



A Scientific Review of the Clubhouse Model

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by the VCU School of Social Work Evaluation Lab*

EXECUTIVE SUMMARY

Purpose: In response to your consideration of implementing the Clubhouse (CH) Model, we have conducted an extensive scientific literature review framed around two questions: (1) Is the CH model effective?; and (2) What is the mechanism of effectiveness (if applicable)?

Methods. We utilized several strategies for the review including incorporating systematic and meta-analytic reviews, utilizing the Clubhouse International website's paper repository, and university databases.

Findings. Randomized Clinical Trial studies (RCTs), accompanied by quasi-experimental and observational studies in support, document that CHs are effective for members' mental illness recovery. In the most rigorous studies, CH seems most effective in reducing hospitalizations and psychiatric symptoms. CH also positively impacts employment, though findings are mixed as to specific employment outcomes (e.g., employment rate, wages earned, hours worked) and whether CH performs better, or just as well, as traditional interventions (e.g., PACT). Evidence of improvement in quality of life and social outcomes also exists.

Current data suggests that structured, meaningful engagement plays a key role in CH positive outcomes. Observational and qualitative studies found CH fosters a sense of belonging, a sense of autonomy, and meaning for members, often through engagement in meaningful work. This is achieved by emphasizing integration with peers, social and job skills training, and a dedicated place to be in community. Several studies found that more frequent and/or more sustained involvement in a CH increased self-esteem, perceived and actual social outcomes, life satisfaction, and quality of life, while decreasing psychiatric symptoms.

Recommendations. Overall, there is evidence that CHs reduce member hospitalizations (compared to community-based services), psychiatric symptoms are lessened, wellbeing may increase, and social interaction is improved (compared to psychiatric rehabilitation, treatment day centers, and drop-in centers). CH positively impacts employment, though findings are mixed as to specific employment outcomes and whether CH performs better, or just as well, as traditional interventions (e.g., PACT).

CH models' implementation should prioritize the following components, which may be key mechanisms for effectiveness: social and job skills training, dedicated physical space for community, and an emphasis on belongingness, autonomy, and meaningful work. However, the critical element or clinical mechanism by which the CH model improves employment, hospitalization, and other outcomes is unclear. Also, findings from accredited programs and programs where accreditation or model fidelity was unknown were not directly compared.

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Part 1: Is the Clubhouse (CH) model effective?

OVERVIEW

The CH model began in New York in 1948. As of late 2025, there are more than 370 accredited CHs globally. CHs provide psychosocial rehabilitation for individuals with serious mental illness through a dedicated focus on building relationships and the structure of a work-ordered day. Clubhouse International sets standards for all clubhouses covering all aspects of CH life from membership to space to house governance.¹

This brief is the first of two reports summarizing the scientific literature regarding the CH model for individuals with serious mental illness, and will focus on evidence of its effectiveness. Here, key points include:

- Evaluation of all CH RCTs, to our knowledge, is included which provide the most direct evidence of effectiveness. Matching and comparison studies, in addition to selected, recent observational studies, are also summarized.
- The main CH outcomes studied in the literature are hospitalizations, employment, and quality of life (broadly encompassing wellbeing, connectedness, and self-efficacy/worth).
- In the most rigorous studies, CH seems most effective in reducing hospitalizations and psychiatric symptoms. CH also positively impacts employment, though findings are mixed as to specific employment outcomes and whether CH performs better, or just as well, as traditional interventions (e.g., PACT). Evidence of improvement in quality of life and social outcomes also exists.

METHODS

Studies for our literature review were identified from the following sources:

1. Previously published meta-analyses and literature reviews.
2. Clubhouse International's website repository, particularly for recent reports (past 10 years)
3. Database searches for RCTs not previously captured and in recent publications (past 10 years)

RESULTS

A number of narrative and systematic reviews have been published summarizing evidence for CH effectiveness. The most comprehensive is a 2018 systematic review by McKay et al. reviewing studies published between 1948 and 2015. They conclude that RCTs and comparative studies “support the efficacy of the Clubhouse Model in promoting employment, reducing hospitalization(s), and improving quality of life.”² Other reviews reach similar conclusions. Bouvet et al. reviewed longitudinal (many pre- and post-), comparative, and RCT studies and found CHs effective for employment “duration and salary.”³ They also conclude that Quality of Life (QoL) and empowerment increase with CH participation and that these concepts are intertwined. A 2023 narrative review found 6 themes among CH results, three of which were social integration/connectedness, increased QoL corresponding with length of membership, and recovery.⁴ In an introduction to a 2024 special edition journal focused on the CH model, McKay states: “[reviews] have summarized the research that now provides evidence and support for the model in improving quality of life, social functioning, promoting employment, reducing hospitalization(s), and/or psychiatric symptoms”.⁵

To our knowledge there are two published meta-analyses. A 2017 Cochrane Review meta-analyzed vocational intervention RCTs. The CH model was included under transitional employment, which was less effective than Supported Employment in competitive employment and no different from psychiatric care only. However, it is worth noting that the CH studies were less represented than other interventions and the included CH results were outdated.⁶ Yan et al. meta-analyzed 7 RCTs conducted in China and concluded the CH model ameliorated mental

illness symptoms, significantly increased social functioning, and promoted higher QoL.⁷ Of note, we were unable to retrieve and independently assess 3 of the 7 studies: Liu & Gu 2017⁸, Liu et al. 2018⁹, and Huang et al. 2019.¹⁰

