

Transitional Employment Programs within Clubhouses as a Means of Promoting Recovery for Individuals Living with Mental Illness: Reviewing the Case for Québec

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ABSTRACT

Transitional employment (TE) within the Clubhouse model has been adopted across Canada and the world for its effectiveness in promoting work and recovery for persons living with mental illness. However, attempts to establish a TE program in the province of Québec have been met with numerous roadblocks. Using a qualitative phenomenological approach, this study aimed to synthesize knowledge that could inform local implementation of TE. Experiences of Montréal Clubhouse members and Canadian Clubhouse directors were examined. Member narratives identified employment-program and systemic shortcomings, while directors provided key strategies for overcoming barriers to TE implementation.

Keywords: Clubhouse, transitional employment, supported employment, community mental health, recovery

RÉSUMÉ

Le programme d'emplois de transition (PET) dans le cadre du modèle Clubhouse a été adopté partout au Canada en raison de son efficacité à promouvoir le travail et la réinsertion chez les personnes aux prises avec la maladie mentale. Toutefois, les tentatives d'établissement d'un PET au Québec ont connu des obstacles. Cette étude a synthétisé des connaissances pouvant guider la mise-en-œuvre d'un PET. Les expériences des membres de Clubhouse de Montréal et des directeurs canadiens ont été examinées. Les récits des membres relatent les lacunes des programmes d'emploi et du système, tandis que les directeurs fournissaient des stratégies clés pour surmonter les entraves à la mise-en-œuvre des PETs.

Mots clés : Clubhouse, programme d'emplois de transition, emplois assisté, services communautaires en santé mentale, rétablissement

BACKGROUND

Canada's first national mental health strategy, *Changing Directions, Changing Lives*, names employment as a key component in recovery for persons living with mental illness (MI): it is a source of natural networks essential to well-being and identity (Mental Health Commission of Canada [MHCC], 2012), and is a social determinant of health (Government of Canada, 2019). It is also a key dimension of the Organisation for Economic Co-operation and Development's (OECD) report, *How's Life? 2020: Measuring Well-being* (OECD, 2020). Yet, unemployment rates for individuals living with severe MI are estimated at 80–90% (Marwaha & Johnson, 2004), for reasons including the inability to acquire employment (Lerner et al., 2004), and fear of losing disability benefits (Cook, 2006). Although employers increasingly agree that their organizations should hire and accommodate persons living with MI (Shankar et al., 2014), accessing the necessary resources can be challenging (Shankar et al., 2014), and some employers still hold beliefs that persons living with MI may not be able to perform the job adequately (Shankar et al., 2014; MHCC, 2017). Yet, individuals living with MI want to work, are successful when supported, and experience widespread benefits from employment such as social participation, financial independence, sense of achievement, and improvement in quality of life (Crowther et al., 2001; MHCC, 2013; Holwerda et al., 2016).

Generally, there are two types of employment programs for persons living with MI: *train-place*, consisting of intensive job-skills training prior to entering the workforce, and *place-then-train*, focusing on

earlier placement in the workforce followed by support and training (Corrigan, 2001). Supported employment (SE) programs (such as the well-studied Individual Placement and Support model [IPS]) are examples of the place-then-train model and consist of job-placement within a desired, and skills-matched, position, followed by time-unlimited supports and training throughout the employment (Corbiere et al., 2013). Systematic reviews support SE programs, demonstrating that they improve the likelihood of obtaining employment, and increase the duration of competitive employment as compared to other vocational approaches (Crowther et al., 2001; Kinoshita et al., 2013; Modini et al., 2016). Iterations of such place-then-train employment programs exist within settings such as community mental health centres, psychosocial rehabilitation agencies, and Clubhouses (Eisfelder & Gewurtz, 2012).

A Clubhouse is a community and non-clinical place of support for persons living with MI, providing assistance with social, vocational, educational, and financial goals (Eisfelder & Gewurtz, 2012). Each person is a “member,” not a “patient,” and is included in operations and governance of the Clubhouse through what is termed the *work-ordered day*: a daily structure that mimics employment, where members volunteer their time according to abilities, skills, and interests (Clubhouse International, 2016). As work and work-mediated relationships are restorative and foundational to growth, one core service provided by Clubhouses is transitional employment (TE)—a unique form of SE specific to the Clubhouse setting (Henry et al., 2001). TE positions are located in mainstream settings at the employer’s place of business, are paid directly by the employer and pay a competitive wage. TE positions are different from SE in that: TE positions are time-limited (with unlimited consecutive enrolment) and part-time; they are conceived as “belonging” to the Clubhouse and are initially studied (and the work is often performed) by Clubhouse staff, who then provide on-site training and unlimited on-the-job support to a Clubhouse member until they are comfortable working independently (Henry et al., 2001). Finally, absence coverage is provided by staff who perform the shift if the member is unable to attend (McKay et al., 2006). As emphasized by Bilby (2014), TE allows members to identify strengths by exploring different types of work, building skills, relationships, and self-esteem, while helping members become more competitive applicants by providing a recent work history and references. Evidence shows that Clubhouse members move through these various levels of support (TE, SE, and independent employment [IE]), and although movement in both directions occurs, they are 1.7 times more likely to move in the direction of requiring fewer supports (McKay et al., 2006). This movement may reflect the often cyclical nature of a person’s MI, and the varying levels of supports they require throughout their recovery journey (McKay et al., 2006). The importance of TE is such that it is a necessary component in the accreditation¹ of a Clubhouse.

Two systematic reviews on the effectiveness of the Clubhouse model on intended outcomes, including employment, found a moderate level of evidence that participation in a Clubhouse leads to improved job placement rates and job quality (Battin et al., 2016; McKay et al., 2018). Included in the reviews were multiple separate analyses of a randomized controlled trial comparing participation in an accredited Clubhouse (where TE, SE, and IE services are available) to Assertive Community Treatment (ACT), another popular form of SE where a team of professionals provide medication, housing, daily living, and employment support

1. Accreditation is the process by which Clubhouses are evaluated for their degree of adherence to Clubhouse International standards and is considered a symbol of quality and commitment to excellence. The process is believed to strengthen Clubhouses, and to lead to improved outcomes (Vail Place, 2018).

services to a person within the community (Gold et al., 2016; Macias et al., 2006; Schonebaum et al., 2006). These analyses found no statistically significant difference in employment rates or time-to-first-job for those in the Clubhouse versus the ACT group, but did find that participation in the Clubhouse led to significantly higher earnings, longer periods of employment, and increased hours worked as compared to participation in ACT. Additionally, a retrospective study examining Clubhouse members' employment data showed that 30.4% of members moved on to competitive employment one year after their last TE job (Henry et al., 2001).

Currently, in the province of Québec, no TE programs exist within the Clubhouse model. While there are other local employment programs for persons living with MI that are either *train-then-place* or *place-then-train*, these programs are generally time-limited, do not offer a competitive wage, and do not offer absence coverage. To date, the Donald Berman UP House in Montréal is the only Clubhouse in Québec, consisting of approximately 175 members, all of whom were 18 years or older, had a history of MI, received support from a mental health team, and did not struggle with substance abuse or demonstrate violent behavior. Unfortunately, the Montréal Clubhouse has been unsuccessful in implementing a TE program within their Clubhouse due to several reported barriers, stemming mainly from existing provincial policies and systems (R. McLellan, personal communication, June 9, 2017), and in spite of federal policies promoting recovery through employment for those living with MI (MHCC, 2012, 2013). As such, accreditation, which can provide credibility with outside partners and is associated with increased longevity of a Clubhouse (Gorman et al., 2018), has not yet been possible for the Montréal Clubhouse.

With these policies in mind, and with the goal of gathering information to guide the implementation of this recovery-oriented service in Québec, the authors entered a collaborative research process with the Montréal Clubhouse. Our objectives were to synthesize existing knowledge and experience in implementing TE programs within the Clubhouse model in Canada, and to obtain an understanding of the service-users' perspectives on existing Québec employment services for people living with MI.

