

**SPECIAL ISSUE OF FOUNTAIN HOUSE MENTAL  
HEALTH CLUBHOUSES AS HYBRID SELF-HELP  
ORGANIZATIONS**

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*Editor*

This special issue introduces researchers, practitioners, and the public to the self-help and mutual aid aspects of Fountain House mental health Clubhouses. These articles explore beyond the frameworks of the older conventional concepts of psychosocial rehabilitation; instead, they focus on newer emerging concepts of mutual aid, peer support, empowerment, and recovery.

Fountain House Clubhouses have been studied and reported in the scholarly literature separate from that of mental health consumer-run (or service-user-run) self-help organizations (CROs) as they have been seen as so disparate that they have little in common. This article proposes a conceptualization of Clubhouses and CROs as mental health organizations that focuses on their mutual aid features—on what they have in common as self-help organizations. The intention is to provide a bridge so that the two literatures can be brought together to enrich each other. But, before we build this bridge (“Conceptually Integrating Clubhouses with other Mental Health CROs” below), we need to introduce this Special Issue.

Fountain House New York, the original Fountain House, is profusely thanked and greatly appreciated for its generous role in the idea for this special issue and for providing support through hosting a symposium and a subsequent meeting for researchers to present and critique their papers on Clubhouses. Fountain House is clearly devoted to independent research as their hosting role came without any strings attached. Kudos and thank yous to the Guest Editor Magnus Karlsson whose coordination of the project brought it to fruition. He encouraged

Clubhouse researchers to reconsider their research in terms of self-help/mutual aid and peer support and to prepare new manuscripts to be subjected to the blind peer review process; he solicited appropriate reviewers from Europe, North America, and the East for the reviews. A special thanks goes also to Kimiko Tanaka who contributed extensively to the organization and implementation of the symposium and the three day research meeting at Fountain House New York in June 2010 and in September 2011. I, as Editor, evaluated reviewers' comments about manuscripts, decided what revisions authors should undertake, and guided authors through the revision process. Magnus explains more about how the special issue process came together in his introductory essay.

The process has been so successful that these articles fill more than one issue. This January 2013 Vol. 7, Issue 1 is devoted to clubhouse research and half of Vol. 7, Issue 2, July 2013 will contain the remainder of the articles.

### **ORGANIZATION OF THE SPECIAL ISSUE**

The lead article is by Magnus Karlsson, Special Issue Guest Editor, who describes the process by which this special issue was developed and then provides an overview of the history of the development of the Fountain House Clubhouses to become an international model. Magnus has a background of studying self-help groups in Sweden and elsewhere and has researched the Fountain House Clubhouse in Stockholm at great depth.

Second is an innovative conceptual framework by James Mandiberg and Michael Edwards who propose that clubhouses' impact can be more than the sum of their parts—they can create collective identities among members that buffer the negative effects of the societal stigma and discrimination faced by people with mental health problems. Authors James Mandiberg and Michael Edwards have extensive personal experience studying and observing clubhouses firsthand.

Third: A sense of mattering as an aspect of peer support is described in a fine grained quantitative analysis of clubhouses in the Midwest United States; a sense of mattering and other aspects of peer support are shown to buffer against perceived stigma in the article by Deborah Conrad-Garrisi and Francesca Pernice-Duca.

The remaining Clubhouse articles are international: fourth, Yoshiko Bregren Matsui and Anna Meeuwisse write an exploratory study of differences in an iconic clubhouse in Japan and one in Sweden which considers the impact of the wider economic and social environment in which clubhouses operate. Fifth is Rosario Larrata's comparative study of accountability of staff toward funders and toward their members in Japanese, UK, and Italian clubhouses; Larrata's look at the organization of Japanese civil society sheds light on the Japanese findings of Matsui and Meeuwisse.

The issue concludes with an article that was submitted to the *Journal* through the regular submission process. How stable are Oxford Houses over time—how long are they sustained? An established self-help/mutual aid form of housing for people in recovery from alcohol and drug abuse, Oxford Houses have been well studied by Professor Leonard Jason and his graduate students at De Paul University; Ronald Harvey and his colleagues with their mentor Leonard Jason present an interesting empirical study of the sustainability of 214 Oxford Houses over a 6-year period. Oxford Houses are not unlike the Clubhouses and including this article in this issue allows us to group the remaining three Clubhouse articles (which could not possibly fit into one issue of the *Journal*) as one-half of the next volume.

### **CONCEPTUALLY INTEGRATING FOUNTAIN HOUSE CLUBHOUSES WITH OTHER MENTAL HEALTH SELF-HELP ORGANIZATIONS**

Self-help, mutual aid, and advocacy among people variously known as people with psychiatric problems, mental health problems, mental illness, or mental distress has cascaded into a large scale worldwide social movement in the last decades (Charlton, 1998).

People with persistent mental health problems and other users of mental health services have gone from being:

- locked up in long-term psychiatric hospitals to organizing and directing their own mutual aid and advocacy services;
- subjected to involuntary research to initiating and implementing their own research; and
- regarded as almost the least likely category of people who can handle their own affairs to developing and managing successful self-help organizations, social enterprises, and businesses.