Table 1 summarizes RCT and comparative studies from the literature, drawing from McKay et al.'s synthesis and studies from the past 10 years. Table 2 summarizes results from other comparative studies. These findings support conclusions of the aforementioned reviews. Additionally, a number of quantitative, observational studies have examined CH effectiveness. Several studies found that more frequent and/or more sustained involvement in a CH increased self esteem^{11,12}, perceived¹² and actual¹³ social outcomes, life satisfaction¹⁴, and QoL¹³ while decreasing psychiatric symptoms.^{13,14} A recent study supports the evidence that participating in CH activities create a sense of belonging, sense of autonomy, and meaning for members.¹⁵ Longitudinal studies in Canada and France show CH members' improvements in areas represented by RCTs (e.g., employment, QoL, hospitalizations, and psychiatric symptoms), though results concerning satisfaction with life, social support, and confidence are mixed.^{14,16}

CONCLUSIONS

RCT and matching studies support CH effectiveness across 4 broad outcomes. Overall, employment is widely studied in the CH literature and the evidence varies as to which particular employment outcomes are improved. There is evidence that CHs reduce member hospitalizations. QoL studies encompass a very broad range of outcomes, but generally results suggest that SMI symptoms are lessened, wellbeing may increase, and social interaction is improved.

Table 1. Clubhouse (CH) Model Research Studies with RCT or Matched Designs

Study	Design	Comparison group	N	CH Accred. (began 1989)	Adheres to CH Std./Fidelity Check	Findings
Hospitalizations & EMS Encounters						
Beard et al. 1963 ^{17*}	RCT	Other community services	274 CH; 78 other	–	Yes	CH lower re-hospitalization rates at 6 and 9 months, averaging 17% lower; p<0.01
Beard et al. 1978 ^{18*}	RCT	Other community services	252 CH; 81 other	–	Yes	CH rehospitalizations 13-16% lower at 6, 12, & 24 months. In CH group with staff outreach, significantly lower rehospitalizations at 60 months as well. (0.01<p<0.05)
	RCT	Other community services	40 CH; 34 other	–	Yes	CH members that had been re-hospitalized had less add'l hosp. than non CH members who were re-hospitalized (over 2 years 0.02<p<0.05).
Henry et al. 1999 ^{19*}	Matched	gender/ case mgmt enrollment date	509 CH; 353 other	Yes	Not reported	NS difference in hospitalizations (though trending). CH with frequent attendance had less EMS interactions than others (2 & 3 year follow-up, p<0.001)
Warner et al. 1999 ^{20*}	Matched	age/sex/psyc hx/ previous service use - matched patients	38 CH; 38 other	Yes ²¹	Not reported	NS difference in hospitalizations.
Chen et al. 2020	RCT	General community service group	28 CH; 23 other (China)	Yes	Not reported	NS difference in hospitalizations.
Employment outcomes						
Warner et al. 1999*	Matched	age/sex/psyc hx/ previous service use - matched patients	38 CH, 38 match	Yes	Not reported	Employment rate NS but CH higher. CH worked less hours (0.003).
Macias et al. 2001 ^{22*}	RCT	PACT	80 CH; 86 PACT	Yes	Not reported	No differences in employment rates.
Johnsen et al. 2004 ^{23*}	RCT (EDIP)	PACT	175 (17 CH in TE jobs)	Yes	Not reported	CH with Transitional Employment (TE) job worked more days, with greater wages, than those in “set-aside” jobs (p<0.01)
Macias et	RCT	PACT	58 CH;	Yes	Not reported	No differences in rate. CH wages higher (p=0.023), more

