

Characteristics of Norwegian clubhouse members and factors associated with their participation in work and education

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Abstract

Background: Persons with mental illness, in particular persons with psychosis, have more problems related to getting and keeping a job than people in the general population.

Clubhouses for people with mental illness are becoming increasingly common, but little is known about clubhouse members and their participation in work and education. The aim of this study was to explore these issues.

Method: A member survey was conducted at one clubhouse in Oslo during February 2015.

The data were analysed with descriptive statistics and logistic regression analysis.

Results: Eighty-nine clubhouse members completed the survey (response rate 55.6 %). More than half of the sample had a desire to work, but only 14 % participated in ordinary work.

Two of three participants were more than 50 years old, and they were frequent users and long-time members of the clubhouse. Higher age among the participants decreased their chances for participating in work and/or education.

Conclusion: The study indicates that the clubhouse is of importance to its members, and that older members who have a desire to participate in work and/or education may be particularly challenged in their work towards such goals.

Keywords: mental health, vocational rehabilitation, employment

What the study has added: Participants in this study were long-time clubhouse members paying frequent visits to the clubhouse. In the sample, 48 participants (55 %) had a desire to work, but only 12 (14 %) participated in ordinary work. The odds ratio of participating in work and/or education was reduced with increasing participant age. Professionals including occupational therapists should have special concern for clubhouse members at older age, as return to work could be particularly challenging for them.

Introduction

Persons with mental health problems, and in particular persons with psychosis, have more problems related to getting and keeping a job than people in the general population (Waghorn, Lloyd and Clune 2009). In Norway, studies have found that less than 10 % of persons with schizophrenia are employed (Helle and Gråwe 2008; Melle, Friis, Hauff et al 2000). Moreover, the proportion of persons with schizophrenia as the main diagnosis who were employed decreased from 11 % to 5 % between 2000 and 2004 (Helle and Gråwe 2008). Low employment rates in this group have similarly been found in international studies: in Europe, the reported employment rates for persons with schizophrenia are between 10 % and 20 %, whereas American rates are less well established (Marwaha and Johnson 2004). The high rates of not being employed are in clear contrast to the desire to work, as research indicates that a proportion of between 55 % and 70 % in this group expresses a desire to work (Bull and Lystad 2011; Mueser, Salyers, and Mueser 2001). Bull and Lystad (2011) summarized that employed persons with severe mental illnesses are motivated for work by “wanting to be normal and by doing what normal people do” (p. 735). Motivation for work also comes from the time structure, sense of meaning, and higher self-esteem that having a job can provide (Bull and Lystad 2011).

In addition to the income provided from having a job, the workplace is an important arena for social inclusion (Waghorn, Lloyd and Clune 2009). Thus, work has been recommended in national and international policy documents as an important means to integrate people with mental illness in the communities (Department of Work and Inclusion & Department of Health 2007-2012; World Health Organisation 2000). Work has been found to have positive effects on social functioning by extending the person’s social network and reducing social disability (Ruesch, Graf, Meyer, et al 2004). Conversely, good social and cognitive functioning has been found among the most consistent predictors of employment

(Marwaha and Johnson 2004). Factors less consistently found to be associated with having a job is younger age, female sex, more prior work experience, higher education level, higher pre-morbid functioning and less severe symptoms (Marwaha and Johnson 2004; Mueser et al 2001). More recent research has substantiated that the provision of evidence-based supported employment is core to the employment outcomes among persons with schizophrenia (Bond and Drake 2008), and occupational therapists have been challenged to revise their theory and practice in mental health rehabilitation according to this view (Waghorn, Lloyd, and Clune 2009).

On the vocational rehabilitation scene in Norway, there is a growing number of clubhouses for persons with a history of mental illness (Clubhouse Norway 2015; Garbo and Jackbo 2012). Unlike other programs following the medical model, treating people with mental illness as patients, clubhouses view its members as productive and resourceful individuals capable of taking part in a community. An important element of the clubhouse program is that “members and staff work together, side-by-side, as peers and partners, in every function of the Clubhouse operation” (Clubhouse International 2015). The clubhouses are not exclusively concerned with assisting members obtain competitive employment, but incorporate this aim in conjunction with standards related to voluntary membership, positive working relationships, and the work-ordered day at the clubhouse (Stimo, Jarål, Ellestad et al 2015).

