

The Impact of the COVID-19 Pandemic on the Clubhouse Model

Summary

The COVID-19 pandemic posed challenges to the traditional Clubhouse Model of Psychosocial Rehabilitation (Clubhouse). The COVID-19 pandemic forced many Clubhouses around the world to rapidly pivot from face-to-face services and support programs at the Clubhouse to hybrid or virtual services. The Clubhouse community quickly mobilized to establish new structures to maintain connections with Clubhouse members and provide them with essential supports. This brief describes adaptations that Clubhouses made during the COVID-19 pandemic. We also describe supports offered by [Clubhouse International](#) to inform their international network about innovative approaches and best practices for Clubhouses during the COVID-19 pandemic.

Purpose of the Survey

The [Program for Clubhouse Research](#) at UMass Chan Medical School conducted a web-based survey of Clubhouse Directors for Clubhouse International to identify the impact of the physical distancing requirements associated with the COVID-19 pandemic on Clubhouse programs for people living with mental illness. The survey was designed to better understand the adjustments that Clubhouses made to continue op-



Key Takeaways



Clubhouses were able to remain operating despite pandemic challenges. Many Clubhouses pivoted to hybrid or virtual programming to maintain an intentional community and provide members with essential supports. Virtual activities included the Work-Ordered Day, reachout, transportation coordination, and social activities.



Clubhouses expanded the types of communication used to maintain connections with members. Clubhouses increased use of virtual conferencing/meeting tools such as Zoom and WebEx. Some Clubhouses provided members with devices such as tablets, laptops, or mobile phones and increased texting, emailing, and the use of social media sites to help members remain connected.



Clubhouses provided a significant amount of reachout using email, telephone calls, social media sites, and virtual conferencing tools. Over 700,000 reach out contacts were made by 149 Clubhouses. Members who were inactive rejoined the Clubhouse.



Physically distancing restrictions due to the pandemic affected members in a variety of areas including increased social isolation, decreased mental health or well-being.

There were also increases in substance use, suicidality, and hospitalizations. Members had decreased participation in education and employment, particularly Transitional Employment. A lack of transportation was also an issue.

erations during the pandemic and make recommendations about ways that Clubhouses can continue to support members beyond the COVID-19 pandemic. One hundred and ninety-four (194) Clubhouses in 22 countries and

33 states in the US responded to the survey, a 60 percent (60%) return rate. The survey focused on the first year of the pandemic which was the 12-month period between February 2020 and February 2021.

Survey Results

Impact on Physical Space and Member Participation In-Person

Most Clubhouses responding to the survey (92.8%, 180) indicated that their Clubhouse building (physical space) was closed to regular in-person participation by members at some point in 2020 or 2021 due to the pandemic. Ninety (90) of these Clubhouses indicated that their building was closed more than once during the pandemic. Approximately one-third of Clubhouses responding had at least half of their Average Daily Attendance (ADA) able to participate in-person on February 1, 2021. However, another 66 Clubhouses had 10% percent or less of their ADA participating in-person at the same time.

Impact of the Pandemic on Clubhouse Funding/ Clubhouse Budgets

The impact of the pandemic on Clubhouse funding or Clubhouse budgets varied widely. Some of the pandemic impacts may be due to the location (e.g., state or country) where the Clubhouse is located and the primary sources of funding. For example, Clubhouses in the US that have Medicaid as their primary funding source may not have been able to bill for services that were provided virtually. Other Clubhouses were provided with flexibility in funding to continue to offer services remotely. Twenty-two percent (44/178) of Clubhouses saw decreases in their annual budgets since the start of the pandemic, 26% (50/178) did not see a change, and 39% (76/178) saw

The Clubhouse Model

The Clubhouse Model of Psychosocial Rehabilitation has been in existence since 1948 and has positively affected thousands of individuals living with serious mental illness (SMI). Today over 322 clubhouses affiliated with [Clubhouse International](#) are in 30 countries & 37 US states.

Clubhouses are intentionally formed, non-clinical, integrated therapeutic community centers composed of adults and young adults living with SMI and staff who are active in all Clubhouse activities.^{1,2,3} Clubhouse participants are called **members**. Clubhouse membership is open to anyone who has a history of mental illness. Membership is voluntary and without time limits. Being a member means that an individual is a critical part of the community and has both shared ownership and shared responsibility for the success of the Clubhouse.