Study	Design	Comparison group	N	CH Accred. (began 1989)	Adheres to CH Std./Fidelity Check	Findings
al. 2006 ^{24*}	(EDIP)		53 ACT			hours (p=0.040) and longer duration (p=0.048)
Schonebaum et al. 2006 ^{25*}	RCT (EDIP)	PACT	86 CH; 84 PACT	Yes	Not reported	No differences in number of placements. CH wage higher & more weeks worked (p<0.01)
Tsang et al. 2010 ^{26*}	Matched	age/sex-matched regional outpatients	46 CH, 46 other	Yes	Yes	CH more likely to be employed (at 6 months, 11 CH employed and 1 control employed (p<0.001).
Psychiatric Symptoms, Quality of Life & Social Outcomes						
Warner et al. 1999 ^{20*}	Matched	age/sex/psyc hx/ previous service use - matched patients	38 CH, 38 other	Yes	Not reported	CH more likely friends & someone for support (p=0.001, 0.002). CH better QoL (p=0.01 - 0.05).
Mowbray et al. 2009 ^{27*}	Matched	Geographically matched consumer run drop-in centers	31 CH, 31 other	Yes	Yes	CH greater QoL (p=0.048) and more likely to identify as being in recovery (p=0.004).
Tsang et al. 2010 ^{26*}	Matched	age/sex-matched regional outpatients	46 CH, 46 other	Yes	Yes	CH QoL (physical functioning) was lower but may show improvements (NS after multiple testing correction).
Gold et al. 2016 ^{28*}	RCT (EDIP)	CH not in Comp. Employ. (CE)	38 CH + CE; 36 other	Yes	Not reported	CH did better on QoL, social and financial aspects, self-esteem, though review reports the effect size is 0.
Shen et al. 2016 ²⁹	RCT	CH + TAU vs. TAU (psychiatric rehab)	81 CH; 30 other (China)	One or the other as reported by Yan et al. 2021		CH lowered psychiatric symptoms and improved social functioning at 6 and 12 months post-intervention.
Yang et al. 2017 ³⁰	RCT	No treatment	48 CH; 48 other (China)	One or the other as reported by Yan et al. 2021		CH lower psychiatric symptoms and higher emotional intelligence
Xiang et al. 2019 ³¹	RCT	CH + TAU vs. TAU (psychiatric rehab)	45 CH; 45 other (China)	One or the other as reported by Yan et al. 2021		CH lowers depression and anxiety symptoms 12 and 18 months post-intervention.
Chen et al. 2020 ²¹	RCT	psychiatric rehab	28 CH; 23 other (China)	Yes	Not reported	CH lower symptoms and higher social/QOL/self-determination (p<0.05)

Notes. ¹Analyzed in Mckay et al (2018). ² RCT= Randomized Clinical Trial. Match=matching cases and controls' observational data on a set of pre-determined criteria. NS = Not statistically significant. QoL = Quality of Life. PACT = Program of Assertive Community Treatment. ACT = Program of Assertive Community Treatment. TAU = treatment as usual (psychiatric rehabilitation in this case). 4 studies used the Employment Intervention Demonstration Program (EDIP) dataset (see "Design" column).

Table 2. Selected Comparative Observational Studies Regarding CH Effectiveness.

Study	Outcome	Comparison	N	CH Accred. (began 1989)	Adheres to CH Std./Fidelity Check	Findings
Beckel 1998 ^{32*}	Employment	Day treatment	79 CH; 57 other	1 of 6 CH in study	Not reported	CH 17% higher employment rates (p<0.05).
Stein et al. 1999 ^{33*}	Employment QoL	PACT	38 CH; 21 other	Not reported	Yes	NS differences in loneliness. NS differences but trended toward CH working more hours and more of the year.
Jacobs 1999 ^{34*}	QoL	Community outings 3x/week	15 CH; 15 other	No	No	CH higher improvement in service satisfaction scores
Accordino & Herbert 2000 ^{35*}	Hospitalizations QoL	3 other rehabilitation interventions	26 CH; 121 other	Not reported	Not reported	NS differences.
Boyd & Bentley 2006 ^{36*}	Empowerment QoL	Drop-in Centers	77 CH; 74 other	Not reported	Implied	CH higher life satisfaction and family contact. CH less financial and daily activity satisfaction.
Jung & Kim 2012 ^{37*}	Symptoms QoL Stigma	Rehabilitation skills training model	232 CH; 289 other (South Korea)	No	Yes	NS differences for symptoms, CH significantly lower stigma & higher QoL (particularly for the “friend & peer relationships” subscale; p<0.05).
Hultqvist et al. 2017 ³⁸	QoL social network	Community-based day centers	57 CH; 128 other	Not reported	Implied	CH scored higher on social network items
Faheem et al. 2025 ³⁹	Hospitalizations	Compared CH to general rates for their clinic (claims data)	89 CH; general clinic	Not reported	Not reported	CH members pre- to post- (90 days) very significantly decreased rehospitalizations (p<0.00001). Compared to clinic rates, CH lower rehospitalizations (28 vs 13%).

Notes. ¹Analyzed in McKay et al (2018) review.² NS = Not statistically significant. QoL = Quality of Life. PACT = Program of Assertive Community Treatment.

Part 2: Why is the Clubhouse (CH) model effective?

OVERVIEW

Most scholars agree that the CH model is effective. Various theories, variables, and frameworks have been proposed to explain the mechanism of effectiveness, but there is no one answer upon which researchers agree. As recently stated by Hinchey et al., "...the predominant evolution in [CH research] may be understood as moving beyond asking the question, "Does the Clubhouse model work?" and towards investigating the questions, "How does the Clubhouse (i.e., social practice) model work, and for whom does it work best?"⁴ This shift in focus was recently echoed by the current Director of the Program for CH research.⁵ Data presented in this brief cover a variety of variables with evidence suggesting the integral role of structured, meaningful engagement.