METHODS

Study Paradigm and Design

This study employed descriptive phenomenology, within a constructivist paradigm (Dew, 2007; Guba & Lincoln, 1994). Data were collected from two sources: a focus group with members from the Montréal Clubhouse to understand the service-user's perspective on existing Québec employment services, and semi-structured interviews with directors from Canadian Clubhouses outside of the province of Québec to gain an understanding of their experiences in implementing TE. Both data sources served to identify factors that might influence the implementation of TE within Québec. This study was approved by the Centre for Interdisciplinary Research in Rehabilitation of Greater Montréal (CRIR) ethics review board (#1214-0217).

Focus Group

Population and Recruitment

Ten participants were recruited from among the Montréal Clubhouse members. In order to ensure heterogeneity in factors that may influence work experiences, purposive sampling was employed to recruit members based on age, gender, work experience, and prior participation in employment programs.

Inclusion/Exclusion Criteria

Participants were required to be potential candidates for a TE program (as determined by the Montréal Clubhouse director), to be able to understand and answer complex questions, and to communicate in English, while having the option of translation and/or expression in French.

Data Collection

Demographic information about the participants was provided by the Montréal Clubhouse director. Ten Montréal Clubhouse members were present at the focus group, along with the director and the research team (two facilitators, three note takers). With consent of all members, the focus group was audio recorded to support the transcription process. Questions were constructed to elicit narratives about the members' feelings on work, past experiences with employment, and thoughts on an ideal employment program (Appendix A).

Director Interviews***Population and Recruitment***

Outside of the province of Québec, there are 17 Clubhouses across Canada (Clubhouse International, 2016a). Directors from five Clubhouses were recruited for interviews, allowing for heterogeneity through purposive sampling across two factors that may affect implementation of a TE program: region of Canada (British Columbia, Prairies, Ontario, and East Coast) and city size (census metropolitan area versus smaller towns and cities; Statistics Canada, 2016). The Montréal Clubhouse director identified and contacted potential participants, inviting those meeting the inclusion criteria to participate. Directors who agreed were introduced to the research team and emailed detailed study information, a Clubhouse demographic questionnaire, and the study consent form.

Inclusion/Exclusion Criteria

Directors could participate if their Clubhouse had an active TE program. If the director was not working at the Clubhouse when TE was first implemented, they were required to be knowledgeable of this history. Communication in English was also required.

Data Collection

Demographic and other factual information about each Clubhouse was collected through an online questionnaire (Appendix B). Data related to the experience of implementing TE at their Clubhouse was obtained through a one-hour semi-structured interview conducted and audio-recorded via video-call or telephone. Questions asked during the interview elicited narratives about the experience of implementing and maintaining TE in their Clubhouse (Appendix C).

Analysis

Focus group audio recordings were transcribed by one researcher, verified by a second, and then analyzed using a grounded theory approach (Corbin & Strauss, 1990): two researchers simultaneously identified individual units of meaning or "themes" (open coding), then categorized these units of meaning (axial coding), and finally further categorized these into larger core units (selective coding). The researchers came

to consensus through discussion for any disagreements on coding. The Montréal Clubhouse director then reviewed the results of the focus group analysis to ensure accurate representation of experiences shared during the focus group.

Similarly, each director's interview was transcribed and verified, with summaries by interview question sent to the respective directors for confirmation. Analysis of the first interview followed the same grounded theory approach as the focus group, with two researchers simultaneously coding one interview, again coming to coding consensus through discussion. Four researchers then individually repeated this process on the remaining four interviews, adding codes as new themes emerged, with earlier data retroactively examined and newer codes applied. The member focus group and director interview results were then analyzed together to identify common ideas, points of triangulation and divergence (including to and from literature and policy), and how each related to the study objective.

RESULTS

Focus Group

Focus group sampling results were as follows: 10 participants; one aged 20–29, three aged 40–49, three aged 50–59, one aged 60–69 and two aged 70+; five identified as female, five as male. Figure 1 presents a visual summary of the topics discussed during the focus group—the importance of work, barriers that exist to working, issues with existing work programs in Montréal, and the ideal work program—along with their respective themes brought forward by participants. Additionally, stigma, and the journey of recovery, were two cross-cutting themes present in all topics, and as such are addressed separately. Details of the themes extracted from the focus group conversations are presented below (see Appendix D for verbatim focus group excerpts).

Importance of Work

Financial. When asked why work is important, the response, first and foremost, was “having money.” As Jay² emphasized, “It’s critical... having a bit of money could be pretty necessary to recovering.” Members discussed the cyclical nature of MI and living in poverty, and how one impacts and worsens the other. Members shared that having money provides access to financial independence, the ability to provide for their family, participation in leisure activities, and to life essentials such as quality food and housing, all of which are necessary components of recovery.

Inner Experience. Members also discussed how work positively affects self-perception and adds meaning and value to life, through feelings of fulfillment, belonging, community, pleasure, enjoyment, and purpose. One member, Lane, described it as the difference between “existing and living... instead of just getting up, taking your medication and that’s your life... if you have a job, you can go somewhere, work, and you can see a benefit at the end of the day.” To Lane and other members, work and employment were vital in building confidence and a feeling of self-worth.

2. All names associated with quotes in this text (for focus group participants and director interview participants) are pseudonyms, assigned by the authors, to maintain anonymity of participants.

Figure 1

Visual Model for Results of the Montreal Clubhouse Member Focus Group on Work and Living with MI



Societal. Members described how work provides the opportunity to contribute to their community and relieve the burden of the societal stigma of being unemployed. Jay reflected: “It’s important that everyone who can, contributes to a community... but, in our culture [paid work] is way overvalued, so the fact that you don’t work is quite stigmatized.”

Barriers to Work

Inner Experience. Members noted a change in work capacity since the onset of illness due to symptoms of MI, as well as a lack of confidence and self-stigma. More specifically, members expressed an uncertainty about their path to productive occupations, the need to update their skills, and feelings of stress in relation to the interview and job application process. Despite this, members clearly emphasized that they have skills, interests, dreams, and the ability to work. Lane voiced “Just because I have a mental illness, it doesn’t mean that I can’t still make a contribution... [it] doesn’t mean that’s it, I’m done.” Resilience was seen as necessary for their ability to survive and find work, or as Carroll put it: “I learned to make lemonade from the lemon.”

Employer Perceptions. Employers’ perceptions about MI were reported as a barrier to finding work. Members expressed that employers may assume individuals living with MI are unable to be good employees and would not want to hire them. Members also were unsure of how to explain a gap in their resumé due to

symptoms of their MI. Due to these concerns, members expressed fears and uncertainty about if and when to disclose their MI during the employment process.

Dealing with Social Assistance. Significant time during the focus group was spent discussing challenges with social assistance (SA) policies and workers. After Adrienne recalled their own experience trying to get on SA while simultaneously trying to cope with a new MI diagnosis, Cali responded, “for many people, getting on social assistance was like jumping through hoops of fire.” Another anecdote was shared about a fellow Clubhouse member whose participation at the Clubhouse was misinterpreted by a SA worker as paid work, resulting in a stern letter to the member and their file being flagged, which allegedly could not be reversed once the misinterpretation was clarified. Considering that applying for SA can be a challenging experience and, given the apparent rigidity of SA policies and procedures, many members spoke about their fear of losing benefits if and when they did begin working.

Existing Work Programs

Few Workplace Opportunities. Some members reported having participated in programs that did not offer real workplace opportunities: they were given training, coaching, and had discussions about work, but there was no opportunity to apply classroom teachings to a real employment setting.

Unfair Wage. In those programs that did offer work opportunities, sometimes the wage was either below the provincial minimum, or less than another person who was doing the same job. This was voiced as demoralizing by the members.

