

## Standards for Clubhouse Programs: Why and How They Were Developed

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The rationale for the Standards for Clubhouse Programs grew out of the development of the clubhouse community. Prior to 1977, Fountain House in New York and a few other programs developed by former Fountain House staff workers were the only clubhouses in existence. A multi-year grant from the Special and Experimental Branch of the National Institute of Mental Health, awarded in 1976, enabled Fountain House to inaugurate a National Training Program. During the succeeding years, hundreds of colleagues were trained at Fountain House, and many clubhouses came into being.

There was no provision in the National Training Program for continuing technical assistance, quality assurance, or ongoing knowledge of the programs called clubhouses. In 1988 the National Clubhouse Expansion Program (NCEP) was funded in part by the Robin Wood Johnson Foundation, Pew Charitable Trusts, and the Public Welfare Foundation to address these issues and to develop Standards for Clubhouse programs. A large proportion of the work of this program was carried out by the Faculty for Clubhouse Development a group of 50 members and staff of clubhouse programs, representatives of family and consumer organizations, and other mental health professionals; it was created to make possible onsite technical assistance to clubhouses. The NCEP staff also involved the faculty in the development of Standards for Clubhouse Programs.

It was the joint decision of the NCEP staff and the faculty to involve, to the fullest extent possible, the entire clubhouse community in the process of creating the standards. In 1989, before the Fifth International Seminar on the Clubhouse Model, members and staff of clubhouses were asked to submit proposals for standards. These proposals were organized into topical groups, and a draft set of standards was represented to the 650 clubhouse members and staff attending the seminar from the United States and eight other countries. After extensive review, this set was accepted consensually by the seminar participants as a first draft. The faculty reviewed the numerous suggestions for clarification and a second draft was mailed to the entire clubhouse community worldwide for their consideration. A number of the resulting suggestions were adopted and the Standards for Clubhouse Programs were promulgated in December 1990, with the understanding that they should be perceived as a living document and therefore would be reviewed every 2 years in conjunction with the International Seminar.

A survey conducted in the spring of 1991 confirmed that 90 percent of the international clubhouse community was endeavoring to follow all 35 of the standards. A request for proposed new standards or clarification of existing standards was mailed months before the convening of the Sixth international Seminar in Greenville, South Carolina in 1991.

As a result, several minor revisions for clarity were adopted together with a vastly stronger standard on housing.

As can be seen from the process described above, the standards have come from the clubhouse community as a whole, not from a small group of people or a handful of influential clubhouses. The codification of the philosophy and practice of the clubhouse model has emanated from the men and women, members and staff who work in such programs, sharing similar problems and aspirations in the complex and multifaceted quest for successful rehabilitation in the community for men and women suffering from the effects of severe and persistent mental illness.

The standards for the Clubhouse Programs are highly prescriptive in nature and intent. They are to be taken as a whole. They provide the begging of an answer to the very broad question "What is a clubhouse?" They act as a set of benchmarks for clubhouse operation, internally and in the relation to the community, and are regarded by members as a bill of rights. Even in the short time that they have been widely disseminated, they have served to strengthen clubhouse practice profoundly and they are affecting quality assurance efforts of mental health authorities around the world.