METHODS

Studies for our literature review were identified from the following sources:

1. Previously published meta-syntheses and literature reviews.
2. Clubhouse International's website repository, particularly for recent reports (past 10 years)
3. Database searches for recent, qualitative studies

RESULTS

At least 4 literature reviews and 1 meta-synthesis have summarized qualitative CH studies. Of note, Kinn et al.'s meta-synthesis summarizes the CH experience as "pushing the boat out" through a 4 step process: support recovery ("anything is possible"), ground progress, create opportunity for fulfillment, and create a life outside CH.⁴⁰ A 2020 literature summary found: (1) CHs improve social skills and provide support, thereby allowing for social reintegration into communities; (2) CH importance is often noted as the work-ordered day and developing workplace skills; and (3) CHs foster psychological growth (e.g., belonging and self-efficacy).¹⁶

The Clubhouse International website specifically names "meaningful relationships" as their core ingredient.¹ The social aspect of the CH has been suggested by some researchers as the main mechanism for CH members' recovery. For some this is termed "the community."^{41,42} One scoping review focused on studies of social networks and CH recovery and found evidence of importance of small social networks highlighted by deep relationships.⁴³ Authors also emphasized CH members' frequent reports that the CH is "an inclusive environment [with] acceptance and belonging (i.e., "a place to be")... where members feel supported, accepted, and valued by peers." Tanaka et al. found increased sense of belonging was associated with increased empowerment⁴⁴ and Sanchez et al. found family and friend support to be among the variables that partially explained the relationship between mental illness and QoL.⁴⁵

Another central aspect of the CH model is the "work-ordered-day." Valkeapää et al. found aspects of two ideologies in the CH model of employment: recovery-oriented and communal approach. Some studies do speak to "space" or "place" and the importance of having a dedicated location.⁴⁶ Pernice et al. describe a CH as "a 'place' as both a physical and psychological setting".⁴⁷ For researchers using a social practice lens to frame the CH model,^{4,47-49} one of the five key elements is transformational social design. In the context of the CH, this means specific and intentional space designs to foster community but also allow for personal space.⁴⁹

Finally, other researchers have used separate theories to frame qualitative analyses of the CH model including self-determination theory⁵⁰, realist theory⁵¹ and salutogenesis.^{52,53}

CONCLUSIONS

Literature reviews and a meta-synthesis study suggest the effectiveness of CH on a number of outcomes. Several studies suggest that structured, meaningful engagement plays a key role in CH positive outcomes. CH fosters a sense of belonging, a sense of autonomy and self-efficacy, and meaning for members, often through engagement in meaningful work. This is achieved by emphasizing integration with peers, social and job skills training, and a dedicated place to be in community, which may contribute to decreased psychiatric symptoms and improved QoL and wellbeing.

Table 3. Selected qualitative and/or mixed methods CH studies (2017-2025).

Study	Outcome	Design	Sample	CH Accred. (began 1989)	Adheres CH Std. /Fidelity Check	Findings
Pernice et al. 2017 ⁵⁴	Mattering to others	Individual interviews with CH members. Mediation analyses.	119 members (10 CH in one state)	Mixed	Not reported	The concept of “mattering to others” explained how social support positively influenced recovery.
Prince et al. 2018 ⁵⁵	Inter-personal connection	3 focus groups at Fountain House. “What works well, and what has made it hard to form close relationships?” Follow-up study asked members to rate focus group themes.	20 (focus groups); 150 (follow-up study)	Yes	Yes	9 focus group themes emerged for closeness (members reporting True in follow-up): work (94%); repeated interactions (93%); non-judgment (89%); after hours and weekend activities (88%); improving social skills (88%); equal member- staff footing (86%); sharing similar experiences (84%); lack of rigid structure (83%); staff outreach after absence (79%).
Raeburn et al. 2017 ⁵⁰	Social Env't	Self-determination theory framed observations then interviews with CH members & staff	18 members & staff (Australia)	Yes	Not reported	3 themes related to the social environment were discovered. First, a supportive, inclusive community that was always present (even years later as needed). Second, participating in work (and the opportunity to do so) increased confidence and self-efficacy. Third, staff treating members with respect and autonomy.
Rouse et al. 2017 ⁵⁶	Mechanism of change for recovery	6 focus groups (combined staff, board of directors and members) then administered surveys to members.	39 (focus group); 168 CH members (survey) (Canada)	Yes	Not reported	Mechanisms: Author's categorization (focus group themes) (1) Normalization (respect/non-judgment, autonomy, social relationships, sense of belonging). (2) Self-determination (autonomy, sense of purpose, dignity/self-worth, independence/ self-efficacy). (3) Reduction of stigma (reduction of stigma, acceptance)
Mutschler et al. 2018 ⁵¹	Mechanism of recovery at CH	Goal to develop and test a realist theory of CH recovery. 6 focus groups (combined staff, board of directors and members) then administered surveys to members.	39 (focus group); 168 CH members (survey) (Canada)	Yes	Not reported	3 main outcomes: feel better and at peace (restorative); personhood (reaffirming); and skills-acquired (re-engaging). Mechanisms behind each were mostly shared, but differed in strength. Dignity, self-efficacy and belonging for restorative. Respect/non-judgment and belonging for reaffirming. Self-efficacy & dignity for re-engaging.