Further to this, Clubhouses address what can be described as social predictors important for employment (Marwaha and Johnson 2004), like stigmatization and associated decrease in confidence and self-esteem. From participation in the clubhouse, members may have the opportunity to form and experience friendships, social support, and a sense of community with others (Carolan, Onaga, Pernice-Duca et al 2011; Norman 2006; Pernice-Duca and Onaga 2009), and may further gain access to services and support they need for

recovery. Work and work-mediated relationships are viewed as restorative and as providing a foundation for growth and individual achievement, and normalized social and recreational opportunities are seen as important aspects of a person's road to recovery (Bomann and Iversen 2015). The Clubhouse model's view that work may be an important part of recovery fits well with an occupational perspective on health, and several occupational therapists are currently employed as coworkers in the Norwegian clubhouses. Furthermore, occupational therapy models' focus on enabling participation in occupations valued by the individual fits well with the work-ordered day at the Clubhouse (Stimo et al 2015). However, the international literature on the effects of clubhouse membership and participation is limited. To date, studies have established initial evidence that clubhouses may contribute to assist their members get a job, stay in the job, and increase their wages (Schonebaum and Boyd 2012; Schonebaum, Boyd, and Dudek 2006), but also that transitional employment appears to have limited effects with regard to assisting members in obtaining steady employment in competitive work (Pirttimaa and Saloviita 2009).

In summary, available research suggests that persons with severe mental health problems are often unemployed, in spite of their often high motivation for getting a job. Research has also identified a range of factors that predict employment. However, these studies have most often been concerned with persons with a specific diagnosis, and thus, the extent to which their results are transferrable to the diverse population of clubhouse members may be modest. Moreover, competitive work is only one of several aims targeted by clubhouses. Therefore, a wider range of outcome measures for evaluating success among clubhouse members may be appropriate. In addition, the scarce amount of research concerned with clubhouses and clubhouse members indicate that little is known about the characteristics of persons who utilise them. Knowing more about the characteristics of persons in this group

will assist in getting a better understanding of their needs. In turn, this may be of help in designing research studies and, ultimately, in improved practice.

Aim of the study

The aim of this study was to describe selected characteristics of clubhouse members, and to explore factors associated with their participation in work and education.

Methods

In 2012, the National Resource Center for Mental Health Work in Norway (NAPHA) conducted a survey of all of the eight existing clubhouses in Norway at the time (Mo, Hatling, and Heggen 2012). The present study is based on a member survey conducted at one particular clubhouse in Oslo three years after the national survey. The employed questionnaire was identical with the data collection tool used in the NAPHA survey, except for also including transperson as response category for the gender variable. Our procedure for collecting the data was also similar, but our survey was available for member completion during a slightly longer time period (one month vs. three weeks).

Sample

All members of this particular clubhouse in Oslo were eligible participants. The clubhouse log showed that 160 members visited at least once during the time the survey was available. The questionnaire was available for one month in an attempt to recruit the largest possible and most representative sample. Membership is, according to current Clubhouse Standards (Clubhouse International 2015), open for all persons who have a history of mental illness. Otherwise, clubhouse staff do not ask members about diagnosis, and no medical/psychiatric records are kept.

The survey

The survey was physically available at the clubhouse during February 2015, a time of the year where the attendance level is generally considered average. The survey month was pragmatically decided upon because a client satisfaction report to the main benefactor was due two months later. The survey questions were originally designed to allow for an evaluation of whether the members felt that they got what the clubhouse model suggests that they should get from participating at the clubhouse. In addition, and more pragmatically, the questions needed to be the same as in the previous NAPHA report to allow for comparisons.

