

Steps to Aid Recovery (S.T.A.R.)



An Evaluation

**Praxis Care
Research Department
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Summary

What is the Star Club?

“The Star Club is a community organised to help people living with a mental illness to rejoin the worlds of employment, education, family and friends”

(Source: Star Club Leaflet).

Who Uses the Service?

- By the end of 2008 the Star Club had 64 members;
- 36 (56%) members were female, 28 (44%) were male;
- 49 (77%) members lived in the Douglas area;
- 51 (80%) members joined the Star Club in 2005.

Data Sources

The impact of the service on the Star Club membership was assessed by using seven data sources:

- Interview data – in depth interviews were conducted with existing members;
- Rosenberg¹ Self Esteem Scale data – the scale was administered to each consenting member;
- General Health Questionnaire data (GHQ-12)² – GHQ data was available for each consenting member at three

points: on joining the Club, at six months into membership and at twelve months into membership;

- Star Club Newsletter – available issues of the Newsletter were read with attention being paid to the authorship of each article, the members’ involvement in the editorial process and article/newsletter length;
- Omnibus Survey data – data was available for those consenting members who completed Praxis Care’s triennial Omnibus Survey;
- Activity and Attendance Statistics – a three month sample was utilised in order to assess the consenting members’ level of attendance and participation in activities;
- Mental Health Professional Questionnaire data – Community Mental Health Professionals (CMHPs) were asked to complete a questionnaire if they had recommended a client to the Star Club in the six months prior to the study.

¹ Rosenberg, M (1965) Society & the Adolescent Self Image. Princeton NJ. A measure of self esteem.

² Goldberg, D., Williams, P. (1988) A Users Guide to the GHQ. Institute of Psychiatry. A self-report measure of psychological morbidity.

Results – Positives

The Star Club:

- has a small core of committed members who passionately identify with the club;
- provides an effective induction programme for new members although the number of new members has been low between 2006 and 2008;
- provides a programme of activities which meet the needs of those members who attend regularly;
- has made efforts to reach out to potential members beyond its established membership base although without significant success;
- promotes recovery by encouraging those members who regularly attend to access services and re-build relationships which may be outside of the Star Club sphere;
- improves transferable skills which are relevant to the world of work for those members who attend regularly and wish to re-enter the labour market;
- has improved the life skills of those members who attend regularly by bolstering members' self confidence and self-esteem to the point where they can rejoin the wider world;
- has helped those members who attend regularly to overcome social isolation by providing a safe environment in which new relationships have been established;
- provides a space in which those members who attend regularly can develop in unexpected but positive ways;

Recommendations

The Star Club needs to:

- regularly review the appropriateness of its activities in order to widen its membership base;
- establish a system whereby irregular attenders are contacted after a period of absence in order to determine whether the service still meets their needs;
- review the self-referral process which may be a disincentive to potential members;
- explore the viability of liaising with other agencies to offer benefit, health and employment advice;
- use IT systems to regularly update its membership records and to monitor and evaluate the Club's activities;
- provide staff/members with Excel training.

IN SUMMARY ...

The Star Club offers considerable benefits for those members who regularly attend but the current cohort of active members is small and participation in activities is extremely variable.

The Club's staff and active members are currently:

- re-establishing contact with those members who are irregular attenders;
- re-evaluating their existing programme of activities in order to attract new members to the service.

What is the Star Club?

“The Star Club is a community organised to help people living with a mental illness to rejoin the worlds of employment, education, family and friends” (Source: Star Club Leaflet).

The “Star” in Star Club is an acronym which means “Steps to Aid Recovery.” The Club exists to help people to recover from a range of mental illnesses including schizophrenia, bipolar disorder, depression and anxiety.

The Star Club aims to help a member to recover from mental illness by focusing on the individual’s abilities and needs rather than on treatments appropriate to a specific psychiatric diagnosis.

In accordance with the Club’s non medical approach to its members, potential members are not asked about their past medical history or about their current psychiatric diagnosis.