Clubhouses create an intentional community to welcome, offer support, and provide recovery-oriented opportunities to people living with mental illness. Participation at the Clubhouse is voluntary and designed to help alleviate typical social, economic, and healthcare issues and barriers faced by participants. Stigma, discrimination, isolation, and poor access to needed services continue to be common problems. By creating a place where people with mental illness are welcomed and can find people who understand and relate to their issues, the Clubhouse provides an interactive, encouraging and restorative environment giving people opportunities to reclaim their lives. While developing friendships, contributing to the success of the larger group, learning new skills and accessing additional help with social determinants of health (e.g., employment, education, stable housing, and good quality healthcare) an individual becomes connected to others again and can regain hope and look towards the future.

Clubhouses emphasize teamwork by having members and staff work side-by-side as colleagues to run the program. Clubhouses provide opportunities for members to contribute to the day-to-day operation of the Clubhouse through the [Work-Ordered Day](#).² The work-ordered day parallels the typical business hours of the working community where the Clubhouse is located.

The goal of the Clubhouse is to help Clubhouse members take ownership of their own recovery and lead satisfying, productive lives. Emphasis is placed on reintegration into the larger community and a belief that work, and work-mediated relationships are restorative. Clubhouses offer members a variety of supports including [Transitional, Supported, & Independent Employment](#), (TE, SE, & IE), supported education, housing, outreach, advocacy, health promotion activities, and social and recreational activities

Clubhouses affiliate with Clubhouse International through membership fees and become part of an international network of like-minded programs. Clubhouse International oversees the development, training, & accreditation of Clubhouses worldwide. Clubhouse International also oversees a set of rigorous quality standards (International Standards for Clubhouse Programs)⁴ that serve as operational guidelines and form the basis of the [Clubhouse Accreditation](#) process. All Clubhouses affiliated with Clubhouse International strive to meet the Clubhouse Standards and have sent a team of members and staff to participate in intensive training on the Clubhouse Model. Clubhouse Accreditation is a demonstration of quality and commitment to following the International Clubhouse Standards.⁵

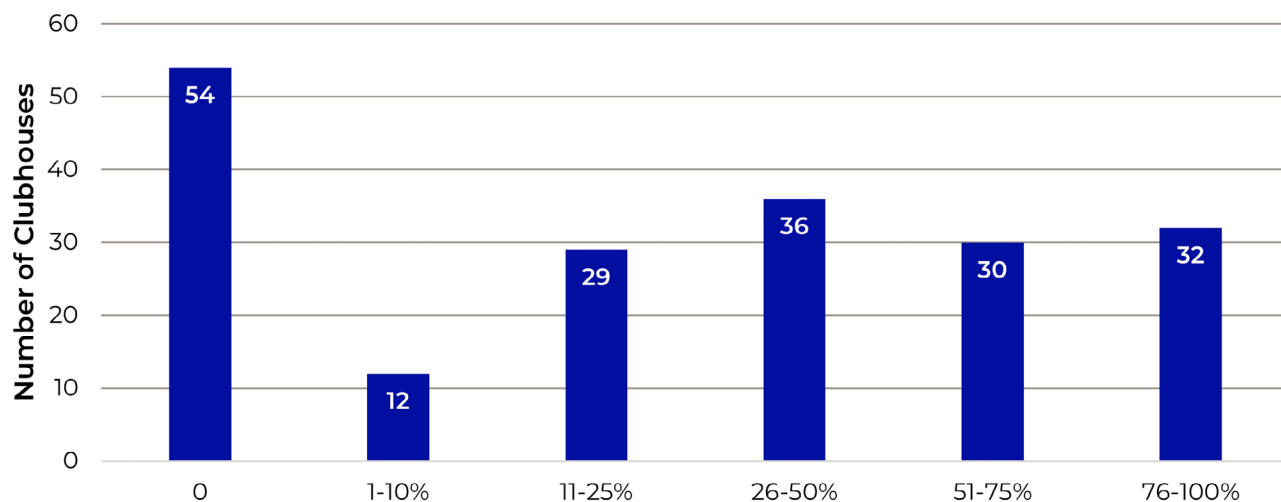


For more information about the Clubhouse Model, please visit:
[What Clubhouses Do](#)

(<https://clubhouse-intl.org/what-we-do/what-clubhouses-do/>)

Figure 1.