Study	Outcome	Design	Sample	CH Accred. (began 1989)	Adheres CH Std. /Fidelity Check	Findings
Chen & Oh 2019 ⁵⁷	Member participation & recovery	Significant observation period then individual observations with staff. Fountain House	38 CH staff	Yes	Yes	Staff felt that the work element was the key for CH members for a variety of reasons, especially as a “therapeutic element.” Member motivation was also listed as key.
Fekete et al. 2020 ⁵³	CH experience	Hermeneutic- phenomenological. Individual interviews about CH and recovery experiences, framed through salutogenesis.	18 CH members from 3 CH (Norway)	Yes	Not reported	3 themes: “Finally I belong somewhere I can be proud of,” “I am more like an ordinary citizen, but different” (including the workday schedule), and “I feel somewhat equal to others (spoke of dignity and value).”
Desai et al. 2021 ⁵⁸	Social belonging	Interviews. Phenomenological.	12 CH members	Not reported	Not reported	CH is an “oasis of belonging .”
Fekete et al. 2021 ⁵⁹	Experience of recovery at CH	Hermeneutic- phenomenological. Individual interviews about CH and recovery experiences.	18 CH members from 3 CH (Norway)	Yes	Not reported	2 main themes: “balancing unlimited support & meeting challenges”; social interaction ; and meaningful work .
Pernice et al. 2021 ⁶⁰	Motivations to use CH	Interviews focused on reason for CH attendance; what CH provides; and CH role in recovery	140 from 10 CH in one state	Yes	Not reported	CH member motivations and experiences “overwhelmingly” centered around social connections/interactions . Meaningful work /roles were also frequently mentioned. Notably, participants also spoke to symptom management.
Tanaka et al. 2021 ⁶¹	Participation	3 focus groups, interviews, and observational data. Grounded Theory approach. Two questions posed: “What has it been like for you to participate in the CH?” and “How have you been participating in decision-making?”	21 CH members from 3 CH (U.S. & U.K.)	Yes	Not reported	Participation was defined as “making decisions, participating in work , and locating oneself in the community .” Authors describe two, interconnected themes: (1) Autonomy (including self-efficacy, empowerment, & the concept of ‘meaningful’); and (2) Egalitarian connection (including respect, belonging, & value).
Vescey et al. 2023 ⁴⁸	CH experience	4 focus groups at Fountain House asked about CH experiences, staff interactions, & their CH hopes.	12 CH members	Yes	Yes	Authors summarize themes as “centrality of action, agency, and meaningful activity in the lives and recovery journeys of people with mental illness.” Participants thought of CH as places of “possibility, hope and belonging .”

Study	Outcome	Design	Sample	CH Accred. (began 1989)	Adheres CH Std. /Fidelity Check	Findings
Agner et al. 2024 ⁶²	Health & QoL	Photovoice for Grounded Theory research.	37 CH members; 6 staff	Yes	Not reported	Created a conceptual model: participation in CH meaningful activities leads to activities and working side-by-side leading to social support. As support grows, members felt they mattered, had increased self-efficacy and felt less stigma.
Fjeldsoe et al. 2025 ¹³	CH experiences	Surveys, individual interviews & secondary data analysis.	237 CH members (161 existing & 76 new (0-14 days))	Yes	Not reported	Members commented on CH's providing support they can tailor to their needs. CH impact was described by depth of experiences and acceptance/value of members.
Korankye et al. 2025 ⁶³	Stigma	Phenomenological with reflexive thematic analysis. Individual interviews asking about CH "experiences, perceptions and behaviors."	12 CH members & 4 staff (rural)	Not reported	Not reported	CH respect, non-judgment & emotional support helped lessen self-stigma. CH also helps with public-stigma.

Note. QoL = Quality of Life.