The Model

The Star Club aspires to use the Clubhouse model of rehabilitation by shaping its practice with reference to the International Standards for Clubhouse Programs – a set of consensually agreed standards by the clubhouse community which aim to keep clubhouse members out of hospitals by encouraging them to achieve socially, financially and vocationally. (Source: International Centre for Clubhouse Development).

The Star Club therefore aims to ensure that members:

- determine for themselves the degree to which they will participate in the club;

- can participate in meetings, administrative and managerial tasks and activities which are open to staff and members equally and reflect the personal interests of the member;
- avail of a structured programme of activities which aim to promote members’ self esteem and confidence;
- improve their employability by participating in activities which are not narrowly vocational in nature.

Becoming a Member

Any person may become a member who is at least sixteen years old and who currently has or has had a mental illness (Source: Star Club Application Form).

Members join by a process of self referral, the decision to join is voluntary and membership is non time limited.

A potential member may join by visiting the Club and participating in the Club’s induction process. The process includes an introduction to staff and members together with an explanation of the services available and the non medical ethos which underpins the Club’s reason for existence. The potential member will also be given a “Star Club Information Leaflet” which explains the purpose of the club and services offered.

Where a person decides to become a member, s/he will be asked:

- to read the Clubhouse standards and to sign a document indicating that s/he understands and agrees to abide by them;
- complete an application form;
- sign an informed consent agreement which will allow staff to contact a professional or family member in the event of illness;
- read the Praxis Care “How to Complain” leaflet;

- sign a “New Member Health and Safety Checklist”;
- give consent to staff so that they can access the member’s Star Club file if necessary.

Activities

The Star Club offers a variety of activities which include Arts and Crafts, Relaxation, local walks, outings, Breakfast and Lunch Clubs, DVD nights and the production of a Club Newsletter.

Members are able to participate in all/some of the activities in accordance with the Club ethos that participation is entirely voluntary.

Sessional analyses of attendance and participation in activities is collated by Star Club staff on a weekly basis.

Member Characteristics

Age Profile

The Star Club has sixty four members.

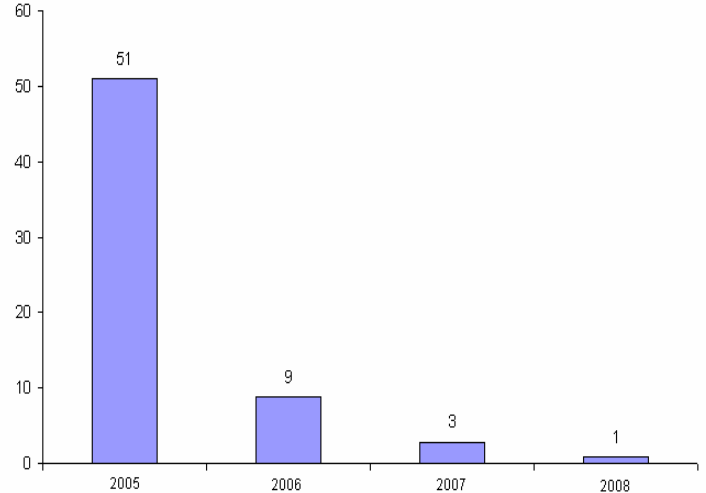
Thirty six (56%) members are female, twenty eight (44%) are male.

The mean age of the membership is forty seven years.

The youngest member is twenty three years old and the oldest member is seventy one years old giving a range of forty eight years.

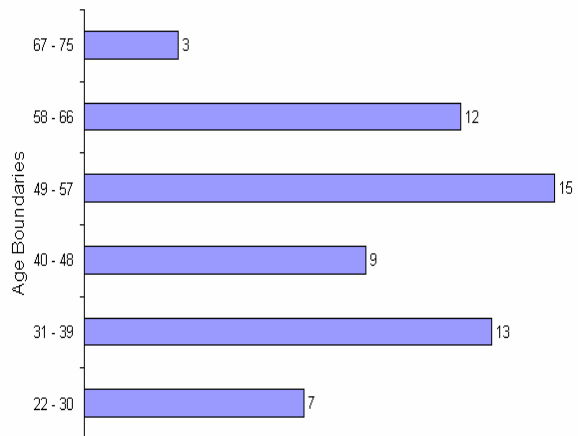
Female members are marginally older than male members with an average age of forty eight for the former and forty five for the latter.