The participants were asked to indicate their age group and gender. Questions concerning their use of the clubhouse were: "How long has it been since you started using the clubhouse?" (duration of membership) and "How often have you visited the clubhouse during the last month?" (frequency of use). Questions about work and education concerned years of work experience, participation in work or education at present ("Are you currently participating in education or work?", with several response alternatives available), and desire to work ("Do you have a desire to get into work?", with response alternatives: no, maybe, yes). The outcome variable in this study was constructed as a dichotomous categorical variable: being presently involved in supported employment, ordinary work and/or education (1) or not being presently involved in such occupations (0).

Data analysis

The software IBM SPSS for Windows was used in the data analysis (IBM Corporation 2013). Data from 13 participants were excluded from the inferential analysis due to the SPSS requirements for complete data for all employed variables. Nine participants had missing values on the variable „desire to work“, and two more participants had missing values regarding their work experience. Two participants who reported „transperson“ to be their gender were excluded, due to this number being too small for inclusion in the analysis.

Descriptive analyses were used to describe the participants on the selected characteristics, and χ^2 -tests were used to examine group differences and thereby assess for any systematic differences between participants who were in work/education and participants who were not. Hierarchical logistic regression analysis was used to assess factors associated with participation in work and/or education (Field 2005; Tabachnick and Fidell 2013). The model was structured in three blocks, representing variables concerning sociodemographic background, work-related variables, and variables related to the use of the clubhouse. Thus, independent variables included were in Block 1) age group and sex, in Block 2) desire to work and years of work experience, and in Block 3) duration of membership and frequency of use. The fit of the statistical models were assessed with model χ^2 estimates and with R^2 (Cox & Snell and Nagelkerke's estimates). Effect sizes were provided as odds ratio (OR), expressing the change of odds for presently being in work and/or education as a result of one unit change in each of the independent variables. The level of statistical significance was set at $p < 0.05$.

Ethics

All members of the clubhouse were informed about the survey by the clubhouse staff. They were informed that participation was voluntary, that the data was collected anonymously, and that completing and returning the survey implied informed consent to participate. No benefits were associated with participation, and conversely, no negative consequences were associated with non-participation. Given the anonymous data collected, approval from the Norwegian Social Science Data Services was not required.

Results

Sample characteristics

Eighty-nine clubhouse members completed the survey, resulting in a response rate of 55.6 %, based on the number of members visiting the clubhouse during the time the survey was conducted. The two participants reporting their gender to be „transperson“, however, were excluded from the sample prior to analysis because of the small numbers.

The sample characteristics are displayed in Table 1. More than 60 % of the participants were 50 years of age or older. Only 12 % stated that they had no desire to work, and this proportion was equal among participants who were in work/education compared to participants who were not. A proportion of 23 % was ambiguous regarding their desire to work or not. Nearly 70 % of the participants had six years or more work experience, and 56 % of the participants had been members of the clubhouse for at least two years. Seventy-six percent of the participants had visited the clubhouse at least once a week during the preceding month. There were no statistically significant differences on the selected characteristics between the participants who were involved in work/education compared to those not involved in such occupations.

[Table 1 about here]

Factors associated with participation in work/education

Removing the participants due to incomplete data resulted in a sample of 76 persons for the logistic regression analysis. The results of this analysis is shown in Table 2. Including age group and gender in the first block resulted in a statistically significant model. There was no improvement of the model with the inclusion of the variables in the second block (desire to work and years of work experience), but the model further improved with the inclusion of membership duration and frequency of use in the third block (although the model was not statistically significant). The final model, controlling for all included variables, showed that

the odds for being involved in work and/or education significantly decreased with almost 50 % for each unit increase in the participants' age. Otherwise, none of the included independent variables significantly predicted the outcome.

[Table 2 about here]

Given the composite outcome variable (participation in education and/or work) used in the logistic regression analysis, we performed further descriptive analyses of how participation in education and courses, in various kinds of supported employment, and in ordinary work, was distributed between participants within different age groups. The results from these analyses are shown in Table 3. Although the numbers are too small to be meaningfully subjected to statistical analysis, the descriptive results may indicate a difference between the age groups concerning participation in supported employment – study participants in the younger age groups reported more often to be involved in supported employment than their older counterparts. Participation in education/courses and in ordinary work did not appear to be different between the age groups.