Portion of Clubhouse Average Daily Attendance Attending In-Person on February 1, 2021



increases in their annual budgets since the start of the pandemic. Twenty-six (26) Clubhouses were unable to provide this information. Approximately forty percent (38.7%, N=75) of Clubhouses responding to the survey were concerned about reductions in their funding. Despite these challenges, many Clubhouses were able to maintain operations remotely or through a hybrid approach.

Virtual Supports and Services Offered by Clubhouses During the COVID-19 Pandemic

Clubhouse International and their partners at Fountain House and Clubhouse Europe developed a [WANA \(We Are Not Alone\) webinar series](#) to provide Clubhouses with ideas and resources for adjusting to pandemic related restrictions. The WANA series stimulated creativity throughout the worldwide Clubhouse network, as Clubhouses shared their innovative approaches to meeting the challenges of this unique time. While the series began specifically with tips and strategies for ensuring that Clubhouses could maintain strong connections during the pandemic shut downs, it expanded into meeting the new needs of Clubhouses as they began their processes of reopening buildings and physical space to staff and members. The most recent webinar was “How to Get, Keep, Nurture, and Inspire a Great Clubhouse Staff”. Other webinars and resources included [virtual communities and re-opening tips and strategies](#).

Clubhouses began providing a virtual Work-Ordered Day (WOD), virtual community supports

such as meal delivery, reach out calls, email and text messages, evening and weekend virtual social activities (e.g., movie night, outdoor gatherings, cooking classes), medication delivery, transportation coordination for work and healthcare appointments, and a virtual evening/weekend program to maintain services and connections with members. Typically, the Work-Ordered Day parallels a normal business workday. The amount of time a virtual WOD was offered during the pandemic was less than twenty hours per week on average but varied widely (*Table 1*). Most of the virtual WOD activities included providing virtual community supports and services. Evening and weekend programming was drastically reduced to an average of 2.5 hours per week although this also varied widely.

Typically (prior to the COVID-19 pandemic), members who were unable to come into the Clubhouse building due to employment, education, hospitalization, physical limitations, etc. receive reachout via calls or visits from other members and staff. Reach out becomes an extension of the Clubhouse for these members. Reach out sends a message that members are wanted, needed, and appreciated by the Clubhouse. It also serves as an early warning system when members are struggling with their mental health or other problems. Clubhouses expanded their reachout efforts during the pandemic. 149 Clubhouses provided an average of 4850 reach out contacts to members during the survey period. The total combined reach out contacts provided to members by these Clubhouses was over 700,000 (*Table 1*).

Table 1. Virtual Clubhouse Supports and Services

	N	Average	Range	Total
Virtual Work-Ordered Day (Hours)	188	17.2	0-70	3228.5
Virtual Community Supports & Services (Hours)	182	17.1	0-50	3107.5
Virtual Evening/Weekend (Hours)	186	2.5	0-42	463.5
Reach out Contacts	149	4847.9	0-45657	722,336.5

Reach out to members who were not physically able to attend the Clubhouse provided a crucial link in enabling people to access the benefits of Clubhouse participation and helping prevent them from becoming isolated in the larger community during the pandemic.

Methods of Communication Used by Clubhouses Before and During COVID-19

Prior to the pandemic telephone calls, emails, texts, and Facebook and Facebook Messenger were the primary methods of communication used by Clubhouses. During the pandemic there were large increases in the number of Clubhouses using FaceTime, Zoom, and WebEx although increases were seen in every form of communication used (*Figure 2*). Almost half (48%) of the Clubhouses provided

members with electronic devices. Fifteen percent of their active members received devices. Twenty-five percent of Clubhouses reported providing tablets, 21% provided laptops, 18% provided mobile phones, and 6% provided other devices.