Number of New Members/Year

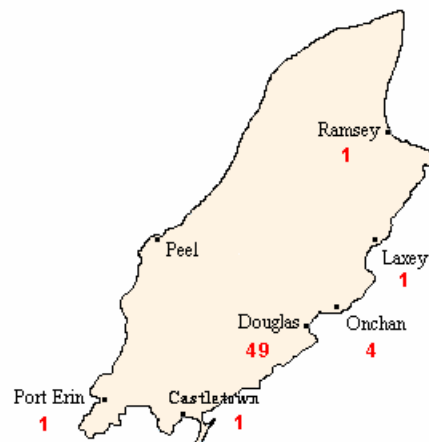


- 51 (80%) members joined Star Club in 2005.

Age Distribution



Geographical Location of Members



Number below settlement name represents the number of Star Club members living in that location.

Data Source: Club Records May 08

- Almost all members (49) came from the Douglas area.

NB: Address data for seven members was unavailable.

Objectives and Methods

Objectives

This evaluation will assess the extent to which the Star Club:

1. provides an effective induction programme for new members;
2. provides a programme of activities/events which are well attended;
3. reaches out to potential members beyond its established membership base;
4. promotes recovery;
5. improves members' work skills;
6. improves members' life skills³;
7. helps members to overcome social isolation;
8. provides an environment in which members can develop self esteem, confidence, motivation and social skills;
9. equips members with an improved sense of physical, social and mental well being;
10. provides a space in which members can develop personal goals;
11. provides mechanisms for evaluating the effectiveness of practice;

Consent

Members who participated in the study signed a written consent form. Each member

³ Life skills may be grouped into three overlapping domains: communication & interpersonal skills, decision-making and critical thinking skills and coping and self-management skills.

had the opportunity to decline, to participate in a specific phase of the study or to participate in all phases of the study. Assurances of anonymity and confidentiality were given.

17 members agreed to participate.

Methods

A multi-method approach was used in order to gain credible, corroborative data from a variety of sources.

The study uses **seven** data sources:

Interviews

An interview schedule was devised and in depth interviews were conducted with existing members over a two day period. Each interview was recorded digitally by the researcher and transcribed. Themes were identified by looking for comparable concerns across each transcript.

11 members were interviewed in total.

Rosenberg Self Esteem Questionnaire

The Rosenberg Self Esteem Questionnaire was administered to each consenting member (Rosenberg 1965). The questionnaire asks each participant to rate themselves along a four point scale for ten questions. The sum of the score for all ten questions gives a rating for self esteem with a high score indicating high self esteem (highest score: 30) and a low score low self esteem (lowest score: 0).

11 members completed the questionnaire.

General Health Questionnaire (GHQ-12)

The General Health Questionnaire (GHQ-12) was administered to each consenting member. GHQ-12 (Goldberg, 1978) is a self report measure of psychological morbidity. GHQ-12 includes twelve items assessed on a four point Likert scale with six describing positive mood states and a further six negative mood states. The sum of the scores for all twelve questions gives a psychological morbidity score with a high score indicating a negative mood state (highest score: 36) and a low score a positive mood state (lowest score: 0) (Hankins 2008).

GHQ-12 is completed by all Star Club members at three points: on joining the Club, at six months into membership and at twelve months.

The analysis is based on data supplied by 12 members.

Documentary Analysis

Star Club members and staff publish a newsletter throughout the year which is distributed to members by post. A content analysis (Krippendorff 2004) of the newsletter was conducted with particular attention being paid to the authorship of each article, member involvement in the editorial process and article/newsletter length.

