be great to do things that take longer, but it's really about what needs "doing" now. Then I guess in a sense, it's quite good to have that discipline for work. You kind of come in and aren't really aware of it but start doing small things and when you're eventually ready and when it's gotten you to where you want to go, then you start to give what you can back. So I would like to do that and probably try to work that in some way, even if it was only coming in to help out. With other services it's usually start point to end-point. Is it better that the clubhouse is more open about not having end dates having to exist. (Matteo)

As in the previous theme, there was some questioning of the clubhouse model. For Eva, there was sometimes a sense of disconnect between what the clubhouse expected of her and what she wanted to do. She described sometimes just wanting to socialise rather than help out with work. The fact that she had been offered an external job may have led to her questioning the need to contribute more work within the clubhouse. This is perhaps also why for Jack, the social side of membership had gained the utmost of importance since securing outside employment. Eva's views perhaps highlight some areas that could be examined for the

clubhouse, but also the need to encourage members like Eva to organise some aspects of their own social lives, and to be signposted to suitable outside agencies when needed.

To summarise, employment and work were focal issues discussed by all participants. Participants placed substantial value on helping other members with their work. This supports McKay's qualitative report on young adults using American clubhouses found that every young adult stated employment as a goal (24). For some of our participants, the gradual process of gaining confidence through the work of the clubhouse had already led to outside employment. When this occurred, the support and friendship of the clubhouse remained relevant.

Mixed age group services as a benefit [A]

A unanimous theme was a preference for services to be inclusive of mixed age groups, rather than exclusively for young adults. This was an interesting finding, as there are so many targeted 16-25 services across London and the United Kingdom, although this could in some cases be attributed due to funding issues. It was explored whether a clubhouse exclusively for young people should be created, with the answer being a decisive "no" in all cases. However, participants did highly value having a solid and increasing number of young adults, and having some separate social events. The need to see other young people was also highlighted in McKay's study of young adults in American clubhouses (24). For the most part, participants were happy with the way things operate currently. They reflected that being around all age groups felt representative of reality. It was repeatedly expressed that older adults could provide a different perspective and could potentially give useful advice to young people. Ali, in response to whether a young adults only clubhouse would be a good idea, remarked:

> I like the way it is. I think if it was just young adults you wouldn't get to be around other people as well…People who are older give good advice as well, so I've got a lot

of friends here who are a lot older than me. The advice they give you is so much different than advice from a young person, so sometimes it's nice to have both. (Ali)

Eva felt even more strongly about the issue, stating that without some of the older adults she had met, her experience would not have been so positive. Reflecting on the diverse mix of people she had met in the clubhouse, the notion of excluding either young or older people from any service struck her as almost bizarre. Seeing older adults with mental health problems continuing to live their lives, seek employment and build relationships instilled a sense of hope for the future for her and was a key element of her experience as a young adult. Rather than being concerned that many older members had struggled with their mental health into late adulthood, she felt pleased seeing that alongside using the clubhouse, some also maintained relationships, families and jobs.

> I've learned so much, I've literally learned so much, and just having a clubhouse of young people would reverse everything. The clubhouse is for everyone and I'm 25 and, John is a member... I couldn't go to a clubhouse where he isn't in it. He's actually hilarious. There are so many members here that are much, much older than me, and me not seeing them here would be like "What? That doesn't make sense?"… Mental health doesn't just affect you at one particular stage in life. It can affect you for all of your life. But we actually see so many people here who have jobs, families, kids but they still come here. And that feels like "Ok, cool!!". (Eva)

Two participants commented more widely on the charitable sector and mental health services generally, feeling that cut off points based on age were arbitrary and unfair. They were aware that once they turned 26, support from other charities may cease, whereas they could continue to use the clubhouse if needed. Both Eva and Jack were highly attuned to commissioning and funding issues. Their views show the genuinely gainful value of including young adults in the shaping of services. Both members expressly showed concern for their own use of services in

the future, acknowledging the possibility of their need for continued support. Their commentary can be compared with Singh et al's paper which highlights the lack of success which general healthcare services have had with imposing strict age limits on children and young peoples' services (33). In reference to other charities which work with 16-25s only, Eva anxiously remarked:

> This is what I hate about different charities, because different charities only advocate for young people for example and not older people. Because in some charities, the younger people are from age 18-25 but I'm going to turn 26 next year so what's going to happen to me, am I still going to be involved in different charities and having a bit of fun? Going to the running, going to stuff like that? I just hate it completely. I absolutely hate it. (Eva)

It was clear that although every participant valued the mixed age groups, they still very much wanted to be amongst a strong cohort of young adults. Members who joined before the young adult's program was created felt that things had improved significantly because of it. Grace agreed that mixing ages was beneficial and joked that she would "go on strike" if this were to change:

> G: Yeah, there's completely different age groups but it works better 'cause we all learn from each other... I'd prefer the service here to just young people.
>
> I: And why's that?
>
> G: Because we're treated equally.
>
> I: How would you feel then if the clubhouse decided to set up a service just for young people?
>
> G: I would go on strike...I would seek asylum (laughs).