Impacts of the COVID-19 Pandemic on Members

Changes in Clubhouse Memberships During the COVID-19 Pandemic

Clubhouses were asked to provide their Average Daily Attendance and Active Memberships prior to and during the pandemic survey period to assess the impact of COVID-19 on Clubhouse participation. Clubhouses saw a 30% reduction in their Average Daily Attendance (ADA) and a 10% reduction in

Figure 2.
Communication Methods Used by Clubhouses Before and During the First Year of COVID-19

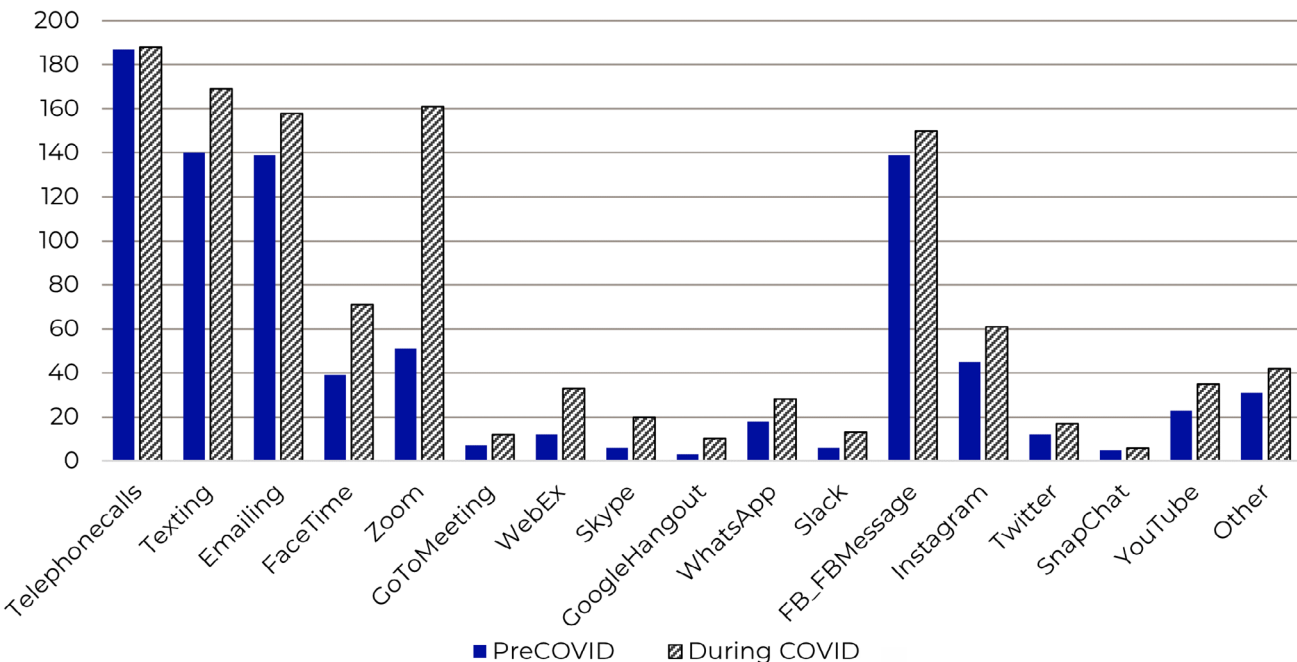


Table 2.
Clubhouse Memberships Before and During the First Year of the COVID-19 Pandemic

Variable	N	Average	Range	Total
Average Daily Attendance (ADA) Prior to February 1, 2020	186	33.6	2 - 300	6252.4
ADA After February 1, 2021	186	23.0	2 - 266	4281.8
Change in ADA	185	-10.7	-184 - 100	-1982.6
Active Membership Prior to February 1, 2020	184	112.6	2 - 973	20724
Active After February 1, 2021	186	100.2	4 - 1196	18644
Change in Active Memberships	183	-10.9	-389 - 223	-2000
Total Membership (Unduplicated) in 2019	164	173.2	3 - 4129	28404
Total Membership (Unduplicated) in 2020	176	153.5	3 - 4011	27008
Difference in Total Unduplicated Memberships	164	-24.2	-389 - 75	-3964
Active Memberships Participating Remotely (%)	178	80	0 - 61.5	139.3
New Members Since February 1, 2020	178	20.7	0 - 265	3688
Inactive Members that Became Active Since February 1, 2020	158	10.9	0 - 173	1716

their Active memberships (Table 2). Interestingly, Clubhouses were also able to engage new members or reengage members that had been inactive prior to the pandemic.