Unreachable Outcomes. In general, members felt that their success, and that of the respective program, were felt to be influenced by inflexible and unrealistic outcome measures, such as the time-limited and single-enrolment nature of such work programs with no opportunity to continue on, and workloads that were too demanding for some individuals living with MI.

Few Employment Leads. Members felt that the existing programs were unsuccessful in leading to employment because they failed to consider neither the readiness of the individual given their stage in recovery, nor their past histories, interests, and skills. “I kept in touch with the people I took my course with and I think only one out of ten got a job”—Bailey.

Ideal Work Program

Individualized Supports. A need for increasingly individualized supports was expressed as skills and interview training, assistance in exploring work options, gaining real workplace experience, connecting to employers, and securing employment.

Inclusion in the Workplace. Members also reflected on how an ideal workplace program would be inclusive and adaptive to individuals living with MI, meaning it would meet the member at their stage of recovery and be accommodating of fluctuating symptoms. To support this inclusivity, members identified a need for anyone involved in a particular workplace program to be educated and trained about the realities of MI and how to be accommodating.

Systemic Change. Members proposed that changing the SA policy and procedure—so that applying for and reinstating benefits would be easier and less of a fear-based process—would be vital to ensuring the

success of work programs. And lastly, members wished for improved relations and communication among government ministries, community agencies, programs, employers, service workers, and users.

Journey of Recovery

Throughout the discussion, members reiterated the importance of taking steps toward recovery, again emphasizing how a supported and gradual re-entry to work was crucial. Despite this discussion of “steps,” members’ personal narratives revealed the importance of understanding recovery as a non-linear journey: “I’m still recovering and I don’t know exactly when that’s gonna finish”—John. “I don’t think any of us know when that’s finished... it’s an ongoing process”—Lane.

Stigma

Across all topics, discussions were raised about the stigma of both MI and unemployment (and their interaction), as well as self-stigma, and how this increases the difficulty of workplace integration: “When people find out you’re not working...it adds to the stigma, that of mental illness”—Lane. Several members also reflected on perceived differences in stigma against those with MI versus those with physical disabilities: As an example, one member mentioned how adaptations and time-off during flare-ups are “matter of fact” for someone with MS, yet not for persons with MI, even though “there’s crises and then there’s periods of stability, and when you’re stable you could work fairly predictably”—Jay.

Director Interviews

Five Clubhouse directors were recruited and participated in interviews, coming from a variety of regions across Canada, from small and large cities, and all had been in operation for at least 20 years. Table 1 compares this regional data with other characteristics of the five Clubhouses against those of the Montréal Clubhouse. Clubhouse active membership in the prior three months ranged from 140 to 800, and member-to-staff ratio varied across Clubhouses from 11.5 to 35 members-per-staff. Most Clubhouses had implemented TE within the first few years of opening, and the number of TE positions managed by the Clubhouses ranged from 6 to 40. Note that policies related to SA, including the total allowable earnings from employment before SA amount reduction, varied greatly across participating Clubhouses.

Figure 2 presents a visual summary of both the factors affecting implementation and maintenance of TE and strategies for overcoming challenges encountered, as reported by Clubhouse directors. Themes were then extracted from the interview data and grouped by the researchers into three areas of focus: within the Clubhouse organization itself, relating to the broader community (including TE employers), and systemic factors and strategies. Additionally, themes of networking and advocacy emerged as important across all areas of focus and as such are addressed separately. Details of the themes extracted from the interview data are presented below (see Appendix F for verbatim interview excerpts).

Clubhouse Factors and Strategies

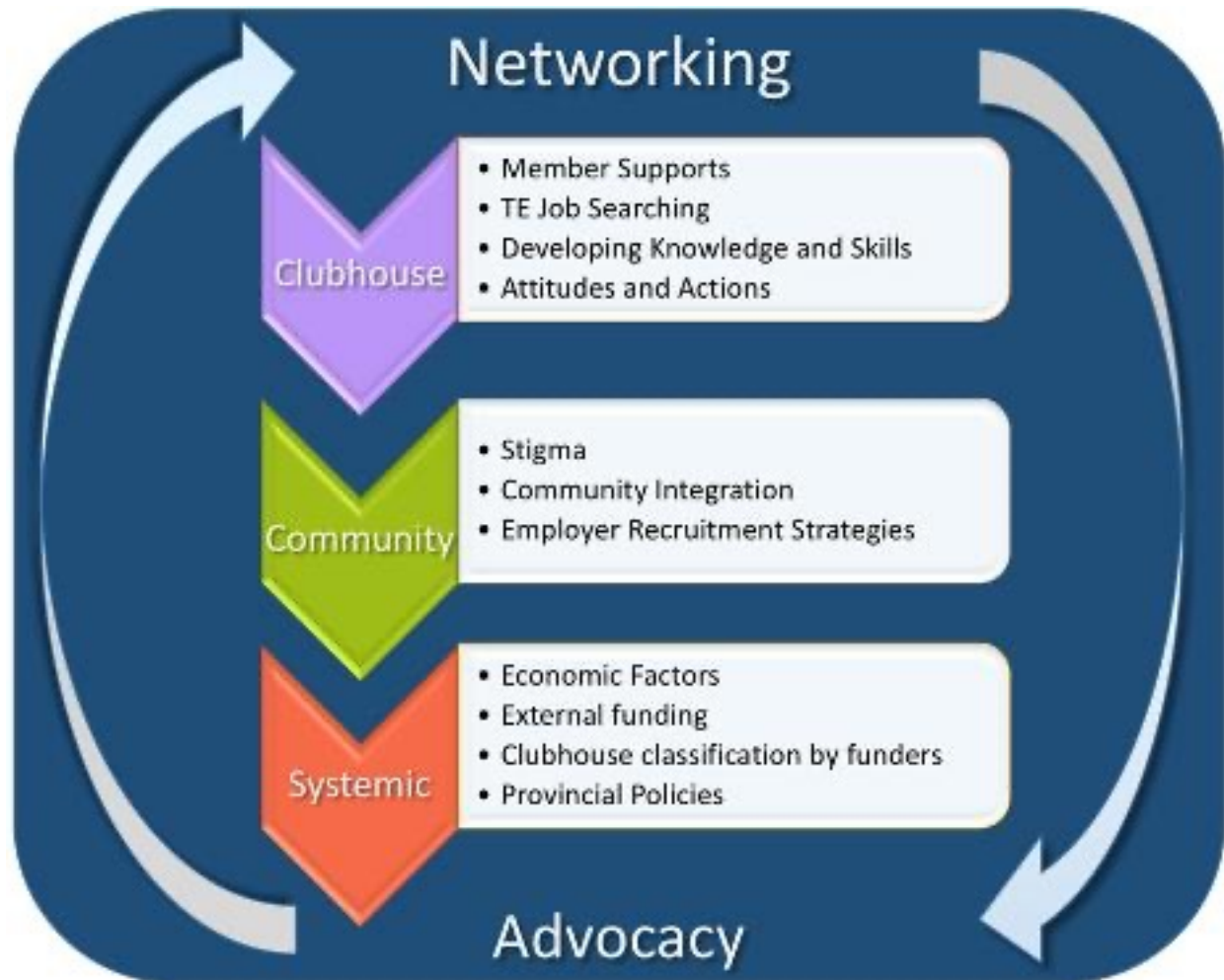
Member Supports. Many directors emphasized that as a prerequisite to TE, members must have access to basic life essentials such as healthcare, housing, social assistance and transportation: “It’s hard to talk about going out and getting work when someone doesn’t have a decent, safe place to live. How does someone

Table 1
Characteristics of Clubhouses Participating in Director Interviews

Question	Clubhouse					
	1	2	3	4	5	Montréal Clubhouse
Region of Canada	Prairies	Atlantic	Pacific	Atlantic	Ontario	Québec
City population	>100,000	<100,000	>100,000	<100,000	>100,000	>100,000
Active membership ^a	350	330	300	140	800	197
Members per staff	35	18.3	11.5	15.6	34.8	31.0
TE positions	6	20	20	15	40	n/a
Years between Clubhouse opening ^b & first TE position	7	1	3	3	1	n/a
Earned income allowance before reduction in SA	\$800/month	\$75/month	\$9,600/yr. (avg. \$800/month)	\$300/month	\$200/month	\$100/month ^c

Note.