Omnibus Survey Data

Praxis Care administers a triennial omnibus survey to all its service users including Star Club members.

14 members completed the questionnaire.

Activity/Attendance Statistics

Star Club management produce statistical returns of the membership's attendance and involvement in the suite of activities which the Star Club offers on a monthly basis.

The analysis of this data was based on a three month sample.

Mental Health Professional Questionnaire

A questionnaire was distributed to those Community Mental Health Professionals (CMHPs) who may have recommended the Star Club to a client in order to gauge the views of those professionals who don't work for Praxis Care.

7 CMHPs replied.

Results

Interviews

Relevant to evaluation objectives: 1 – 10.

Induction

Interviewees were asked about the induction process and the type and quality of information given during this phase.

Of the interviewees who were able to recall induction, the consensus view was that induction occurred and leaflets and verbal explanations given by staff were appropriate and comprehensible.

There was also the perception by interviewees that the process has improved through time.

Indeed, the use of a “Start of Service Checklist” by staff to ensure that all relevant documents are disseminated to new members shows that checks are in place to audit the effectiveness of the induction process.

“I was just shown round just told what every day entailed and what classes I would like to do.”

“You get like a booklet and things erm and you come in, you get introduced to the staff and to any of the members that are here and sometimes it’s quite handy if one of the members does actually sit and chat to the new person to explain a bit – sort of member to member instead of staff to member and just explain what sort of things go on.”

“It was good but it has improved now.”

Activities

Interviewees were asked about the kinds of activities which they were involved in at the Star Club.

Although interviewees expressed a preference for certain activities, the qualitative data shows the **range** of activities in which respondents took part.

“I enjoy doing tapestry ‘cause I keep that here as ma little project. I look forward to coming in and doing that.”

“Relaxation, you have got to push out all your bad thoughts.”

One notable effect of participation in activities was that interviewees had the opportunity to work in a safe and structured environment on administrative, managerial and editorial activities which mirror the world of paid employment and thereby re-aquaint them with the world of work.

Star Club’s “ordered day” also gave a sense of stability to members following discharge from an acute facility.

“We do things that are job-like.”

“I was a member of the Star Club. The stability content was constant for me; that was very important.”

Outreach

Contacting non attending members

Interviewees were asked about the steps which the Club has taken to encourage non active members to re-engage.

One respondent reports that the Club has established a “membership renewal programme”.

“Staff member ‘X’ has already done that; sent the letters out and stuff like that.”

The membership renewal programme aims to ask inactive members how the service can be improved and invites this group to re-engage with the service.

All members were contacted via letter with forty one members replying to the request for feedback (Source: unit manager: response rate: 64%).

Outreach beyond the existing membership base

Interviewees referred to **ten** outreach strategies:

- information days;
- coffee mornings;
- recommendations made by member to a friend;
- recommendations made by member to a peer who was also a patient;
- production and distribution of Star Club branded caps;
- working with the press and radio to publicise the work of the club;
- presentation given by a member to school students;
- supermarket backpacks;
- fundraising in local pubs;
- dissemination of information on the Star Club noticeboard to CMHPs.

“I was going around two or three pubs, handing a leaflet out and said when they asked what STAR meant – Steps to Aid Recovery”

“I did an interview with Staff Member ‘X’ on Manx Radio. I went with Staff Member ‘Y’ to School ‘Z’ to thank them for a donation they gave to the club.”

“One of the things we have started doing in the last two or three months is that we actually take the noticeboard information and we send it out to all the CMHPs.”

Promotes Recovery

Promoting recovery refers to the degree to which a service “maintains and/or rebuilds meaningful, valued and satisfying lives in the face of ongoing mental health problems” (National Inclusion Programme et al, 2006, p 5).

The interviewees’ evidence suggests that the Star Club assists in the process of rebuilding meaningful, valued and satisfying lives by being flexible enough to cater for those members who access a range of services, leisure pursuits, work-like activities and social networks outside of the club which need not necessarily be provided by mental health services.

“I could come every day but it fits in with my sister helping with the kids.”