Among the most effective innovations are two forms of self-help mental health organizations: consumer-run organizations (or service-user led organizations) and Fountain House Clubhouses. Self-help organizations (SHOs) have been defined as “organizations run for and by people who share the same health or social condition for which they are funded to provide services” (Borkman, Karlsson, Munn-Giddings, & Smith, 2005, p. 9). The definition emphasizes the top level of governance—for mental health SHOs, the fact that people with mental health statuses (or service-users) control and run the organization.

There are two major problems with the definition: first, defining consumer-run in terms of mental health statuses ignores the most important aspects of self-help/mutual aid and peer support which is commitment to and utilization of self-help/mutual aid principles and practices. Second, some organizations

are led by professionals at the top but operate with mutual aid, self-help, and peer support internally in the middle where the work of the organization is conducted.

The first problem of defining consumer-run by the status of mental health service-user is that the literature has many examples of self-help organizations run by and for mental health service-users who do not fulfill the other often implicit or assumed criteria (Laratta & Borkman, 2012; McLean, 1995)—that accompanying the status of service-user is a commitment to and utilization of a self-help/mutual aid philosophy in the operational working of the organization. One sees examples in the literature (Borkman et al., 2005; McLean, 1995) of Executive Directors chosen because they had used mental health services but were physicians or business people who had never heard of self-help/mutual aid much less understood and utilized its philosophy in their work. Conversely, one sees instances of sympathetic professionals who are very knowledgeable of, committed to, and employ the self-help/mutual aid philosophy.

The self-help/mutual aid philosophy has been variously described (Borkman, 1999; Brown & Wituk, 2010; Clay, 2005; Riessman, 1990, 1997) and its components vary depending on the organizational context and author. Laratta and Borkman (2012) summarized the self-help/mutual aid philosophy in the context of mental health self-help organizations as minimally including: Personal relations of respect and dignity; Egalitarian peer relationships; Non-Medical—no diagnoses or pathology; Empowerment and advocacy; Recovery philosophy of strengths, hope, and peer support; and Authority of collective experiential knowledge of mental illness and its recovery. Thus, to avoid the first definitional problem of characterizing self-help/mutual aid by the status of the people at the top level of governance, one needs to discuss it in terms of top level of governance's understanding of, commitment to, and utilization of self-help/mutual aid philosophy or self-help/mutual aid repertoire of recovery.

The second definitional issue surfaced for us in 2003 while studying consumer-run mental health organizations in the United States, United Kingdom, and a Clubhouse in Sweden with Magnus Karlsson and other colleagues. We were stymied conceptually by the fact that self-help organizations were defined by who directed and controlled them from the top of the organization—the Board, funder's requirements, Executive Director. By these criteria, FH Clubhouses were not self-help organizations; yet, in many other ways, clubhouses epitomized self-help organizations—the members who had mental health problems had extensive power of directing, deciding, and doing the work of the organization at the middle level and there were many indicators of self-help, mutual aid, peer support, and recovery (Borkman et al., 2005). Moreover, we did not realize at the time that there are international standards of behavior required of the top level that result in the middle level of members being protected from subordination by the top and that maintained the member's decision making capability, their mutual aid, self-help, and peer support.

Now, almost a decade later, further research and analysis has led to more in-depth knowledge and understanding of self-help organizations in all their forms—consumer-run organizations and Fountain House clubhouses. For clubhouses, the importance of the 36 standards of the ICCD (member-approved criteria that clubhouses have to meet in order to be certified as a Fountain House style clubhouse) is evident as they give power and authority to members and restrict and curb the power of the top who are professionals or businessmen from subordinating the members or removing their decision-making capabilities. Staples and Stein (2008), two inside researchers of clubhouses, understood this well and characterize them as hybrid self-help organizations. There is also greater understanding that some professionals can be sympathetic and are knowledgeable of and committed to utilizing the self-help/mutual aid philosophy (Borkman, 2006; Oka & Borkman, 2011).

I have reconceptualized the control, governance, and direction of a self-help organization as having two parts: the first is the conventional and well known top level of governance, but I have now included a second middle-level of governance at the operational level where the work of the organization is done. At the operational level of Clubhouses, the members with mental health statuses are in control and direct and carry out the work (in partnership with staff who are not usually mental health professionals). Rosario Laratta and I developed these ideas in a preliminary paper titled *Hybrid governance structures of mental health consumer-run self-help organizations in Europe, North America, and Asia* presented at the International Society of Third Sector Research in Siena, Italy, July 2012.

To avoid the two definitional problems and to be congruent with the research, the following definition of mental health self-help organization is offered: an association run by, for, and with people with mental health problems who are committed to and utilize the self-help/mutual aid philosophy in their practices. Hybrid organizations would be those organizations such as Clubhouses that have partnership models with staff committed to utilizing the self-help/mutual aid approach (which is the focus of Staples and Stein (2008)) and/or top level of governance of sympathetic professionals or business people devoted to utilizing the self-help/mutual aid philosophy. The hybrid Clubhouses have so many components of self-help/mutual aid that they clearly must be considered along with consumer-run organizations and others that have been consistently defined as forms of self-help/mutual aid (see Brown & Wituk, 2010; Clay, 2005). This special issue and the next half issue are devoted to providing conceptual and empirical evidence of how predominantly the Fountain House clubhouse model fulfills key features of mental health self-help/mutual aid.

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