To summarise, member opinions on the age topic were unanimous. Participants really valued the relationships they formed with older and younger members alike. While most mentioned the importance of having a young adult's programme, this did not need to be exclusive. A key part of the young adults' experiences was this intergenerational working and socialising.

Social inclusion - How my life has changed [A]

> They've changed my life just from coming here. Only being here a year, everything about me has changed for the better (Eva)

Participants described positive change occurring in many domains relating to social integration since joining the clubhouse. These findings connected with Jung & Kim's study which found that quality of life of clubhouse participants had improved after becoming members. It also bears many similarities to Tanaka and colleague's qualitative research where members also stated views such as "the clubhouse changed my life" or "the clubhouse saved my life "(23). This social improvement was a key component of the clubhouse experience for young members.

The word "normal" was used frequently employed to describe how members feel now compared with how they felt before joining. Insight was also gained regarding members' perceptions of mental illness more generally prior to joining, with many young adults having previously felt dubious about more "serious" conditions. Their clubhouse experience led to their own sense of stigma being reduced, with this being attributed to their contact with people from a mixture of backgrounds, cultures, ages, languages and diagnoses. For example, Jack explained that he had "some biases" when he first came which had now been diminished. Eva's perception of various mental health conditions which she had not personally experienced had also changed since becoming a member. When she first became unwell, she believed the worst

case scenario would be a diagnosis of schizophrenia. Now, she describes her whole understanding changing.

> Before I came here, I thought it'd be like coming in and seeing people talk to someone who wasn't really there in full, like schizophrenia. I was always very iffy about coming here, but then, when I did, it's like my whole perception changed. There are definitely people who have schizophrenia but they're not at all what I'd think they'd be. I think me coming here, definitely changed the way I think about having a mental illness as well because, you're still a human being. (Eva)

Ali's sense of being subject to mental health stigma from others had also reduced, although this was mainly within the confines of the clubhouse. Before joining, she believed that society had absolutely no tolerance for mental health issues. Now she recognises that there are some people in society who accept mental illness, although she still feels a strong sense of judgement from her family. Her description rings true of Jung & Kim's (15) finding described earlier, whereby clubhouse users generally experience less stigma on becoming members. However, while she certainly describes feeling more accepted now than prior to joining, there remained a clear sense of her struggle to feel truly included in the wider community.

> Before I felt everyone judged and I felt like there was nowhere for us to go. But then I came here and I thought, well you're actually supported, mental health isn't seen as a bad thing. Still hard to live in society…they judge you very quickly…even your own family. But there are some places and some people in society who don't judge you, and don't think there's anything wrong with it. You know…it's just another illness, and you shouldn't be seen as any different, you should still be able to go out, you should still be able to have the same things as everyone else. I think if the clubhouse wasn't here, I probably would've said 'society…no way'. I couldn't have dealt with it. (Ali)

Eva also showed reluctance to form relationships outside the clubhouse, although this seemed to be addressed by staff, who encouraged her to socialise. Their conversations sound friendly, encouraging and positive, bearing some resemblance to Ehrlich and Dannapfel's study, where participants described wanting to treated like everyone else, rather than being controlled by professionals (34). As she explained,

> You want them to say "oh my gosh, that's amazing, have fun!" just because it makes you feel a bit more confident in it. So it's sort of that reinforcement that some people need, especially me, I still need that to think I'll have a good time rather than think something will happen. (Eva)

Jack described himself before joining as quite a different person to who he is now. His journey represented a full movement through joining, getting involved in the work of the clubhouse, doing a Transitional Employment Placement, and then progressing to full time employment. His social life, which he struggled with greatly before, had now improved due to making friends in the clubhouse, and culminated in him taking charge and setting up his own meet up group. This bears comparison to Pernice-Duca and colleague's research which found that relationships with other members lead to greater improvements in mental health than receiving support from staff (11) It is interesting to note that Jack attributed his success mainly to his own efforts, and in part from the support of the clubhouse.

> Social side of things I was not the best, I was a bit awkward talking to people and making friends. I was having a bit of a depressing time at home for a year and a half, so it wasn't good. It was the worst stage I've ever been in. I went to GP and they said go to the clubhouse. I've done a lot more since then…I've worked a lot here, did the TEP and I also started to organise a meet up group and coming to a lot more socials, I made a few friends I talk to now and again, I'm definitely better than when I first started.