- Defined as the approximate number of members that attended during the past 3 months.
- Defined as the time when the first services were offered using the Clubhouse approach to psychosocial rehabilitation, not accreditation, which would have been achieved after opening.
- In Québec, there are two social assistance programs: Social Solidarity, for those with limited work capacity (as documented in a medical report), for which the earned income allowance before reduction in benefits is \$100, and Social Assistance, for those who do not have a limited work capacity, for which the earned income allowance before reduction is \$200.

Figure 2**Visual Model of Director Interview Results Discussing TE Implementation and Maintenance**

get clean? ... get the laundry done?”—Michelle. Furthermore, members’ fear of losing benefits, in the form of both income and medications, was also discussed as an enormous and real barrier to TE participation.

Despite these factors, one vital strategy to TE’s success was the provision of individualized support and coaching by Clubhouse staff to the members. Such support went beyond job training to include navigating new transportation routes, filling out SA forms, informing members about how SA benefits will change when working, and coaching members of the best way to communicate with SA workers. In those provinces that shared similar SA policies of allowable employment-income as those in Québec (i.e., maximum \$100 per month in Québec; see Table 1), member-support strategies included a shift in focus toward the many non-monetary benefits of TE. By reframing participation in TE as a stepping stone to recovery and independence, staff were better able to guide members toward the long-term goal of coming off SA and regaining financial autonomy, despite the limited short-term financial gain imposed by local policies.

TE Job Searching. Directors stressed the importance of having the right people on their board of directors when searching for TE jobs: “[You need to] have directors who have the connections with the business community”—Rob. Additionally, directors emphasized the importance of understanding the skill sets and interests of Clubhouse members prior to searching for jobs, in order to be confident that the TE position, for which they are advocating, will be filled.

Multiple directors reported they followed a specific goal-achievement process when searching for TE positions. This involved setting concrete goals, creating an action plan, implementing that plan, reassessing, and re-entering that cycle to adjust the plan accordingly. Setting big goals was discussed as a successful strategy: “Continue to set the bar high in terms of what your hope and vision is”—Michelle. At the same time, it was important to start small: “Our first TE job, we did that for several months before we tried to get another job, in order to make sure of success with that.”—Rob.

Developing Knowledge and Skills. Directors discussed the importance of staff attending Clubhouse training, witnessing an accredited Clubhouse in action, attending TE-specific training, and committing to the Clubhouse accreditation process. Also, developing leadership skill sets (i.e., problem-solving skills, managing and mitigating risk, persistence) within the Clubhouse was considered an important responsibility for all of those involved. And lastly, directors reported it was vital to stay informed about SA policies and benefits that members were entitled to access, in order to provide accurate information for individualized member support and risk-mitigation.

Attitudes and Actions. “A shift in attitude is what was necessary... we were just ‘doom-and-gloom’ about our employment efforts and, like it or not, it was affecting our actual actions and efforts”—Michelle. The need to reflect on attitudes, as individuals and as a Clubhouse, and likewise their effect on subsequent actions, was echoed by many directors. All directors also mentioned that the entire Clubhouse had to make a conscious decision to prioritize employment over all other programming. Once it became a priority, the responsibility for implementing TE was better shared throughout the Clubhouse: “It’s the responsibility of the whole organization, and that includes the board of directors”—Rob. All staff devoted at least 20% of their time to developing TE leads or supporting existing TE positions, alongside members who participated by researching employers and brainstorming potential positions as part of the work-ordered day. Finally,

Clubhouses increased their accountability to TE by assigning specific tasks to individuals, holding regular TE-specific meetings within the Clubhouse, and keeping TE as a standing board-meeting agenda item.

Community Factors and Strategies

Stigma. As Director Cindy said: “I mean, we all know that stigma is a huge barrier, and people not understanding... so, a lot of our initial work is making sure that...people are informed and given information.” To combat stigma, directors strived to ensure that all parties involved in TE positions understood that individuals living with MI are very capable of working to the same standard as other colleagues.

Community Integration. Increasing interactions with individuals and organizations external to the Clubhouse was another common theme (see Networking below). Opening Clubhouse doors and inviting the public and community organizations into the Clubhouse for activities that promote knowledge exchange, as well as engaging as a Clubhouse in community-based events, were voiced as important to reducing stigma and strengthening the Clubhouse’s image within the community.

Employer Recruitment Strategies. Shared Vision. Directors expressed the importance of identifying similar values, beliefs, or goals with other stakeholders and organizations as a strategy for securing and maintaining TE positions with community partners. All directors mentioned that working with those who share a mutual understanding was helpful in developing strong relationships.

Board of Directors Action. Although TE recruitment and development was seen as a Clubhouse team effort, board members were often the ones to take the initial steps of finding and contacting the employers for potential TE positions. As one Clubhouse director stated, “cold calls from the members and staff here were just not working. People seem to really respond to other people that are in the business world ... that’s how it works best”—Angela.

Contact Influential Persons. In addition to using board of director contacts, Clubhouse directors discussed who to approach when contacting potential new TE employers, in order to make their efforts most effective: “I asked to meet with the senior people there. I didn’t ask to meet with a manager, or the HR representative. No, I went to the Executive Director...”—Michelle.

Salesperson Skillset. The manner in which the TE program and its benefits were “pitched” had a strong influence on securing employer interest and TE jobs, and was seen as being closely linked with the attitudinal shift previously discussed. For example, one director reported: “We stopped talking about ourselves... through this ‘charitable’ lens... ‘If you could help us out that would be really great’? ...We started going into the employers and actually saying ‘We’ve got the best deal in town.’”—Michelle.

Champions. A “champion,” was defined by directors as someone who strongly believes in the Clubhouse values and wants to help the Clubhouse succeed. Referring to a TE employer in the community, Michelle said: “...He became a champion within our organization... you need a really strong relationship with a person in an organization who can speak to what we’re trying to do, and who can basically also say ‘We tried it, we love it’.” Having such a champion in the community was perceived to greatly aid Clubhouse employment efforts.

Systemic Factors and Strategies

Economic Factors. Most directors mentioned local economy as a factor influencing TE implementation: rising unemployment rates, downsizing, and cutbacks all increased competition for a fewer number of jobs, which challenged the ability to secure TE positions. Additionally, having a seasonal local economy resulted in competition with government-subsidized seasonal hiring incentives. To mitigate these factors, directors worked harder to “sell” the TE program by highlighting the advantages of guaranteed absence coverage and training offered by the Clubhouse, and while targeting smaller businesses, where personal connections were easier to form.

External Funding. Each Clubhouse had a unique funding composition, from sources such as municipal or provincial government, federal grants, private or other organizational grants, and private donations/fundraising. Most directors insisted that additional funding was not necessary to initiate the TE program. In fact, employment grants and project-specific funding were deemed risky and were less-often used, as the outcomes required for such funding were found to be either difficult to attain or not aligned with the many non-monetary goals of TE and recovery. Instead, by prioritizing TE within the Clubhouse, resources from umbrella funding were reallocated successfully to achieve a “sufficient” staff-to-member ratio: ensuring the proper support of members in TE jobs, and facilitating and fostering close relationships with TE employers.

Clubhouse Classification by Funders. Directors expressed that their Clubhouse’s image was an important factor in TE implementation. For example, if government viewed TE within a Clubhouse as a social or health service and not a form of supported employment, Clubhouse eligibility for funding and member eligibility for certain benefits (i.e., clothing, dental, or transit allowances) were affected. Therefore, taking the necessary steps to correct this misclassification was deemed an essential strategy.