REFERENCES

1. What are Clubhouses? - Clubhouse International. Accessed December 9, 2025. <https://clubhouse-intl.org/what-we-do/what-clubhouses-do/>
2. McKay C, Nugent KL, Johnsen M, Eaton WW, Lidz CW. A Systematic Review of Evidence for the Clubhouse Model of Psychosocial Rehabilitation. *Adm Policy Ment Health Ment Health Serv Res*. 2018;45(1):28-47. doi:10.1007/s10488-016-0760-3
3. Bouvet C, Battin C, Le Roy-Hatala C. Le modèle Clubhouse pour les personnes souffrant de troubles psychiques : revue de littérature et expérience française [The Clubhouse model for people with severe mental illnesses: Literature review and French experiment]. *L'Encéphale*. 2015;41(6):477-486. doi:10.1016/j.encep.2014.09.001
4. Hinchey LME, Pernice FM, Christian JN, Michon A, Rice K. A Contemporary Review of the Clubhouse Model of Psychosocial Rehabilitation: Past, Present, and Emerging Directions. *Psychiatr Q*. 2023;94(4):569-604. doi:10.1007/s11126-023-10051-w
5. McKay CE. The growth and diversity of the evidence base for the clubhouse model. *Psychiatr Rehabil J*. 2024;47(3):189-192. doi:10.1037/prj0000628
6. Suijkerbuijk YB, Schaafsma FG, Van Mechelen JC, Ojajärvi A, Corbière M, Anema JR. Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis. Cochrane Work Group, ed. *Cochrane Database Syst Rev*. 2017;2017(9). doi:10.1002/14651858.CD011867.pub2
7. Yan H, Ding Y, Guo W. Clubhouse Model of Psychiatric Rehabilitation in China to Promote Recovery of People With Schizophrenia: A Systematic Review and Meta-Analysis. *Front Psychiatry*. 2021;12:730552. doi:10.3389/fpsy.2021.730552
8. Liu S, Gu X. Effect of clubhouse model on family burden and negative emotions of schizophrenia patients during recovery period. [所康复模式精神分裂症恢复期患者家庭与面情的影]. *Nurs Sci*. 2017;32(6). doi:10.3870/j.issn.1001-4152.2017.11.064
9. Liu L, Liu Q, Yu F. Effectiveness of clubhouse model of psychiatric rehabilitation on family burden and negative emotion in patients with stable stage schizophrenia. [所康复模式精神分裂症恢复期患者家庭与面情的影]. *Nurs Pr Res*. 2018;15(4). doi:10.3870/j.issn.1001-4152.2017.11.064
10. Huang Y, Zhou Y. Effectiveness of clubhouse model of psychiatric rehabilitation on cognitive function and quality of life of first-episode schizophrenics. [社精神康复所模式首精神分裂症患者知功能及生活量的影]. *J Neurosci Ment Health*. 2019;19(70).
11. Gumber S, Stein CH. Beyond these walls: Can psychosocial clubhouses promote the social integration of adults with serious mental illness in the community? *Psychiatr Rehabil J*. 2018;41(1):29-38. doi:10.1037/prj0000262
12. Ritter VC, Fekete OR, Nordli H, Bonsaksen T. Measuring perceived outcomes from participating at a clubhouse for persons with mental illness: Psychometric properties and associated factors. *Scand J Occup Ther*. 2019;26(3):219-225. doi:10.1080/11038128.2018.1508496
13. Fjeldsoe BS, Vitangcol K, Lamerton T, et al. The Stepping Stone Clubhouse Evaluation: Exploring Members' Experiences, Service Engagement, and Perceived Impact of the Clubhouse International Model. *Community Ment Health J*. 2025;61(2):382-393. doi:10.1007/s10597-024-01397-x
14. Mutschler C, McShane K, Liebman R. Psychosocial Outcomes of Canadian Clubhouse Members: A Multi-Site Longitudinal Evaluation. *Community Ment Health J*. 2024;60(8):1464-1471. doi:10.1007/s10597-024-01280-9
15. Pereira H, Tanaka K, Agner JL. Experiential Aspects of Participation for People with Serious Mental Illnesses: Measure Validation and Preliminary Findings from Clubhouses in Hawai'i. *Occup Ther Ment Health*. 2025;0(0):1-21. doi:10.1080/0164212X.2025.2562147
16. Bouvet C, Battin C, Cappelaere C, Leroy-Hatala C. Psychosocial Change in Members of Clubhouse Paris (France) Over an 18-Month Period: A Longitudinal Mixed Methods Study. *Community Ment Health J*. 2021;57(5):853-863. doi:10.1007/s10597-020-00654-z
17. Beard JH, Pitt RB, Fisher SH, Goertzel V. Evaluating the effectiveness of a psychiatric rehabilitation program. *Am J Orthopsychiatry*. 1963;33(4):701-712. doi:10.1111/j.1939-0025.1963.tb01018.x
18. Beard JH, Malamud TJ, Rossman E. Psychiatric rehabilitation and long-term rehospitalization rates: the findings of two research studies. *Schizophr Bull*. 1978;4(4):622-635. doi:10.1093/schbul/4.4.622

