



**GOOD PRACTICE SERVICES:
PROMOTING HUMAN RIGHTS &
RECOVERY IN MENTAL HEALTH**
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ABSTRACT FORM

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Title of the contribution/Titolo del contributo	The Clubhouse model as a good practice promoting human rights, recovery and social inclusion of people with mental disorders		
Objectives/Obiettivi	Objectives are to increase the visibility and availability of evidence-based psychosocial Clubhouse rehabilitation in countries, states and regions where it is not yet in use as a part of the community-based mental health policy		

Contents-text/Contenuto-testo:

Max. 400 parole/words

Background: Clubhouses (CHs) – also called Fountain Houses – are recovery and support communities of people living with mental disorders. The development started in New York in 1948. Today, CHs exist in 22 European countries (90 CHs), in 34 countries worldwide (320) supporting recovery and social inclusion of CH members.

Guiding principles: Fidelity to International CH Standards guarantees success in helping members to achieve social, financial, educational and vocational goals. They serve as a “bill of rights” for members and “code of ethics” for staff and board. CHs offer respect and opportunities to members and follow human rights, especially the UN Convention on Rights of People with Disabilities. Equality and peer support are important guidelines. Membership and participation are voluntary. Members decide activities they need.

Clubhouse activities: CHs strengthen members functional abilities, daily living practices, social relationships, and skills for education, training and working life. Activities follow weekly program consisting of work and learning in different units, support for education and transitional jobs, supported employment (like IPS), and independent employment. Social and leisure, cultural and artistic works and events are parts of weekly program. Advocacy is available for members in need.

Evidence-Base: Systematic review / 52 studies (Colleen McKay et al. 2016) provided evidence that CHs are cost-effective and worthy of support. CH model has proven effective at improving wellbeing, recovery and physical and mental health, employment rates, reducing re-hospitalization, and incarceration among individuals living with mental illness (<https://clubhouse-intl.org/recent-research/>). Lancet Commission (Lancet 2018: 392; 1582 & Supplement, 19). Similar findings in 10s earlier studies, e.g. in Finland, Norway & Sweden.

Strengths of CH model: The coherence of CHs in different countries is based on (1) the International Standards, (2) CH training with 11 International Training Bases, (3) Quality Accreditation program, and (4) CH research and

database. (5) In countries with several CHs Coalitions coordinate the development.