Provincial Policies. Policies related to food, shelter, transit, clothing allowances, and medical/dental benefits available through SA varied largely from province to province, as did policies outlining the total allowable earnings from employment before reduction in one’s SA amount, which ranged from \$75 to \$800 (Table 1). Such variation between the policies of provinces can affect the attitudes of Clubhouse staff and members, particularly when the policies appear unable to support the mission of the Clubhouse model. However, directors demonstrated that TE can be successful even within provinces with comparatively minimal amounts of allowed income when receiving SA. Understanding the intricacies of local provincial policies was essential to supporting Clubhouse members and ensuring their receipt of all entitled benefits. The fear of losing medication coverage was perceived by one director to often be a greater barrier to members’ TE participation than the disincentive of having a reduction in SA income. However, a closer look at policies revealed that members might continue to qualify for such coverage after working, due to the enduring eligibility of high-cost psychoactive prescriptions.

Networking

Perhaps foundational to all other factors and strategies was a commitment to *networking*—connecting, exchanging information, and developing relationships with key stakeholders. Such stakeholders ranged from prospective and current employers, social assistance workers, government representatives, and community partners or agencies, to families of members, healthcare workers, universities, and the greater Clubhouse community. Essentially a *meta-strategy*, networking was an integral aspect of employer recruitment strategies,

working with governments and their policies, and integrating the Clubhouse into the community (See Community Integration above). Networking with any stakeholder began with finding points of common ground, after which Clubhouse directors would foster the relationship through inviting stakeholders into the Clubhouse for an event, such as an annual appreciation breakfast for current and potential TE employers.

Advocacy

Considered another meta-strategy, advocacy was reported by directors as pervasive and ongoing in all TE strategies, both in and outside of the clubhouse. Advocacy with the government for the rights of individuals living with MI to return to work was an effective strategy for Clubhouses experiencing systemic barriers and disincentives. For advocacy to be effective, it was inherently tied to the other strategies and factors described, such as being informed on policies and research, developing salesperson skill sets, working with champions, encouraging board-member action, and keeping a positive attitude. A vital tool in all advocacy efforts for the program was the ability to provide evidence of the many positive outcomes of TE, such as earning extra income, leading to employment or further education, increased member confidence, increased sense of connection, being role models for other members, reducing stigma, and cost benefits for social assistance programs.

DISCUSSION

Canada's mental health strategy, *Changing Directions, Changing Lives* (MHCC, 2012) as well as *The Aspiring Workforce Report* (MHCC, 2013), strongly promote employment as a key component in recovery for persons living with MI. However, Québec's first Clubhouse has faced several barriers when implementing a TE program, despite international research demonstrating its effectiveness in promoting multiple recovery-oriented outcomes (Battin et al., 2016; Gold et al., 2016; Henry et al., 2001; McKay et al., 2018). To guide the implementation of TE in Québec, this study set out to synthesize knowledge and experience in implementing TE programs within the Clubhouse model in Canada, and to understand the service-user's perspective on existing Québec employment services for people living with MI. While we acknowledge the possibility of a selection bias incurred by both purposive sampling and the recruitment strategy for the focus group and director interview participants, this could have hardly been avoided given the small number of Clubhouses in Canada and the methodological particularities of the study. Narratives from the focus group of Montréal Clubhouse members emphasized the value of work in recovery while identifying barriers to working, issues with current work programs, and recommendations for program and system changes. Survey and interview data with Canadian Clubhouse directors demonstrated that with persistence, TE programs have been successfully implemented in locations that differ widely across provincial government structures and policies, city size, economic factors, Clubhouse membership size, staffing ratio, and funding sources. Additionally, Clubhouse directors shared a wealth of strategies for overcoming barriers encountered while implementing TE, and for ensuring the continued success of their members and TE programs.

Focus group participants frequently voiced the need for work programs to provide a gradual and supported re-entry to work, in line with the individual's interests, strengths, and point in recovery, while understanding that their abilities may fluctuate over time as they continue to deal with ongoing MI symptoms. Current Québec provincial policy supports members' voices on this matter. The *Plan d'Action en Santé*

Mentale - 2015-2020 recommends the coexistence of multiple models of programs to support various ways of integrating within social-professional environments (i.e., part-time, full-time, temporary employment); providing the appropriate amount of support for the individual's point in recovery; and respecting the individual's desires, interests, and strengths (MSSS, 2015). TE, with its guaranteed replacement system, peer support from other members, and support of Clubhouse staff, addresses these policy recommendations, particularly when considering it as a continuum of employment services offered by the Clubhouse (i.e., work-ordered day, TE, SE, and IE). Previous research by McKay et al. (2006) examining the transitions between TE, SE and IE also emphasizes the benefits of having this range of employment services available to Clubhouse members, due to the varied support needs across different members, as well as the often-cyclical nature of MI. Similarly, the specific strategies outlined by Clubhouse directors address many aspects of the Québec policy recommendations, such as understanding the skills and interests of members when developing TE positions, providing individualized member supports, and having sufficient staff-to-member ratios to provide such support and maintain close relationships with employers.

Stigma surrounding MI was identified by members and directors as a powerful barrier to individuals finding work and integrating into the workplace, as well as successfully implementing a TE program. Interestingly, federal and provincial policies also recognize this as a barrier, reporting the need for a paradigm shift to destigmatize individuals living with MI (MHCC, 2013). Québec provincial policy even reports a lack of knowledge and training about MI among those working in employment services (MSSS, 2015), further affirming the experiences of the Montréal Clubhouse members. The interviewed directors had many common strategies to combat such stigma when implementing TE, including educating potential employers on the skills and strengths of persons living with MI, being well-informed of statistics and stories of other Clubhouse TE successes to use when approaching employers, and prioritizing community integration activities for the Clubhouse as a whole.

Fear surrounding losing one's SA support and benefits was identified by both members and directors as a strong deterrent to participating in a work program, given the difficult SA application process. Members proposed solutions, such as being able to keep benefits when starting to work, ensuring quick and easy re-access to benefits if work is ended, providing sensitization training for social and employment service workers on the fluctuating nature of MI, and reducing the disconnect between health and employment ministries. These recommendations are mirrored in existing federal and provincial policies, which recognize the need to improve collaboration among different sectors of government services, replace disincentives to returning to work with financial incentives that promote part-time work, allow the maintenance of benefits when transitioning back to work, and the guarantee of quick re-access to SA if employment is ceased (MHCC, 2013; GPEITSM, 2012; MSSS, 2015). Directors emphasized the need to be informed about social assistance policies and service-user rights, switching focus to non-monetary benefits of TE, and using these federal and provincial policies to advocate for system-level changes at various levels of government.

To conclude, to our knowledge, this is the first research study synthesizing knowledge and strategies used by Canadian Clubhouses to ensure the successful implementation and maintenance of their TE programs. This was achieved while situating the knowledge within a context specific to Québec. Results of the Clubhouse member focus group give voice to those government policies calling for system-wide changes in support of persons living with MI when returning to work. However, focus group and director interview

results also demonstrate the existing gap between policy recommendations and implementation. Directors shared their strategies to overcome this gap and ensure the success of their TE programs across Canada. When combined with policy and government documents, research evidence, and member and director narratives, these strategies can be used by the Montréal Clubhouse to guide their approach to implementing TE. Regardless of the contextualization for Québec, these findings are generalizable to other Clubhouses and community organizations interested in implementing a TE program or supporting persons living with MI in returning to work. Finally, these narratives and findings contribute to an important body of work that captures the lived experience of individuals living with MI.

APPENDIX A

Questions and Probes for Focus Group with Montréal Clubhouse Members

1. Main Question: What do you think about the opportunity for people living with a mental illness to re-turn to work if they want to? Why (or why not) is it important to have the opportunity to work?

○ Probes:

- What would the opportunity to work bring to your life? Or would it take away anything from your life?
- What is your experience related to previous employment?
- Were you employed before receiving a mental illness diagnosis?
 - If yes, what did you do?
 - If no, did you volunteer, or study?