“I am happy with that set day (Friday). I use the swimming baths on a Monday, Tuesday, Saturday, Next Step downstairs.”

“I have got a daughter so last weekend I stayed over.”

Work Skills/Employability

The Star Club does not offer work skills which are narrowly vocational. However, the two members who expressed an interest in re-employment identified the opportunity to acquire skills like I.T. which are transferable to a work context and to the contacts which exist between the Star Club and employment services which has a dedicated worker who can give employment advice if needed.

“People have sat down and written CVs – members of staff have helped them with wording and layout.”

“We always have the job vacancy booklet here. The likes of Staff Member ‘X’. He’d get you in touch

with...there is a fella down the Job Centre, they get in touch with him and he makes an appointment to see you.”

Life Skills

Communication & Interpersonal Skills

The data suggests that the club provides a space in which interviewees can chat to other members and staff within an environment which is perceived to be non-judgemental and non-threatening.

Moreover, for some, this is thought to be of undoubted therapeutic benefit in forestalling a relapse and establishing a social circle which can lessen the effects of social isolation.

“Cause when you feel down you can come and talk and when you are here you are safe.”

“You can chat to somebody if you want to, nobody forces you to do anything.”

“I have been suicidal the last couple of days. When I came in this morning the first person I talked to was Staff Member ‘X’ and erm, you could feel it unloading - the pressure.”

Decision-Making & Critical Thinking

Staff/member relationships are sufficiently strong for interviewees to feel comfortable enough to ask for a staff member’s opinion on subjects which may often be very sensitive.

Interviewees also feel that talking about an issue helps them to make a definitive decision.

“I was thinking of moving house and I talked to a member of staff and they gave me their input without trying to make a decision for me and I found it very helpful.”

Coping and Self Management Skills

A majority of interviewees consider that their involvement with the Star Club has improved their self esteem and self confidence.

Interviewees also described how having more confidence has expanded their social circle, consolidated their enjoyment of the Club’s activities and introduced them to new activities which they would not otherwise have experienced.

“I have got into like Photoshop and stuff like that but that has taken confidence and that is what Star Club is all about.”

“Mental illness, it does sap your self confidence and that’s another thing, the club does help to re-build it because they encourage. They see things which are our strengths and they nurture them.”

Overcoming Social Isolation

A majority of interviewees refer to the role of the club in lessening the effects of social isolation although there is evidence to suggest that some interviewees remain socially isolated when not using the Star Club facility.

“To me, it’s a support. I live in a room and if it wasn’t for here – especially like the weekends and long weekends – I would be basically shut in a room.”

“I have made friends. I have things to contribute to, outings to go on. I think I would have had quite a hard time” (in the absence of the Star Club).

“I have got a small circle of friends; I haven’t really gone beyond the Star

Club but I have grown within the Star Club.”

Some interviewees also passionately identify with the Star Club and show an emotional commitment to the facility which shows that there is a sense of “belonging” to a community.

“I was going nowhere. I’ve told them that if it wasn’t for this place, I don’t think I would be here today to be honest.”

“I think they (the staff) do a very good job and they do things beyond the call of duty.”

“I make tea.”

“I have seen more of the island because I am with Star Club than I ever would have done.”

“A notice goes up on the board asking for volunteers. I can feel a bit of anxiety there. I don’t want to keep going on a level where I am not testing myself.”

“To meet a few more people would be a goal of nine, twelve, eighteen months to two years.”

Wellbeing

A majority of interviewees feel that the Star Club has had a positive effect on their general health.

“I’ve come on a long way.”

“Health wise you know, it’s a lot more controlled.”

“Yes, I am in good health.”

Developing Personal Goals

Developing personal goals extends to the acquisition of high order skills by providing opportunities for members to participate in activities and by encouraging members to self manage their recovery by setting milestones which involve realistic goals.

Interviewees also speak of the benefits of using a non-medicalised centre which allows members to experience psychological peaks and troughs without being labelled although some members still feel stigmatised by the wider community.