[Table 3 about here]

Discussion

This is the second Norwegian study to examine and report the characteristics of clubhouse members, and the first to assess factors associated with their participation in work and education. Although the sample size is small and the available information is limited, the study brings forward new insights about who these persons are and about factors of relevance for understanding their participation in work and education.

Characteristics of the clubhouse members

The sample was well balanced in terms of gender (52 % male, 48 % female), quite similar to the gender distribution in the previous NAPHA report ($n = 175$, (Mo et al 2012) as well as to the distribution reported in a large survey of clubhouse members in the USA (Substance Abuse and Mental Health Services Administration 2013). The age of the participants, however, were skewed towards the higher age groups. No more than ten participants (11.4 %) were 40 years or younger, whereas 53 participants (60.9 %) were more than 50 years of age (see Table 1). Thus, our sample displayed a quite different and older age distribution in comparison to the study by Mo and coworkers (2012), where 41 % of the sample was 40 years or younger, and also in comparison to the sample mean age of 39 years reported by Pirttimaa and Saloviita (2009) and by Schonebaum and coworkers (2006).

In our study, 55 % of the participants had a desire to work, in comparison to 70 % reported in Mo et al (2012). It is possible that the older age among the participants in our study partly account for the somewhat lower levels of desire to work. Nonetheless, the proportion of the sample who had a desire to work was considerably higher than the proportion who reported that they actually had a job. International studies have estimated that between 53 % and 70 % of persons with schizophrenia have a desire to work (Helle and Gråwe 2008; Mueser et al 2001). It is possible that the proportion of participants with a desire to work is higher internationally compared to Norwegian studies, due to differences in the welfare systems across countries. Still, and despite our lack of information concerning the participants' diagnosis or illness severity, our results align with the results from the international literature, suggesting a large discrepancy between the desire to work and actual work among persons with mental health problems.

Years of work experience was quite similar to the results found in Mo et al (2012) – about 43 % in both samples had more than ten years of experience from work. Pirttimaa and

Saloviita (2009) also reported comparable results from their sample, with half of their participants having a work history of at least five years. For our sample, however, in view of the higher proportion of the participants in the older age groups, this indicates that a substantial proportion of the participants had experienced long-term problems related not only to getting, but also maintaining a job over time. The research literature concerning job maintenance appears to be scarce, and more studies are needed to examine the long-term effects from work-oriented interventions, and to examine the factors of importance for people with mental health problems in order to keep a job (Bond and Drake 2008; Kinoshita et al 2013). Compared to our study, some of the previous research that has focused specifically on clubhouse members used other methods of reporting work history, i.e., reporting the number and proportion of the participants who had been working during the past five years (Schonebaum et al 2006) or reporting the time since last employment (Schonebaum and Boyd 2012). The discrepancies concerning the way work history is measured and reported in the literature makes interpretation of studies, and comparisons between them, challenging.

The duration of clubhouse membership was also quite similar between our participants and the participants in the study by Mo and coworkers (2012) – 56 % of our participants had been members of the clubhouse for more than two years, whereas this was the case for 48 % of the participants in the larger survey. The high proportion of participants with long-term memberships speaks to the possibility of a ceiling effect in the measurement of this variable (Kielhofner 2006), and future studies may consider adding response categories that take into account the apparent trend of long-term memberships. The participants in the study were not only long-term members, but also frequent users of the clubhouse – 66 participants (75.9 %) reported that they had visited the clubhouse at least once a week during the preceding month, and 18 (20.7 %) used the clubhouse as often as four or five days per week. This high level of stable participation in the clubhouse mirrors the results from Mo et al (2012), showing a

similar high-frequent use of the clubhouses among the participants. The consistent results indicate that using the clubhouse is important for its members, and perhaps for a variety of reasons. For example, one study found that higher frequency of clubhouse use predicted lower levels of social isolation (Chang et al 2014). Such findings speak to the importance of the clubhouses for its members for reasons that go far beyond instrumentalism. The clubhouse is more than a means to approach work and employment.