2. Main Question: How do you feel now about the prospect of finding employment?

○ Probes

- Do you have doubts and concerns?
- Do you have confidence, strengths and/or skills in certain aspects of work?

3. Main Question: What do you think gets in the way of people living with a mental illness returning to work?

○ Probes

- What have been difficulties or challenges around working?
- What would have made things better or easier?
- How do you think we could better accommodate this?

REFRESHMENT BREAK

4. Main Question: What has been your experience with employment programs in Quebec?

○ Probes:

- Can you describe these programs?
 - Examples of programs include: Pass Action? L'arrimage? Acces-Cible? INSO?
- Do you think that this program helped you?

- How long did you participate in this program?
 - Why did you stop participating?
- Would you apply to this type of program again?
 - Why/ why not?

5. Main Question: If the perfect program existed to help you find and keep employment, what would that look like?

- Probes:
 - How would you design the program?
 - What would be challenges? What would be potential facilitators?
 - What do you think are the most important elements to include in a “work” program?

APPENDIX B

Survey Questions for Canadian Clubhouse Directors

The following questions were asked through an online survey:

1. What year did your Clubhouse open?
2. What is your total active membership?
 - a. Clubhouse definition of active: based on members who have attended within the previous three months
3. Funding: Percentage (%) of your funding that comes from:
 - a. Government %
 - b. Other %
4. How many staff are employed by your Clubhouse?
5. How many staff are involved in running the TE program?
6. What year did the TE program begin in your Clubhouse (the year of the first TE position that a member filled)?
7. How many active TE positions do you currently have?
 - a. Active defined as: members currently working in a TE position
8. How many companies do you have a TE partnership with?
9. Which ministry / department in the government is responsible for your Clubhouse program?
10. Which ministry / department in the government is responsible for the TEP at your Clubhouse?
11. Does your Clubhouse offer employment programs other than TE?
 - a. If yes, please list and describe them.
12. Do members employed in TE positions receive a subsidy for transportation? If yes, how much is the subsidy?

APPENDIX C

Semi-Structured Interview Questions and Probes for Interviews with Canadian Clubhouse Directors

1. Main Question: Can you describe the history of the TE program at your Clubhouse and the extent of your involvement?

○ Probes:

- When you began working at this Clubhouse, did the transitional employment program already exist?
- Were you involved with the development of the TE program? What was your role?
- What were the first steps you took to begin your TE program?
- For how long was your Clubhouse interested in a TE program before it was finally implemented?

2. Main Question: Can you describe the challenges in getting the TE program implemented, and what your Clubhouse did to overcome them?

○ Probes:

- Who did you have to speak to, or get “on-board”?
 - Probes:
 - Government?
 - Community?
 - Health care system?
 - Others?
 - How did you get them on board?
- Are there any significant moments that stand out, related to these challenges?
 - If yes, can you tell me about one?
- Any other challenges that you can think of?

3. Main Question: What helped you to be able to get the program implemented and how did it help?

○ Probes:

- Were there particular people that were helpful? How did they help?

- Were there particular policies that were helpful? How did they help?
- Were there particular funding agencies that were helpful? How did they help?
- How did you initially create communication links and structures with the government that facilitated the realization of the TE program?
 - Do these links and structures still work smoothly?
 - Why or why not?

4. Main Question: When the TE program was being created at your Clubhouse, what was the policy of your provincial government about people living with mental illness having the right to “work”?

- Probes:
 - Was there an acceptance that “work” is an important element of **recovery/** rehabilitation?
 - Has this policy changed?
 - How do you believe this policy affects the existence of TEP?

5. Main Question: In your province, what are the government-based incentives/disincentives for people living with mental illness to return to work?

- Probes:
 - How much is basic government benefit for those using social assistance?
 - How much can an individual earn in a TE position without decreasing the amount they receive from the government?

6. Main Question: What do you see as the biggest benefits of maintaining a TE program for the Clubhouse and its members?

- Probes:
 - Any other benefits?
 - What about ... (list potential benefits)

7. Main Question: What do you see as the biggest challenges of maintaining a TE program for the Clubhouse and its members?

- Any other challenges?
- What about ... (list potential challenges)

8. Main Question: What final advice do you have for the Montreal Clubhouse in implementing TE?

APPENDIX D

Selected Verbatim Text Supporting Focus Group Results

Importance of Work

Financial

The money piece is a really huge piece... you don't want to worry, you don't want to put as much importance [on it], but money gives you convenience, less stress... and when you're dealing with mental illness, any kind of extra stress just makes it worse.—Patt

Inner Experience

When you're depressed, you have a sense of worthlessness, but when you're employed, you can regain that feeling of self-worth.—Lane

Barriers to Work

Inner Experience

I still don't know if I can do the job that I was doing, I don't have that confidence... that's been ripped away.—Adrienne

I think for anyone even not dealing with mental illness, going to job interviews and being like, selling yourself and being confident and, just applying again and again is a very exhausting and stressful experience and I feel like that's even more, especially if you're dealing with any kind of social anxiety ... the job interview process is very uh, intimidating.—Patt

Dealing with Social Assistance

There's a huge fear of calling their welfare or their social solidarity agent and saying 'okay take me off of assistance, I've got a job.' What if in two weeks, they get depressed and they can't come to work for a week, then they're fine for a month then they're away for another two weeks?—Cali

Existing Work Programs

Unfair Wage

I had my calculator there and I was thinking, 20 hours a week, for 4 weeks, for 130 dollars...it's like a dollar something an hour... so that's the thing that makes you not feel very valued.—Shawn

Unreachable Outcomes

...[employment programs are] forced to show results that are not realistic for the mental health community... and if you don't achieve those outcomes, [the program's] going to be a burden on society financially.—Jay

I think in my short experience in Quebec ... with programs, uh when we are sick we can't work twenty hours a week, it's too much, it's too much.—Jesse

Now if you don't find employment after that year [with a particular work program], that opportunity is gone. It's a void you know? So even though I'm critical like Jesse, about the amount of money that I got, at least I could do something and find purpose and know why you're getting up in the morning, so, you know the last few years have been really chaotic ... with people not having anywhere to go and I think that would lead to more hospitalizations and more recurring mental health issues.—Skye

Ideal Work Program

Individualized Supports

For me it would be to be able to have them help me find what kind of employment that I'm able to do uhm, identify my skills, because I don't even know what I would like to do so I would need help finding that out, and then help obviously finding a job, or perhaps retraining, something to give me that option.—Lane

The biggest thing that I've found about TE is the fact that somebody could go in and replace you that day... it empowers everybody right away... that's just so strong I can't see how it can't be effective.—Adrianne

...the [clubhouse is] very context rich, [the director] and the other staff, they know people here, intuitively, intimately, people come in, on schedule, just voluntarily... clubhouses have a low staff to member ratio because it saves a lot of money, the tasks they're doing is financing this place, in a sense. [It's] context rich in that the the community you're in is a bridge, like a clubhouse community is a bridge to the employer.—Jay

Inclusion in the Workplace

Everybody down the line should be trained in, you know, what a what does somebody with a mental health issue, what are they going through? Like a person with a physical disability may have to go to therapy every day, whereas a person with a mental disability maybe they're isolated, I don't know. But the, each one has specific barriers, and those barriers have to be realized all the way down the line.—Bailey

Systemic Change

I think one of the key aspects of a perfect program, although there's no such thing as perfect is for, as it applies to people living with mental illnesses, is for the government uhm, social assistance entities to understand what it is like for people who live with mental illness. Uhm to understand that if they attempt to do a job uhm and that job doesn't work out, that they don't treat them in the same manner as uh people without mental illnesses, in other words, call it uhh, a transition, call it a in-flux train[ing], whatever, but do not make that person go through from step one all the steps to apply for their assistance and be hungry for a month.—Cali

One department doesn't talk to another department. Someone could feel like a ping pong ball trying to call social services department... and being told 'no that's an Emploi Quebec issue, talk to Emploi Quebec' and being told, 'no that's a social services issue'. There has to be some softness in the hard bureaucracy.—Cali