19. Henry A, Jackson R, Fisher W, Brown JM, White A. A retrospective examination of the relationship of clubhouse membership to clinical service use. A report to the International Center for Clubhouse Development. *Unpubl Rep Univ Mass Med Sch Worcest MA*.
20. Warner R, Huxley P, Berg T. An Evaluation of the Impact of Clubhouse Membership On Quality of Life and Treatment Utilization. doi:10.1177/002076409904500410
21. Chen Y, Yau E, Lam C, et al. A 6-Month Randomized Controlled Pilot Study on the Effects of the Clubhouse Model of Psychosocial Rehabilitation with Chinese Individuals with Schizophrenia. *Adm Policy Ment Health Ment Health Serv Res*. 2020;47(1):107-114. doi:10.1007/s10488-019-00976-5
22. Macias C, Propst R, Rodican C, Boyd J. Strategic Planning for ICCD Clubhouse Implementation: Development of the Clubhouse Research and Evaluation Screening Survey (CRESS). *Ment Health Serv Res*. 2001;3(3):155-167. doi:10.1023/A:1011523615374
23. Johnsen M, McKay C, Henry A, Manning T. What Does Competitive Employment Mean? A Secondary Analysis of Employment Approaches in the Massachusetts Employment Intervention Demonstration Project. *Colleen E McKay*. 2004;13. doi:10.1016/S0192-0812(04)13002-X
24. Macias C, Rodican CF, Hargreaves WA, Jones DR, Barreira PJ, Wang Q. Supported Employment Outcomes of a Randomized Controlled Trial of ACT and Clubhouse Models. *Psychiatr Serv*. 2006;57:1406-1415. doi:10.1176/ps.2006.57.10.1406
25. Schonebaum AD, Boyd JK, Dudek KJ. A Comparison of Competitive Employment Outcomes for the Clubhouse and PACT Models. *Psychiatr Serv*. 2006;57:1416-1420. doi:10.1176/ps.2006.57.10.1416
26. Tsang AWK, Ng RMK, Yip KC. A Six-month Prospective Case-controlled Study of the Effects of the Clubhouse Rehabilitation Model on Chinese Patients with Chronic Schizophrenia. *East Asian Arch Psychiatry*. 2010;20(1):23-30.
27. Mowbray CT, Woodward AT, Holter MC, MacFarlane P, Bybee D. Characteristics of Users of Consumer-Run Drop-In Centers Versus Clubhouses. *J Behav Health Serv Res*. 2009;36(3):361-371. doi:10.1007/s11414-008-9112-8
28. Gold PB, Macias C, Rodican CF. Does Competitive Work Improve Quality of Life for Adults with Severe Mental Illness? Evidence from a Randomized Trial of Supported Employment. *J Behav Health Serv Res*. 2016;43(2):155-171. doi:10.1007/s11414-014-9392-0
29. Shen Y, Xiong Y, Chen Y, Zhang Y. The application of clubhouse model in patients with first-episode schizophrenia. [所模式日康复在首恢复期精神分裂症病人中的用]. *Chin Nurse Res*. 2016;30(15). doi:10.3969/j.issn.1009-6493.2016.12.014
30. Yang J, Song Y, Deng R, Wen H. Effect of clubhouse model on emotional regulation in patients with stable stage schizophrenia. [所模式定期精神分裂症患者情能力的影]. *Chongqing Med J*. 2017;46(5).
31. Xiang J, Ma J. The Club's Multi-Dimensional Model Rehabilitation Model Effectively Improved Family Relationships and Negative Emotions in Female Patients Recovering from Schizophrenia. *Chin Nurs Res*. 2019;33(15).
32. Beckel DN. *Clozapine and Clubhouse Treatment Model and Vocational Outcomes of Adults with Schizophrenia*. Ph.D. Colorado State University; 1998. Accessed December 8, 2025. <https://www.proquest.com/docview/304432352/abstract/C007F74C1FC34F51PQ/1>
33. Stein LI, Barry KL, Dein GV, Hollingsworth EJ, Sweeney JK. Work and social support: A comparison of consumers who have achieved stability in ACT and clubhouse programs. *Community Ment Health J*. 1999;35(2):193-204. doi:10.1023/A:1018780916794
34. Jacobs DR. *An Effectiveness Study of Psychosocial Rehabilitation*. Ph.D. The Union Institute; 1999. Accessed December 8, 2025. <https://www.proquest.com/docview/304569463/abstract/CBB5E0E9EB3945FBPQ/1>
35. Accordino MP, Herbert JT. Treatment Outcome of Four Rehabilitation Interventions for Persons with Serious Mental Illness. *J Ment Health Couns*. 2000;22(3):268.
36. Boyd AS, Bentley KJ. The Relationship Between the Level of Personal Empowerment and Quality of Life Among Psychosocial Clubhouse Members and Consumer-Operated Drop-In Center Participants. *Soc Work Ment Health*. 2006;4(2):67-93. doi:10.1300/J200v04n02_05
37. Jung SH, Kim HJ. Perceived stigma and quality of life of individuals diagnosed with schizophrenia and receiving psychiatric rehabilitation services: A comparison between the clubhouse model and a rehabilitation skills training model in South Korea. *Psychiatr Rehabil J*. 2012;35(6):460-465. doi:10.1037/h0094580
38. Hultqvist J, Markström U, Tjörnstrand C, Eklund M. Programme characteristics and everyday occupations in day centres and clubhouses in Sweden. *Scand J Occup Ther*. 2017;24(3):197-207. doi:10.1080/11038128.2016.1200669