“I have taught myself to crochet; I couldn’t crochet before.”

Rosenberg Self Esteem Data

Relevant to evaluation objective 8.

Members' self esteem was assessed using the Rosenberg Self Esteem Scale.

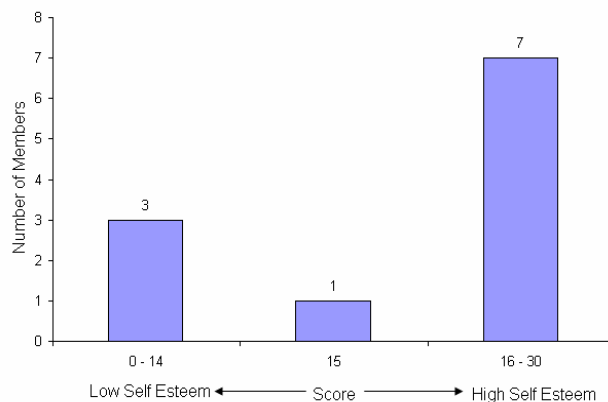
11 members rated themselves along a four point scale for ten questions with the sum of the scores giving a rating for self esteem.

- 3 scores were in the lower range of 0 – 14 indicating lower self esteem;
- there was 1 score at the mid point of 15;
- 7 scores were in the upper range of 16 – 30 indicating higher self esteem;
- The mean score was 19.

Moreover, all eleven members who completed this questionnaire are long standing members of the club with a mean membership of three years.

However, because the majority of members who were interviewed felt that the Club has had a positive impact on self esteem, one can assume that high Rosenberg scores show that the Club may have played a role in developing self esteem.

Members' Rosenberg Scores



In the absence of a baseline measure which could have been administered at commencement of membership, it is difficult to quantitatively assess the effect of Star Club membership on members' self esteem using this scale alone.

General Health Questionnaire

Relevant to evaluation objective: 9.

The General Health Questionnaire (GHQ-12) is a self report measure of psychological morbidity. High scores indicate a negative mood state (highest score: 36) and a low score a positive mood state (lowest score: 0).

- Mean GHQ scores have remained stable between base and twelve month assessments.

	Base GHQ	GHQ 12mths
Mean Scores	11.4	11.3

- There is considerable variation in GHQ scores at the start of the service.

	Base GHQ
Max Score	24
Min Score	6
Range	18

- This variation in GHQ Scores may be used by Star Club staff to gauge the level and type of activities which are best suited to a particular members' needs/preferences.

Documentary Analysis

Relevant to evaluation objectives 2, 4 - 10.

The first issue of the Star Club Newsletter appeared in May 2005.

This analysis is based on twelve newsletters which were available during the data collection period.

Year	Number of Issues
2005	4
2006	3
2007	2
2008	3

- A member has edited the newsletter since its inception and members have written for every issue.
- The average number of articles with a member by line is five.
 - Members have become increasingly involved over time with the number of articles attributable to a member increasing.
- The most detailed article in any issue was written by a member on the subject of "ultramarathon running" in issue ten (1075 words).
- The subject matter of member attributed articles is varied and may be grouped into those where the member describes a Star Club activity (trips, evening groups, walks), articles which are informative or creative (poetry, recipes) and activities which a member does outside of the Star Club (marathons, walks, charity fundrasing) with the first two

categories accounting for the bulk of the magazine's content.

Members therefore have not only participated in the production of the magazine but provide content which describes non-Star Club related activities.

The newsletter is clearly a tool which members can not only **use** but **lead**.

Moreover, the fact that a minority of members write about activities beyond the boundaries of the Star Club shows that some members are being **reintegrated** back into the community and are not primarily restricting their activity to that which is provided by the Club.

However, the data on member attributed articles shows that six members are writing for the newsletter with a number of members writing multiple articles for the same issue.

The relatively low rate of participation by the membership in the production of the newsletter does not seem to be due to the existence of a "barrier to participation" imposed either by other members or staff but because of personal preference; some members prefer to contribute whereas a majority prefer to read.