Stigma

...Part of the reason is just the stigma, you know, that people are afraid to just look at it as a common medical impairment or disability, you know... if a company has someone who has MS in their office, and one day he or she can't type, you know, there'd be easy adaptations or if they're off for three months for, because of to a flair up, you know, it would just be matter of fact. It's complicated but it's not that complicated, you know, like, there's crises and then there's periods of stability, and when you're stable you could, you could work fairly pr-predictably, you know.—Jay

APPENDIX E

Supplementary Data Gathered on Participating Clubhouse Demographics, Operations and Provincial Policies

Table E1
Characteristics of Clubhouses Participating in Director Interviews

	Clubhouse:					
	1	2	3	4	5	Montreal
Region of Canada	Prairies	Atlantic	Pacific	Atlantic	Ontario	Quebec
City Population	>100,000	<100,000	>100,000	<100,000	>100,000	>100,000
Years in operation	20-24	25-29	30+	20-24	30+	7 ¹
Active Membership ²	350	330	300	140	800	197
Total Staff	10	18	26	9	23	3
Full Time Staff	8	18	20	7	23	3
Part Time Staff	2		6	2		
Members per Staff (Total)	35	18.3	11.5	15.6	34.8	31.0
Members per FTS	43.8	18.3	15.0	20.0	34.8	31.0
Ministry/department responsible for Clubhouse:	Health	Health & Wellness, Workforce & Advanced Learning, Family & Community Services	Health	Health & Wellness	Health & LTC	
% funded by government:	40	95	75	99	90	
% funded by other:	60	5	25	1	10	

Note.

1. The Clubhouse was closed for one year during this time period, due to a change in location.
2. Defined as the number of members that attended during the past 3 months.

Table E2
Characteristics of Transitional Employment (TE) and Other Employment Services

	Clubhouse:				
	1	2	3	4	5
Region of Canada	Prairies	Atlantic Coast	Pacific Coast	Atlantic Coast	Ontario
TE in operation (yrs)	15–19	25–29	25–29	15–19	30+
Years between Clubhouse opening ¹ & first TE position	7	1	3	3	1
Ministry/department responsible for TE	Staff & Board of Directors	Workforce and Advanced Learning	Health	Health & Wellness	Health & LTC
TE positions	6	20	20	15	40
TE employers	5	8	14	9	19
Members/TE	58	17	15	9	20
Transportation subsidy if in TE?	Yes, but not because of TE ²	No ³	No	Yes, but not because of TE ⁴	No
<i>Employment services offered in addition to TE:</i>					
Supported Employment (SE):	Yes	Yes	Yes	Yes	Yes
Independent Employment (IE):	Yes	Yes	Yes	Yes	Yes
Group Employment offered?	Yes	No ⁵	No	No	Yes

Note.

1. Defined as the time when the first services were offered using the Clubhouse approach to psychosocial rehabilitation, not accreditation, which would have been achieved after opening.
2. All members on the province's social assistance (SA) (with or without disability benefits) receive a discounted bus pass. The normal rate is \$100/month. SA recipients pay approximately \$44/month. However, the city recently imposed a transportation discount program that is income based and a sliding scale. Citizens receiving less than \$15,000 in total income will pay \$5 for a monthly pass. This could capture all of the SA recipients and many others and it would be slightly higher for those receiving disability benefits, but below the \$44/month.
3. The director reports advocating for transportation costs, i.e., bus passes, on an individual basis and they have a small budget to temporarily assist some individuals. Clubhouse staff and the Clubhouse van assist as possible.
4. Depends on income and personal situation.
5. Additional employment services offered: Post employment support, Pre employment support, Resources, Employment related preparation (i.e., How to apply for a job online, interview preparation, resume development).

Table E3
Comparison of Social Assistance Policies and Support Amounts Across Provinces

Question	Clubhouse:				5	Montreal du Travail, de l'Emploi et de la Solidarité sociale
	1	2	3	4		
Ministry/department overseeing social assis- tance and benefits:	Community and Social Services	Family and Human Services	Social Develop- ment and Social Innovation	Community Services Base + allowances depending on individual circumstances	Community Services Social Services	
Amount per month for those with "limited work capacity":	\$1588	Varies: individual formula	up to \$1033.42		\$1128	\$954
Amount per month for those with no "limited work capacity":	\$762	Varies: individual formula	up to \$610	base: \$575	\$706	\$616
What health or dental benefits are included for those on social assistance?						
Prescription medications	Yes (100%)	Yes (100%)	Yes (100%)	Yes (potential \$5 copay/ Rx)	Yes (may have \$2 copay/Rx)	Yes (100%)
Basic dental	Yes	Yes (infection/pain relief only, unless dis- ability)	Yes (may be eli- gible)	No	Yes (may be eligible)	Yes (after 12 months on social solidarity)
Vision/optical services	Yes	Yes	Yes (may be eli- gible)	Yes	Yes (may be eligible)	Yes (after 12 months on social solidarity)
Transportation	Yes	\$25/household/month	Yes (bus pass)	Yes	Yes (for travel to and from medical appointments)	Unknown

Note. References used in creating this table:

Alberta Government. (n.d). *What you get with AISH*. Retrieved from: <https://www.alberta.ca/aish-what-you-get.aspx>
 Prince Edward Island. (2017). *Social Assistance Program*. Retrieved from: <https://www.princeedwardisland.ca/en/information/family-and-human-services/social-assistance-program>
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Table E4
Comparison of Social Assistance Policies Across Provinces, When Starting to Work

Clubhouse:		1	2	3	4	5	Montreal
Question		1	2	3	4	5	
How much can be earned without decreasing assistance amount?		\$800/mth	\$75/mth	\$9,600/year (avg. \$800/mth)	\$300/mth	\$200/mth	\$100/mth (\$200 for social assistance)
What happens if amount is exceeded?	Next \$800 earned, 50% is taken off assistance amount, after, dollar for dollar	Dollar for dollar reduction in assistance amount	Dollar for dollar reduction in assistance amount	30% of earnings can be kept; dollar for dollar reduction thereafter	50% of earnings are exempt, the rest is deducted dollar for dollar	Dollar for dollar reduction in assistance amount	
What happens to health benefits when monetary benefit is reduced?	Benefits remain	Unclear	Continue receiving benefits (as long as earnings reports submitted)	Pharmaceutical benefits maintained when amount reduced, and continue 1 year after amount ends	If no longer receiving income support and their healthcare costs > income, may qualify for "Extended Health Benefit"	Continue to receive the health benefits as long as they receive an assistance amount	
What is the reinstatement process like to get back on social assistance? How long does it take?	Individuals remain on file, with access to benefits for life	Unclear	Individuals never lose designation as a person with a disability (file never closes), it is very fast, no reapplication.	Unclear	Not specified exactly how long. But as long as the member left the assistance program for paid work, they will qualify for "Rapid Reinstatement"	No official source online. Members say "long"	

Note. References used in creating this table:

Alberta Government. (n.d.). *What you get with AISH*. Retrieved from: <https://www.alberta.ca/aish-what-you-get.aspx>
 Prince Edward Island. (2017). *Social Assistance Program*. Retrieved from: <https://www.princeedwardisland.ca/en/information/family-and-human-services/social-assistance-program>
 British Columbia. (n.d.). *Disability Assistance*. Retrieved from: <http://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/disability-assistance>
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APPENDIX F

Selected Verbatim Text Supporting Director Interview Results

Clubhouse Factors and Strategies

Member Supports

I think it's hard to talk about going out and getting work when someone doesn't have a decent, safe place to live. You know, how does someone get clean? How does someone get the laundry done? How does someone get their teeth brushed for a job interview? People might come in the door, talking about things like employment, but one of the first things that really needs to be settled on is, is that people have good decent housing.—Michelle