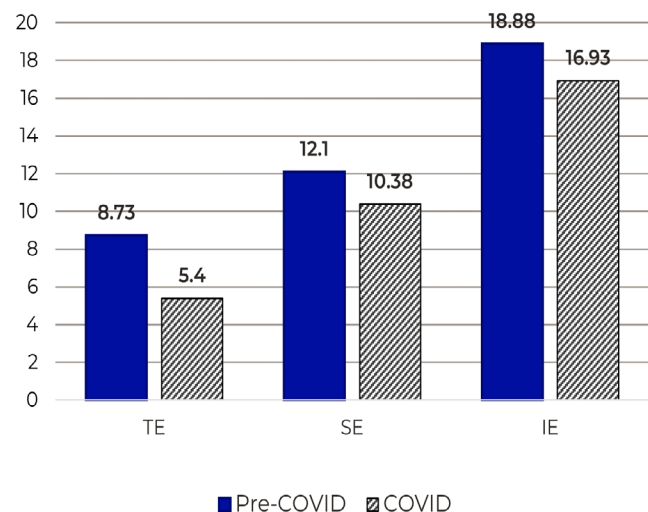
It may be that the virtual approach had appeal to members that had not been actively participating while other members that had been active found it difficult to attend the Clubhouse remotely.

Member Participation in Employment and Educational Opportunities

There was a 15% decrease in the average number of members per Clubhouse that participated in Supported Employment (SE) during the pandemic and a 10% decrease in the average number of members per Clubhouse that participated in Independent Employment (IE) during the pandemic (Figure 3). The biggest impact was on Transitional Employment (TE) which had a 38% decrease in the number of members participating. Given the pandemic resulted in building closures and physical distancing re-