Factors associated with work/education participation

In the sample, only 12 participants (13.8 %) reported that they participated in ordinary work (see Table 3). When combining participation in ordinary work, supported employment, and education into one categorical variable, we were able to assess the extent to which sociodemographic factors, work-related factors, and factors related to the participants' use of the clubhouse were associated with participation in work/education.

It was suggested that the negative effect from higher age on work/education participation might be explained by more negative attitudes towards work among the older participants, but no effect from attitude (desire to work) was detected from the logistic regression analysis where this factor was controlled for. Previous research has found both younger age and less severity of symptoms to predict employment in persons with schizophrenia (Marwaha and Johnson 2004; Mueser et al 2001). Moreover, in a systematic review of prognostic factors associated with long-term disability due to mental illness in general, higher age was found to strongly predict continued disability and longer time needed to return-to-work (Cornelius, van der Klink, Groothoff et al 2011). Combined, it may be that older persons with a longer history of mental illness on average have more chronified symptoms, and that this can contribute to explain their poorer chances of participating in work/education. Alternatively, compared to older persons, there may be more pressure on younger persons to enter the workforce, or to enter programs designed to support people in

getting a job. Such pressure towards work- and/or education may be experienced as a general cultural norm, as explicitly expressed through the person's social relationships, but also as a demand from the work and welfare administration (Schafft 2013). For some, and in particular for younger people, receiving social benefits may require attendance to courses, work training programs, supported employment, or similar. Such societal requirements constitute a very concrete pressure to participate in work and/or education, and may contribute to explain why the odds ratios for work/education participation decreased with higher age in the sample (see Table 2).

Previous research has shown that persons of higher age have lower participation in ordinary work, and are less likely to be hired, compared to younger persons (OECD 2013). Moreover, longlasting rehabilitation and provision of disability benefits is associated with less flow into ordinary work, and this trend increases with higher age (Myklebø 2011). Persons with mental health problems, and in particular those suffering from the more severe illnesses, have also been shown to be largely excluded from the workforce (Marwaha and Johnson 2004; Waghorn et al 2009). In one Norwegian study, as much as 94 % of persons with schizophrenia was found to be unemployed (Melle et al 2000). This is in stark contrast to the the estimate of 55 % - 70 % in this group who want to work (Bull and Lystad 2011; Mueser et al 2001). Thus, having current or prior mental health problems is likely to add to the problems of re-entering the workforce among those of higher age. Employers may consider persons of higher age who have experienced mental health problems an additional challenge, and perhaps an additional risk of reduced productivity. For occupational therapists and others working within the health services or within work and welfare administration, negative expectations about the person's chances to succeed in getting and keeping a job may – in spite of good intentions of preventing harmful stress – give reason not to assist the person

sufficiently in getting a job (Bull and Lystad 2011), and perhaps to prioritize younger people over older.

We found no effect on work/education participation from duration of clubhouse membership or from frequency of attending the clubhouse. These findings do not support the initial evidence for positive effects on employment from being a clubhouse member, as provided by some studies (Schonebaum and Boyd 2012; Schonebaum et al 2006). On the other hand, they do not indicate the opposite, as criticism against pre-vocational programs imply (Raeburn, Halcomb, Walter, & Cleary, 2013). Such criticism states concerns about members developing a dependency on the clubhouse, such that clubhouse participation may actually become a hindrance for paid employment (Crowther, Marshall, Bond et al 2001; Raeburn, Halcomb, Walter et al 2013). In light of our results, occupational therapists and other coworkers at the clubhouse may rather serve as long-term resources for persons with mental illness as they orient themselves towards participation and reintegration into the larger society. Based on values like equality and supportive relationships between members and staff, in combination with clubhouse standards related to a work-ordered day, occupational therapists and other coworkers at the clubhouse may serve as a secure base providing practical and emotional support while at the same time expecting and valuing each member's contribution to the clubhouse community. For some members, such a secure base may be of particular importance while they gradually (re-)enter work and education – with the inherent complexity and demands of these arenas (Stimo et al 2015).