...that support element is so so important going forward, regardless of what type of work it is. And I don't think society gets that part.—Angela

We also talk about the long-term goal of coming off of social assistance... being able to make your own decisions about your money—someone else isn't telling you 'this is what you have to spend on laundry,' or 'this is what you have to spend on...' ...one member in particular that tends to come in and talk about how he started his first job moving the carts at [the local grocery store] , and it was a TE, and now he works full-time year-round, and gets two weeks' vacation, and that was his stepping stone.—Cindy

TE Job Searching

...have directors who have the connections with the business community ... [they] are supposed to provide employment opportunities ... if you don't have those type of board members? Then get them. Get them.—Rob

Developing Knowledge and Skills

Attending Clubhouse training, TE training, seeing other Clubhouses in action and going through the accreditation process: "they established a foundation for our club that really set the bar high.—Michelle

...totally understanding all aspects of what happens when a person's on benefits, how they're affected when they're employed, just so that we've got the factual information before we start promoting transitional employment, to be able to tell our members, this is the risk that could happen.—Rob

We encourage [members] to find out as much as they can about policy, and what's cool about Clubhouse is that many members know more than anyone else about these policies, and how they can be accessed, and the way to kind of above-board go about requesting them.—Angela

Attitudes and Actions

we scaled back on our social/rec programming, because we had given that such a high priority for a long time, and we could never find time for employment. Well we had our priorities a little bit messed up.—Michelle

...so the biggest part is researching the employer but that's great clubhouse work right...so members and staff could research the employer, know absolutely everything you can about the employer, try to even think about what possible jobs would be good TE jobs.—Angela

And so... the meeting made us all very accountable because your name got put down in minutes [laughing], that you're following up on a TE lead... and then everyone's looking at you the next week and saying 'So, how'd that go?', you know? And it's just that accountability, that time, that intention every week, was a massive shift as well, along with kind of an attitude shift.—Michelle

Community Factors and Strategies

Community Integration

Staff and a member will go to the [Chamber of Business] mixers, and, will put up a display on services the Clubhouse offers, or will speak at a Rotary dinner. Some of those things go farther in changing minds and breaking down some of the stigma, than some of the government policies.—Cindy

Employer Recruitment Strategies

We're trying to find the right employers; the employers who get it, who understand what we're doing... who love what we're doing, who support what we're doing, who sell what we're doing, and we look at expanding our opportunities within those employers too.—Michelle

[The board of directors] really needed to help because cold calls from the members and staff here were just not working. People seem to really respond to other people that are in the business world ... they still expect us to do the research, get all the leg work, but in terms of reaching out, [he/she] does the call. And that's how it works best.—Angela

...and as a board, I'm asking you guys to shift away from just being this kind of supportive presence to us, to being active in employment development'... And now... one of their clear priorities is employment development, so they are out there talking to other employers, they're out there calling their friends... [they have] helped us to get a couple of jobs in the last two years.—Michelle.

So the way we sold our club was another piece I think of the shift we made. We stopped talking about ourselves... through this 'charitable' lens... 'Oh yes, here we are, the poor mental health people, the poor mental health program. If you could help us out that would be really great,' ya know? That's how we kind of used to talk in our community about employment. Well we shifted it. We stopped talking like that; we started going into the employers and actually saying 'We've got the best deal in town, I don't know if you've heard about it.—Michelle

Systemic Factors and Strategies

Economic

...entry level positions [are] the first to go in terms of layoffs... we'll build up say eight to ten [TE] jobs in a year and we'll lose seven. So it's non-stop, it's a work in progress all the time.—Angela

Our unemployment rate here in [Canadian County] hovers between 15 and 18%... which is three times the level of most Clubhouses. And so we've had major, major barriers and challenges, and it really had demoralized us... We were down in the pits [but] now we're, you know, now we're up and above our targets for employments, and yet our... unemployment rate in [Canadian County], has basically stayed the same.—Michelle

External funding

We were able to get the extra funds; that was the biggest challenge for us, was having the staffing to be able to make the connection and take people out to do a job... it just helps to get some type of job under your belt so that you can make reference to it... but it wasn't such a big deal really. The biggest deal was trying to find some money, so we did get a short-term project to do that. And once we were able to find an employer that would take us on, then things kind of went from there.—Angela

We've worked really hard over the years not to segregate the different types of work that clubhouse does because years ago that's what different people did to get different pockets of money... and that's very

difficult to sustain. So over the years we have applied for money to help us kind of rejuvenate our employment program... but we've never kept it up because the outcomes are really challenging.—Angela

Well, they give us [funding for the whole clubhouse], but we actually have contracts... there's five or six different services that the ministry of health looks at, but they give a lump sum, but we have to break it up for them. That's in case they want to do some cuts on us, they [can't] say 'oh, we're gonna cut you, and we're going to take it out of public education' (chuckles).—Rob

Clubhouse Classification by Funders

As long as we weren't seen as a supported employment program in [Province], [the Social Services Ministry] would say "Yeah, yeah, yeah, whatever. You guys are social/recreational. We don't really fund that."—Michelle

Provincial Policies

Our Clubhouse model is founded on the basis that work makes wellness... the model itself is challenged when you have this dynamic of penalizing, in effect, people who want to go back to work, who want to earn a wage and an income... when their welfare benefits are ratcheted back.—Jim

...it actually prevented people from taking the challenge, or the risk of going back to work. Just the fear of not working, or not being successful, and **then** having to reapply for disability benefits... it could take you six months, and you have no money.—Rob

I really think a lot of the employment support policies in [Province] are where we target our efforts... and there would be policies in there that are on: special diets (if you have certain medical conditions), on clothing if you're going to work, then you can get a clothing allowance—if you're returning to work you can get steel-toed boots for instance, if you're going out to do a group cleanup with [Clubhouse Name]; ... and if people are in employment-related programs like us, they can get transportation support.—Michelle

So, a lot of times the cost of the medication is so high that they're gonna qualify, for just the medication part of it. ... It's [decided] on a case-by-case basis and it's geared to the cost. So, you know, what we'll do is we'll work with the pharmacy, and say... 'here's the list of medications, give me a cost of what those are gonna cost per month', and usually the cost exceeds the amount, and they'll automatically qualify ... usually they'll qualify for the medication and the increased transportation amount, and then the rest is logged dollar-for-dollar.—Cindy

Networking

...whether it's a housing program, whether it's a clinical program, whether it's a social service program—developing those relationships and having that connection in the community, it never hurts, it always helps.—Cindy

...find out who [the member's] social services worker is—go with [the member], for that annual review, and get to meet some of the people... you know, everybody's here for the same reason: we wanna help the person in need.—Cindy

...the business breakfast, we actually hold it at a hotel...we don't hold it at the clubhouse cause last year we had 280 people show up. And it's a free continental breakfast, so people are invited to come, to hear about [Clubhouse Name] and our employment program. And you have table captains, and we have employers, or, our board, or different supporters, they bring seven of their friends or people who don't know about [Clubhouse Name] to chat. And we invite all our employers and our supporters and they're recognized at this event.—Rob

Advocacy

We went to the legislature... and presented to our MLAs about the fact that the system needed to be changed and that they needed to figure out ways of supporting people who wanted to return to work, and I really believe that some of our efforts were instrumental in even changing the way that income assistance looks at people with mental illness.—Michelle

We did a lot of engagement around members getting their voice heard... when [policy reviews on social assistance] were happening, because then we became known as this community of available people—first-voice—participants, who were willing to share their experience and to speak the truth.—Michelle

[Members'] friends are coming back [to the Clubhouse], telling them what a great day they had and they were able to accomplish whatever their duties were, or they talk about what they're gonna be doing with their paycheck ... People are doing well, you see the positive growth and development and skills being developed. So that's very infectious within the community.—Angela

It is a huge benefit in terms of the amount of money. I think this year... with all of the different types of employment that people worked on throughout [the Clubhouse], I think the amount [earned] was close to \$200,000.—Angela

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