CHAPTER 15

The Vocational Development Functions of the Clubhouse

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INTRODUCTION

This chapter describes how clubhouses assist persons recovering from mental illness to develop readiness in multiple life domains and to enter into employment. Every clubhouse model program adhering to the standards of the International Center for Clubhouse Development (ICCD) provides daily opportunities to develop work readiness by genuinely contributing their efforts to the “work-ordered day” (Beard, Propst, & Malamud, 1982). Activities each day include preparing lunch, answering phones, assisting other clients—called “members”—in performing basic tasks, making outreach calls and visits, and doing computer, house, and yard work. The clubhouse provides a variety of social activities outside of the work-ordered day, including the celebration of holidays, informal gatherings, and recognition of the growth and development of individual participants. Members and staff also perform many case management functions, assisting in the location and maintenance of housing and jobs, and advocating for necessary benefits (Macias, Jackson, Wang, & Schroeder, 1999). Each clubhouse provides Transitional Employment opportunities to promote confidence and work readiness. All these services are provided in a supportive atmosphere of member/staff partnership, where membership is lifelong and unconditional. Indeed, the key to the successful operation of a clubhouse lies in fostering social support among and between members and personnel of the club.

The clubhouse model of psychiatric and vocational rehabilitation has been refined and tested by Fountain House, in New York City, for over 50 years, offering people with mental illnesses unique opportunities for recovery of valued vocational, employment, and social roles. The successful clubhouse is a relevant, flexible, and semipermeable institution that incorporates strongly held cultural values and rehabilitation techniques (Beard et al., 1982). It operates as a milieu that facilitates the transition of people from the clubhouse into the greater society. It is the members of the club who determine their own pace of transition and the direction they wish to go in their rehabilitation.
Serious mental illnesses rob people of critical developmental opportunities, including the cultivation of successful social and relationship-building skills, vocational and employment skills, and, all too often, the acquisition of a comfortable role or niche in the greater community (Anthony, 1994). The clubhouse provides these developmental opportunities for a surprisingly wide array of members by generating a broad variety of meaningful and necessary activities every day. From sophisticated planning, writing, development, and negotiation tasks to emptying ashtrays, the clubhouse needs and values the contributions of its members. The experience of being needed and appreciated motivates the risk-taking necessary to acquire valued skills and roles, ultimately, in the greater community (Vorspan, 1988).

The staff and members of nearly 400 clubhouses world-wide share responsibility for and ownership of their clubhouses, sharing their challenges and rewards, and filling a unique niche in the field of psychiatric rehabilitation (Anthony, 1994). This “no reject” program has demonstrated its tremendous potential to improve vocational and employment outcomes for persons with mental illness (Drake, McHugo, Becker, Clark, & Anthony, 1996). The recently developed ICCD is strategically committed to overcoming mental health and vocational rehabilitation system barriers to make this model more accessible and to ensure a high standard of quality among clubhouses (Propst, 1992).

**CLUBHOUSE HISTORY**

**Era of Institutionalization (1948–1963)**

The clubhouse was born in 1948, during the era of institutionalization when a group of ex-hospital patients in New York City formed a self-help group called “We Are Not Alone.” Its members provided each other with the mutual support and resources necessary to re-establish themselves in a rejecting and stigmatizing community. With the support of a generous benefactor, members acquired a brownstone town house with a fountain in its back yard. They hired a radical young social worker, John Beard, to direct their program, and they called it Fountain House (Flannery & Glickman, 1996).

Beard, among the earliest practitioners of psychiatric or psychosocial rehabilitation, had experienced some success in providing employment opportunities to patients of a state hospital near Detroit. Hospital policy in the 1940s required Beard to transport the patients off the state hospital grounds in strait-jackets to their grocery store stocking jobs. Even when only primitive psychiatric medications were available, the value of real, paid work was evident to Beard and to the Fountain House members who hired him.

Beard’s belief in real, paid employment quickly translated into the Transitional Employment Program of Fountain House. Unlike partial hospital programs or social clubs, successful clubhouses, based on Fountain House, have always paired accessible opportunities for paid work with meaningful volunteer activity within the clubhouse. Unlike sheltered workshops, which proliferated during this same period, clubhouses have a built-in motivator for community integration. Transitional Employment jobs are in real businesses outside the clubhouse; they are paid at the going community wage; and they are constantly visible to the whole clubhouse community.

The shared history of members and staff in developing the clubhouse model is well documented in books, articles, videos, and the continuing oral history shared in the “clubhouse to clubhouse” colleague training described below. Ester Montanez, an early staff member of Fountain House who remains there today, remembers early members and staff literally inventing