Study limitations

The data has no information about educational background, and this could be a predictor for work participation. Similarly, we lack information about sources of income and the proportion receiving a disability pension in the sample. These factors could similarly contribute to explain work participation. The sample was small and one of convenience,

where all the participants were members of one particular clubhouse. The sample size and the sampling strategy reduces the generalizability of the results. The surveys were not distributed directly to members via mail/e-mail, but were physically available at the clubhouse during a one-month period. As a result of this procedure, the survey was available only to members who visited the clubhouse during February 2015. Thus, it is possible that members of the clubhouse who did not participate in the study may have higher levels of work participation.

Conclusion

The sample of clubhouse members in this study were predominantly in the higher age groups, and they were frequent users and long-time members of the clubhouse. More than half of the sample had a desire to work, but a minority of only 14 % participated in ordinary work. Higher age had a negative effect on participation in work and/or education, whereas none of the other variables showed a statistically significant effect. The time since becoming member of the clubhouse, and the frequency of visiting it, were similar between participants in work/education compared to those not in work/education. Despite its limitations, the study indicates that the clubhouse is of importance to its members, and that older members who have a desire to participate in work and/or education may be particularly challenged in their work towards such goals. Thus, occupational therapists should be aware of this challenge and provide older members the support needed in returning to work, and additionally address this issue in further research.

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Table 1

Characteristics of the study sample (n = 87)

Characteristic	All (n = 87)	In work/ education (n = 54)	Not in work/ education (n = 33)	χ^2 -test
<i>Sociodemographic</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>p</i>
Age group (years)				0.23
26-30	5 (5.7)	5 (9.3)	0 (0.0)	
31-40	5 (5.7)	4 (7.4)	1 (3.0)	
41-50	19 (21.8)	14 (25.9)	5 (15.2)	
51-60	33 (37.9)	18 (33.3)	15 (45.5)	
61-70	20 (23.0)	10 (18.5)	10 (30.3)	
> 70	5 (5.7)	3 (5.6)	2 (6.1)	
Gender				0.18
Male	45 (51.7)	31 (57.4)	14 (42.4)	
Female	42 (48.3)	23 (42.6)	19 (57.6)	
<i>Work</i>				
Desire to work				0.43
Yes	48 (55.2)	32 (59.3)	16 (48.5)	
Maybe	20 (23.0)	10 (18.5)	10 (30.3)	
No	10 (11.5)	6 (11.1)	4 (12.1)	
Work experience				0.87
None	3 (3.4)	2 (3.7)	1 (3.0)	
< 1 year	9 (10.3)	7 (13.0)	2 (6.1)	
1-5 years	13 (14.9)	8 (14.8)	5 (15.2)	

6-10 years	21 (24.1)	13 (24.1)	8 (24.2)	
> 10 years	38 (43.7)	22 (40.7)	16 (48.5)	
<i>Use of the Clubhouse</i>				
Duration of Clubhouse membership				0.29
< 3 months	8 (9.2)	4 (7.4)	4 (12.1)	
3-6 months	3 (3.4)	2 (3.7)	1 (3.0)	
7-12 months	11 (12.6)	4 (7.4)	7 (21.2)	
1-2 years	16 (18.4)	12 (22.2)	4 (12.1)	
> 2 years	49 (56.3)	32 (59.3)	17 (51.5)	
Frequency of use during the last month				0.29
< once every other week	11 (12.6)	5 (9.3)	6 (18.2)	
about once every other week	10 (11.5)	8 (14.8)	2 (6.1)	
1-3 times per week	48 (55.2)	28 (51.9)	20 (60.6)	
4-5 times per week	18 (20.7)	13 (24.1)	5 (15.2)	

Note. The two persons reporting transperson to be their gender is removed. The sample size also differs between variables as a result of some missing values on work experience (three missing values) and desire to work (nine missing values).