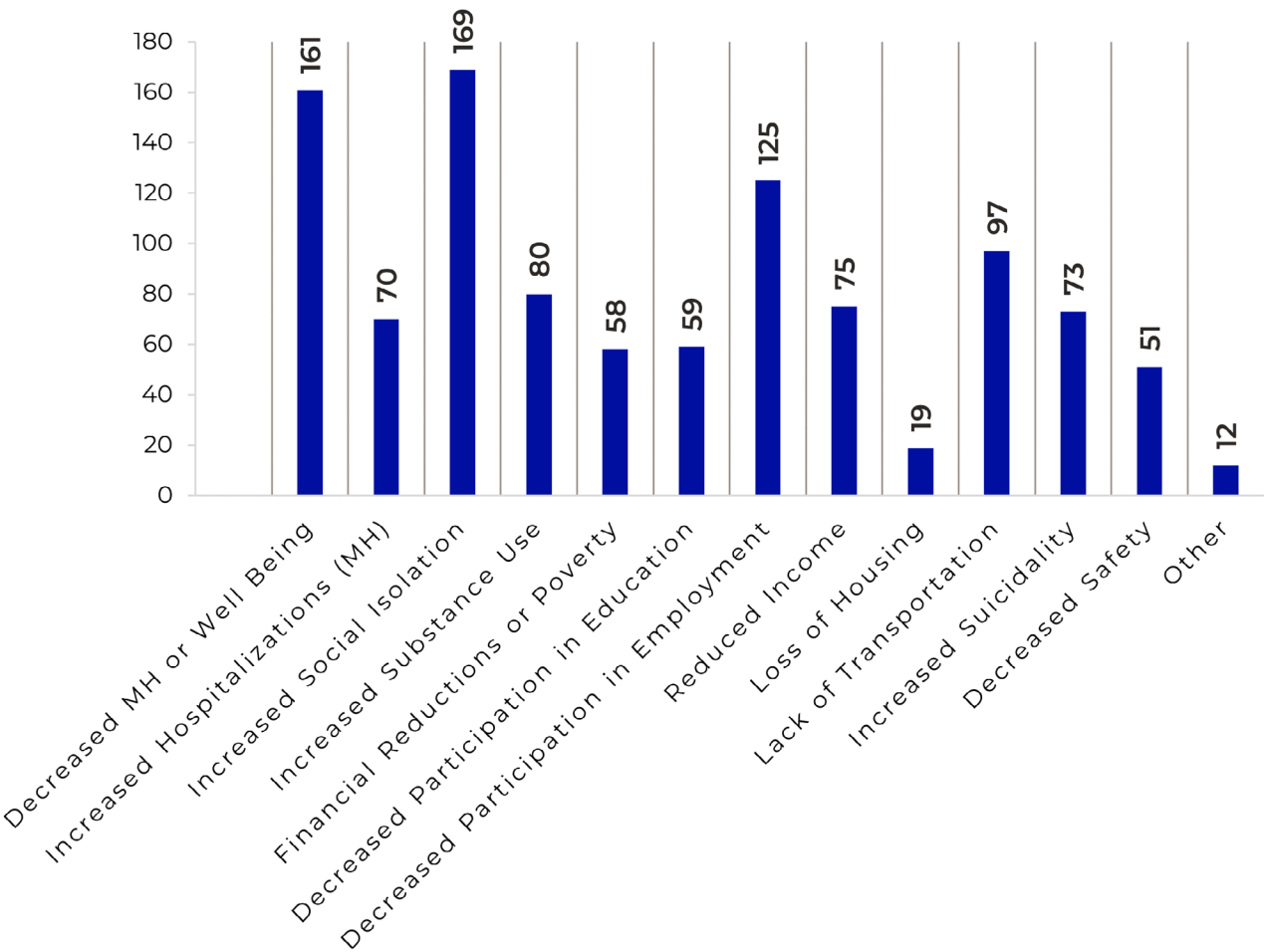
strictions, Clubhouses may not have been able to offer the on-site supports that are typically associated with TE or businesses may have scaled back job hours and paid positions. The number of members participating in educational opportunities in the larger community also decreased by 15% during the COVID-19 pandemic.

Figure 3.
The Average Number of Members per Clubhouse Participating in TE, SE, and IE Pre-COVID and During the First Year of the COVID-19 Pandemic



Ninety-four percent of Clubhouses had members who were inactive become active during the COVID-19 pandemic.

Figure 4.
The Number of Clubhouses Reporting COVID Restrictions Affecting Members



*Impact of the Pandemic and/or Restrictions
 Due to COVID-19 on Members*

Directors from 181 Clubhouses responded to questions regarding the impact of the pandemic on members. Ninety-five percent of Clubhouse Directors felt the pandemic had negatively affected member’s mental health. The most common impacts of the COVID-19 restrictions affecting members reported by Clubhouses Directors was increased social isolation (N=169, 93%), decreased mental health or well-being (N=161, 89%), and decreased participation in employment (N=125, 69%) (*Figure 4*). In addition to these impacts, eighty-nine members from forty-five clubhouses passed away during the pandemic.

Discussion

The findings in this survey are similar to those in three published articles^{6,7,8} that examined the Clubhouse response in the beginning of the COVID pandemic. Mutschler et al., 2020 examined members needs and adaptations in Clubhouse supports during the early phase of the pandemic using semi-structured interviews with twenty-nine people in five Clubhouses in Canada. The findings by Mutschler and colleagues were like those in this larger survey of Clubhouses with members experiencing decreased mental health and increased social isolation. The five Canadian Clubhouses also increased communication methods and utilization of technology to maintain connections with members. One area highlighted in the Canadian study that was mentioned less frequently in open ended responses in this survey was the issue of food insecurity. Members in the Mutschler et al., study reported having difficulty accessing trans-₆



portation to purchase food, challenges with being able to purchase enough food when prices increased during the pandemic, and/or were unable to access resources such as food pantries due to closures during distancing mandates.