39. Faheem S, Lyons M, Moody M, Sharp S, White J. Impact of Clubhouses in Reducing Psychiatric Readmission Risk. *Cureus*. 2025;17(3):e80559. doi:10.7759/cureus.80559
40. Kinn LG, Langeland E, Tanaka K, Davidson L. "We are Actually Colleagues": Clubhouse Staffs' Experiences of Working Side-by-side with Members. *J Psychosoc Rehabil Ment Health*. 2018;5(1):63-72. doi:10.1007/s40737-018-0110-8
41. Tanaka K, Davidson L. Meanings Associated with the Core Component of Clubhouse Life: The Work-Ordered Day. *Psychiatr Q*. 2015;86(2):269-283. doi:10.1007/s11126-014-9330-6
42. Herman SE, Onaga E, Pernice-Duca F, Oh S, Ferguson C. Sense of Community in Clubhouse Programs: Member and Staff Concepts. *Am J Community Psychol*. 2005;36(3/4):343-356. doi:10.1007/s10464-005-8630-2
43. Meyer MS, Agner J, Botero A, Cha T. Mapping community: A scoping review of clubhouse members' social networks and their impact on recovery in mental illness. *Psychiatr Rehabil J*. 2023;46(3):250-264. doi:10.1037/prj0000520
44. Tanaka K, Davidson L, Craig TJ. Sense of clubhouse community belonging and empowerment. *Int J Soc Psychiatry*. 2018;64(3):276-285. doi:10.1177/0020764018759134
45. Sánchez J, Muller V, Chan F, et al. Personal and environmental contextual factors as mediators between functional disability and quality of life in adults with serious mental illness: a cross-sectional analysis. *Qual Life Res*. 2019;28(2):441-450. doi:10.1007/s11136-018-2006-1
46. Valkeapää T, Tanaka K, Lindholm C, Weiste E, Stevanovic M. Interaction, Ideology, and Practice in Mental Health Rehabilitation. *J Psychosoc Rehabil Ment Health*. 2019;6(1):9-23. doi:10.1007/s40737-018-0131-3
47. Pernice F, Hinchey LM, Rice K, et al. The method and application of social practice in the clubhouse. *Psychiatr Rehabil J*. 2024;47(3):270-277. doi:10.1037/prj0000604
48. Vescey L, Yoon J, Rice K, Members of PARCO Group, Davidson L, Desai M. A return to lived experiencers themselves: Participatory action research of and by psychosocial clubhouse members. *Front Psychol*. 2023;13:962137. doi:10.3389/fpsyg.2022.962137
49. Pernice FM, Hinchey LM, Rice K, et al. Community as therapy: The theory of social practice. *Psychiatr Rehabil J*. 2024;47(3):260-269. doi:10.1037/prj0000588
50. Raeburn T, Schmied V, Hungerford C, Cleary M. The use of social environment in a psychosocial clubhouse to facilitate recovery-oriented practice. *BJPsych Open*. 2016;2(2):173-178. doi:10.1192/bjpo.bp.115.002642
51. Mutschler C, Rouse J, McShane K, Habal-Brosek C. Developing a realist theory of psychosocial rehabilitation: the Clubhouse model. *BMC Health Serv Res*. 2018;18(1):442. doi:10.1186/s12913-018-3265-9
52. Fekete OR, Kinn LG, Larsen TMB, Langeland E. Salutogenesis as a theoretical framework for psychosocial rehabilitation: the case of the Clubhouse model. *Int J Qual Stud Health Well-Being*. 2020;15(1). doi:10.1080/17482631.2020.1748942
53. Fekete OR, Langeland E, Larsen TMB, Kinn LG. "Finally, I belong somewhere I can be proud of" – Experiences of being a Clubhouse member in Norway. *Int J Qual Stud Health Well-Being*. 2020;15(1):1703884. doi:10.1080/17482631.2019.1703884
54. Pernice FM, Biegel DE, Kim JY, Conrad-Garrisi D. The mediating role of mattering to others in recovery and stigma. *Psychiatr Rehabil J*. 2017;40(4):395-404. doi:10.1037/prj0000269
55. Prince JD, Mora O, Ansbro J, Benedict A, DiCostanzo J, Schonebaum AD. Nine ways that clubhouses foster interpersonal connection for persons with severe mental illness: Lessons for other types of programs. *Soc Work Ment Health*. 2018;16(3):321-336. doi:10.1080/15332985.2017.1395781
56. Rouse J, Mutschler C, McShane K, Habal-Brosek C. Qualitative participatory evaluation of a psychosocial rehabilitation program for individuals with severe mental illness. *Int J Ment Health*. 2017;46(2):139-156. doi:10.1080/00207411.2017.1278964
57. Chen F, Oh H. Staff views on member participation in a mental health clubhouse. *Health Soc Care Community*. 2019;27(3):788-796. doi:10.1111/hsc.12697
58. Desai MU, Manning R, Pavlo AJ, et al. An "oasis within a desert," but the desert remains: Clubhouse members' experiences of social belonging and societal oppression. *Am J Orthopsychiatry*. 2021;91(2):294-301. doi:10.1037/ort0000539

-
59. Fekete OR, Langeland E, Larsen TMB, Davidson L, Kinn LG. Recovery at the Clubhouse: challenge, responsibility and growing into a role. *Int J Qual Stud Health Well-Being*. 2021;16(1). doi:10.1080/17482631.2021.1938957
 60. Pernice FM, Price MH, Rice K. Why We Come: Clubhouse Members Seek Connection, Purpose and Meaning. *Community Ment Health J*. 2021;57(3):446-456. doi:10.1007/s10597-020-00685-6
 61. Tanaka K, Stein E, Craig TJ, Kinn LG, Williams J. Conceptualizing participation in the community mental health context: Beginning with the Clubhouse model. *Int J Qual Stud Health Well-Being*. 2021;16(1):1950890. doi:10.1080/17482631.2021.1950890
 62. Agner J, Botero A, Cha T, Nakamura L, Kaukau TM, Liu M. A conceptual model of how mental health clubhouses impact health and quality of life among individuals with serious mental illness. *Psychiatr Rehabil J*. 2024;47(3):249-259. doi:10.1037/prj0000579
 63. Korankye R, Oladeji G, Gilbert L. The Unspoken Struggles from Mental Health Stigma in a Rural Community: A Qualitative Exploration of Clubhouse Members' Lived Experiences. *Int J Environ Res Public Health*. 2025;22(11). doi:10.3390/ijerph22111626