Table 2

Logistic regression analysis examining independent predictors of clubhouse members' participation in work/education (n = 76)

Independent variables	B (SE)	95 % confidence interval (CI) for odds ratio (OR)		
		OR	Lower CI	Upper CI
<i>Model 1</i>				
R ² = 0.10 (Cox & Snell), 0.13 (Nagelkerke)				
Model χ^2 (2) = 7.55, <i>p</i> = 0.02*				
Constant	2.42 (1.17)*	11.2		
Age group (lower is reference)	-0.48 (0.23)*	0.62	0.40	0.97
Gender (male is reference)	0.76 (1.17)	2.13	0.81	5.61
<i>Model 2</i>				
R ² = 0.10 (Cox & Snell), 0.13 (Nagelkerke)				
Model χ^2 (4) = 7.95, <i>p</i> = 0.09				
Constant	3.16 (1.72)	23.63		

Age group (lower is reference)	-0.56 (0.28)	0.57	0.33	1.00
Gender (male is reference)	0.78 (0.50)	2.19	0.82	5.84
Desire to work (“no” is reference)	-0.25 (0.40)	0.78	0.36	1.70
Years of work experience (lower is reference)	-0.01 (0.24)	0.99	0.63	1.58
<i>Model 3</i>				
R ² = 0.15 (Cox & Snell), 0.20 (Nagelkerke)				
Model χ^2 (6) = 12.30, p = 0.06				
Constant	2.71 (2.35)	15.05		
Age group (lower is reference)	-0.63 (0.30)*	0.53	0.30	0.95
Gender (male is reference)	0.66 (0.52)	1.93	0.70	5.35
Desire to work (“no” is reference)	-0.02 (0.44)	0.99	0.41	2.34
Years of work experience (fewer is reference)	0.03 (0.25)	1.03	0.63	1.68
Duration of membership (shorter is reference)	0.35 (0.23)	1.41	0.91	2.20
Frequency of use (less frequent is reference)	-0.45 (0.30)	0.64	0.35	1.16

Note. * $p < 0.05$

Table 3

Participation vs. non-participation in education or work, and in the subcategories education/courses, supported employment, and ordinary work, across age groups in the sample (n = 87)

Variables	Age groups						
	26-30 <i>n</i> (%)	31-40 <i>n</i> (%)	41-50 <i>n</i> (%)	51-60 <i>n</i> (%)	61-70 <i>n</i> (%)	> 70 <i>n</i> (%)	Total <i>n</i> (%)
<i>Education or work</i>							
Participation	5 (100.0)	4 (80.0)	14 (73.7)	18 (54.5)	10 (50.0)	3 (60.0)	54 (62.1)
Non-participation	0 (0.0)	1 (20.0)	5 (26.3)	15 (45.5)	10 (50.0)	2 (40.0)	33 (37.9)
<i>Education/courses</i>							
Participation	0 (0.0)	1 (20.0)	5 (26.3)	7 (21.2)	3 (15.0)	3 (60.0)	19 (21.8)
Non-participation	5 (100.0)	4 (80.0)	14 (73.7)	26 (78.8)	17 (85.0)	2 (40.0)	68 (78.2)
<i>Supported employment</i>							
Participation	4 (80.0)	3 (60.0)	6 (31.6)	8 (24.2)	3 (15.0)	0 (0.0)	24 (27.6)
Non-participation	1 (20.0)	2 (40.0)	13 (68.4)	25 (75.8)	17 (85.0)	5 (100.0)	63 (72.4)

<i>Ordinary work</i>							
Participation	1 (20.0)	0 (0.0)	2 (10.5)	6 (18.2)	2 (10.0)	1 (20.0)	12 (13.8)
Non-participation	4 (80.0)	5 (100.0)	17 (89.5)	27 (81.8)	18 (90.0)	4 (80.0)	75 (86.2)

Note. Percentages are calculated within age groups, except for the ‘total’ column where percentages are calculated for the total sample ($n = 87$).

More than one response options were chosen by 11 participants.