Mutschler et al., 2020 described Clubhouses providing members with meals, or delivering bags of food or groceries to members in their homes to address food insecurity during the pandemic.⁸

Two other articles^{6,7} describe results from a survey of members in 140 Clubhouses that was conducted in April-May 2020. Most (75%) of the Clubhouses in this sample were in the US. These articles also describe increases in modes of communication (e.g., social media or video conferencing), meeting basic needs such as food, medication assistance, transportation, and/or financial assistance. These studies found that greater levels of virtual engagement with the Clubhouse were positively correlated with member physical and mental health wellness. Members maintaining higher levels of engagement with the Clubhouse in the early phases of the pandemic, maintained higher self-reported physical and mental health wellness and were also less likely to report visiting the emergency room or being hospitalized.^{6,7} These articles were conducted during the early phases of the pandemic and highlight the impact of the virtual connections with the Clubhouse. Long-term impacts of the Clubhouse on member level out-

comes throughout the pandemic have not been published. However, based on the results of the survey described in this brief it appears that many of the initial responses to the pandemic were maintained by Clubhouses throughout the pandemic. A [document](#) describing detailed descriptions of individual Clubhouse experiences during the pandemic is available on Clubhouse International's website.

Conclusions and Key Takeaways

Despite the challenges, Clubhouses were able to maintain operations and support members during the COVID-19 Pandemic. Clubhouses adapted to support members by providing them with resources such as electronic devices and utilized a variety of methods for maintaining contact with Clubhouse members. Clubhouse may continue to use some these strategies such as maintaining virtual access for people that cannot attend the Clubhouse in-person due to lack of a lack of transportation or physical challenges. Many of these strategies used during the COVID-19 pandemic may be beneficial to Clubhouses as they return to in-person operations at full capacity.

References

- 1 Dougherty, S. J. (1994). The generalist role in clubhouse organizations. *Psychosocial Rehabilitation Journal*, 18(1), 95-108.
- 2 Doyle, A., Lanoil, J., & Dudek, K. (2013). *Fountain House: Creating community in mental health practice*. Columbia University Press.
- 3 Macias, C., Propst, R., Rodican, C., & Boyd, J. (2001). Strategic planning for ICCD clubhouse implementation: Development of the Clubhouse Research and Evaluation Screening Survey (CRESS). International Center for Clubhouse Development. *Mental Health Services Research*, 3(3), 155-167.
- 4 Propst, R. N. (1992). Standards for clubhouse programs: Why and how they were developed. *Psychosocial Rehabilitation Journal*, 11(2), 25-30.
- 5 Macias, C., Harding, C., Alden, M., Geertsens, D., & Barreira, P. (1999). The value of program certification for performance contracting. *Administration and Policy in Mental Health*, 26(5), 345-360.
- 6 Hinchey, L., Michon, A., Drews, J. et al. (2021). Clubhouses as Essential Communities During the COVID-19 Pandemic. *Journal of Psychosocial Rehabilitation and Mental Health*. <https://doi.org/10.1007/s40737-021-00242-8>
- 7 Michon, A., Hinchey, L., Pernice, F., Drews, J., Price, M., Christian, J., ... & Kellogg, L. (2021). Responding to the global pandemic: a pulse of the well-being of clubhouse communities moving virtual. *Journal of Psychosocial Rehabilitation and Mental Health*, 8(2), 171-183. <https://doi.org/10.1007/s40737-021-00217-9>
- 8 Mutschler, C., Junaid, S., & McShane, K. (2021). Clubhouses response to Covid-19: Member challenges and clubhouse adaptations. *Community Mental Health Journal*, 57(3), 424-437. <https://doi.org/10.1007/s10597-020-00753-x>

Suggested citation: McKay, C. & Corcoran, J. (2022). The Impact of the COVID-19 Pandemic on the Clubhouse Model. *Psychiatry Information in Brief*, 2022;19(4).

Acknowledgements

We would like to thank the Clubhouses that participated in this survey. We are grateful for the information that Clubhouse members and staff provided us regarding the impact of the COVID-19 pandemic.

This project was created thanks to the sponsorship of H. Lundbeck A/S. The sponsor had no influence on the content of these materials.



UMass Chan
MEDICAL SCHOOL



Clubhouse International
Creating Community: Changing the World of Mental Health

© 2022 UMass Chan Medical School.
All Rights Reserved.