This interpretation seems to be borne out by the interview data:

"There is no barrier; if you want to do it, you can. They are only too glad if you help them."

"Well I suppose I don't get involved deeply but that's just my personality. There is every opportunity to get, you know, more involved."

Omnibus Survey Data

Relevant to evaluation objectives: 5, 7 and 9.

14 members completed the survey.

Work Skills

- 9 (64%) members were **not** involved in employment, voluntary work, education or training activities;

Of the 9 members who were not working, a number of barriers to employment were identified:

- 4 of the 9 members referred to their poor health;
- 2 of the 9 members referred to negative employer attitudes towards people with mental illnesses.

Overcoming Social Isolation

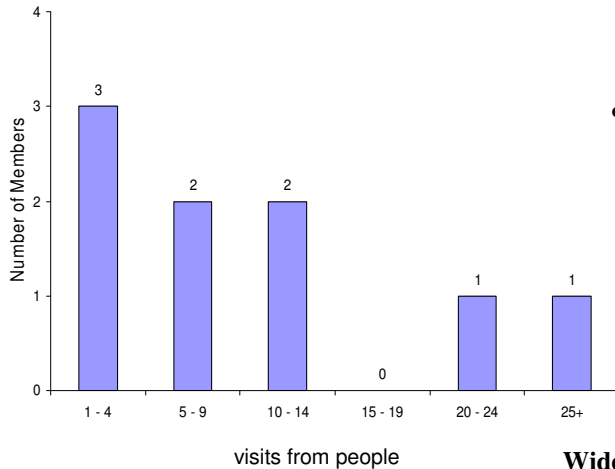
Preserving existing social networks

A majority of members have managed to preserve their existing social networks beyond the Star Club.

- 9 (64%) members have had a visit from people closest to them in the month prior to the survey.

There is however variation in the number of times that members were visited.

Visits from people “closest to you” in the month prior to the survey



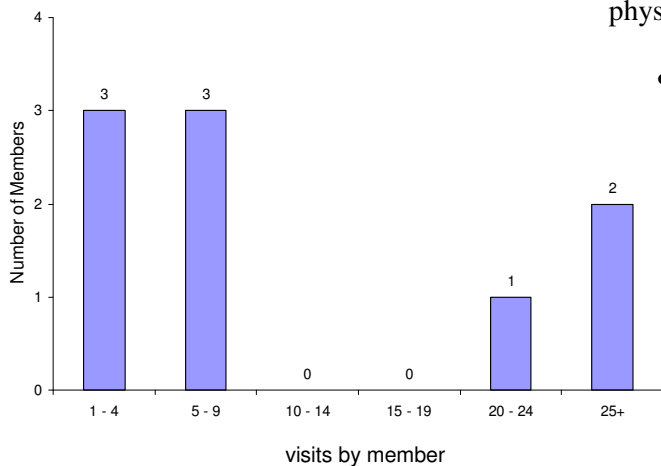
- 9 (64%) members had visited people “closest to them” in the month prior to the survey;
- 3 members had visited people “closest to them” between 1 and 4 times each in the month prior to the survey;
- 2 members had visited people “closest to them” on 25 or more occasions each in the month prior to the survey.

- 3 members had between 1 and 4 visits each from people who were “closest to them” in the month prior to the survey;
- 1 member had been visited on 25 or more occasions by people “closest to him/her” in the month prior to the survey.

Widening social networks

- Only 1 member has had the opportunity to meet new people “a lot of the time”;
- 6 (43%) members said that they did have the opportunity to meet new people but that such opportunities were rare.

Visiting people “closest to you” in the month prior to the survey



Well Being

A majority of respondents have taken part in physical activity in the last month

- 13 (93%) members report taking part in some physical activity in the last month with 9 (64%) taking part in walking.

Activity and Attendance Statistics

Relevant to evaluation objective: 2.