Most of it is yourself but the environment was helpful to facilitate that growth and the fact you can drop in after a few months. (Jack)

Similarly, Zlotowitz et al (3)found that in order to engage excluded young people, long-term, consistent relationships with practitioners who were caring, non-judgemental and trustworthy was essential. Participants' experiences of clubhouse staff certainly met this threshold, helping young adults to feel needed as valuable members of society. Vitally, this included being reached out to when absent, rather than always having to be the one to make the first contact. Summing up his views and other members' sentiments very eloquently and capturing the fundamental issue of bridging the gap between acute services and reintegration back into the community, Matteo stated:

I think this service is pretty perfect for what it is, as an intermediary between your mental health condition and "reintegration". So it's the perfect environment and it has the perfect mechanism for that. Compared with other mental health services, it's a lot more active in outreaching. Pretty much all other mental health services, you have to wait for months for a reply from anything and generally that's only if you've reached out. This feels a lot more personal. I think the general health services are quite unsure what to do beyond prescribing, even when it comes to giving people forms of psychotherapy. (Matteo)

To summarise, the young adults interviewed all described some process of change occurring in their lives since becoming members. A common thread which linked these narratives was a feeling of increased normality and acceptance. Participants' social lives had improved through getting involved in the work, as well as through the social events of the clubhouse. Young adults also felt their own sense of stigma reduce, gaining more empathy and tolerance for others who may have had differing mental health conditions. There was a sense that

members felt valued as people rather than as people with mental health issues, with this being a core element of their clubhouse experience.

Discussion and conclusion [A]

Many mental health conditions are persistent, lasting and can lead to serious functional impairments (6). The young adults interviewed in this study all had serious experiences of ill mental health including suicidal ideation, sell-harm, depression, anxiety and dissociative seizures. Each individual also had goals, skills, an interest in those around them, and an appreciation for services which treated them as capable adults. As Hanninen et al explain, empowering individuals to make their own decisions and continuing to focus on their abilities even during difficult periods is hugely beneficial, and this was clear throughout the interviews (27). Overall, the experience of being a young adult in the clubhouse was highly valuable; with meaningful relationships, social inclusion, learning new skills and helping others all clear contributors to perceived improvement in overall wellbeing. There was some appetite for more mental health information or services to be available, and while the provision of clinical services is at odds with the model, the inclusion of more information or discussion may not be. The model was never intended to be static, so debating even the more fundamental aspects of the model is useful.

It is hoped that increased quality research could help to highlight the serious need for more psychosocial services. For young adults, services like clubhouses can help to bridge the gap between child and adult mental health care. Vitally, they can also continue to support young adults into later life if needed, encouraging them to take part in the running of services rather than receiving more passive assistance. Studying clubhouses can provide a great lens into the humanistic approach of psychosocial mental health recovery generally.

McGorry et al (6) astutely opine that new or different service models often attract a demand to 'prove themselves', yet, those supporting the status quo are seldom required to do the same. While the clubhouse model is not new, it could be perceived as such due to its low availability

across the United Kingdom. Services for young adults should promote resilience and include genuine coproduction. Clubhouses achieve this at low costs and with potentially vast benefits across a number of domains. However, it is important to acknowledge that there is no simple or single solution to serious mental health issues, and this is reflected in the divergence of opinion in some areas even amongst the small sample size in this study.

Issues that arose in the current research such as the value of work, reciprocal relationships, socialisation and perception of clubhouses compared with other services could be investigated in more detail and across larger and more diverse sample sizes. The current study included only one mixed-race participant, along with one white Irish and three white British participants. As the clubhouse generally has a high level of ethnic and cultural diversity, further research should seek to represent all groups more fully. Another issue which should be noted is that members who took part in this study are all very much engaged with the clubhouse. There are young adults who join and do not reach the same level of involvement or gain the same benefits. It would be insightful and beneficial to study reasons behind this lack of engagement.

The pre-existing relationship between the participants and the researcher could have resulted in participants trying to avoid upsetting the researcher by expressing negative views of the clubhouse. While this did not come across during the interviews, there is no way of definitively knowing what the impact may have been. The researcher also had to reflect on what extent it was possible to produce a fully data driven analysis without being drawn towards positive aspects of the data. Reflecting on this potential issue in advance helped to reduce or mitigate its impact. Also, the researcher hoped that the study would produce some critical analysis of the service in order to improve it and believed that this was achieved.

This study was quite broad and explorative in its approach. While this was very useful for an initial insight, more detailed research could certainly follow. Overall, the unique insight into

the clubhouse model as it is experienced by young adults is this study's clear strength. It has sought to fill a major gap in the current literature base. No previous studies have been identified which provide such a detailed account of young adults' perceptions of the model. It is hoped that this study will provide a firm basis for more research.

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