Attendance

- 34 (51%) of the membership attended the Star Club in the sampled period;
- the attendance of the 34 members who attended was variable with a range of between 1 and 51 days in the trimester;
- 2 (6%) members who attended regularly were in the youngest age band of 22 – 30 years;
- 9 (28%) members who attended regularly were in the 49 – 57 year age band;

Age Band	N	% sample	% members
22 - 30	2	6	12
31 - 39	6	19	22
40 - 48	6	19	15
49 - 57	9	28	25
58 - 66	7	22	20
67 - 75	1	3	5
Total	32 ⁴	*	*

⁴ Age data unavailable for two cases.

- the male/female mix of members who attended within the sample period reflects the gender composition of the entire membership and suggests that the range of activities appeals to all irrespective of gender.

Gender	Number	% sample	% members
Male	15	44	45
Female	19	56	55
Total	34	*	*

Activities

Popular activities

- Lunch Clubs, Arts and Crafts, DVD and Social Gatherings were the most popular activities.

Mean number of sessions attended by active members ⁵ in trimester	
Activity/Session	Mean
Arts and Crafts	4
DVD	3
Lunch Club	5
Social Gathering	3

⁵ An active member is a member who attends one or more activities on one or more occasions within the trimester.

Mental Health Professional Questionnaire

Relevant to evaluation objectives: 2 and 8.

Recommendation of CMHP Clients to the Star Club

Of the 7 CMHPs who returned the questionnaire:

- all felt that they have clients who could benefit from the service which the Star Club provides;
- all had recommended at least 1 client to the Star Club in the last 6 months with 4 respondents making a recommendation on more than 3 occasions.

Recommendations	Frequency
Once	2
Twice	0
Three times	1
More than three	4
Total	7

Self Referral and Statutory Referrals

Of the 7 CMHPs who returned the questionnaire:

- 5 agreed that, in addition to the existing system whereby a potential member self refers to the Star Club, a more formal referral process via statutory services would more effectively allow clients to take advantage of Star Club services;

“Some clients who are particularly anxious about meeting others feel uncomfortable about self referral and would prefer their statutory worker to refer and attend/accompany them for initial visit.”

“I think a more flexible array of pathways into the Star Club would be ideal.”

- 2 strongly disagreed or disagreed.

“I feel a more formal referral process would delay access to service users rather than increase effectiveness.”

“It should be client referral and they can then identify what they want and commit to appropriate sessions.”

Barriers to Star Club Membership

Activities

- A majority of CMHP respondents considered the range of Star Club activities to be limited.

“The range of activities on a daily basis appears static.”

“Some structured activities are needed...has put individuals off attending.”

“No drop in facility. No personal washing (laundry). My clients have to join specific sessions for stated time only.”

“Until recently I found the inflexibility insufficient for clients.”

Transport

2 respondents felt that a lack of access to transport could be preventing their clients from using the service.

“I have...clients who would benefit if they could be picked up and dropped off.”

“Not accessible to service users in the south of the island with mobility/transport difficulties.”

Additional Services

1 respondent felt that a broader range of inter agency services was needed.

“Integrate some professional agencies to advise members on various issues: health, education, benefits, employment.”

Opening Hours

1 respondent referred positively to the Star Club’s opening hours:

“I think the flexible opening hours are great.”

Inter Agency Communication

- 5 respondents thought that communication between themselves and the Star Club was good or fair with one respondent reporting that it was poor.

	Exc	Good	Fair	Poor
Communication		2	3	1

“I have telephoned with an enquiry about a service. The staff members have been very helpful.”

“In my experience, when I have contacted Star Club to communicate possible difficulties, feedback is rare.”

1 respondent did not reply.

Star Club’s Responsiveness to Client Needs

- 2 respondents felt that the Star Club was very unresponsive to their needs;

“Feedback is rare. Client’s non attendance is not communicated which may be a feature in relapse signature.”

“Communication is very poor in this respect. Star Club is not copied into ongoing correspondence from CMHT and vice versa.”

- a majority stated that they did not know how responsive the Star Club was to their clients’ needs.

Responsiveness	Frequency
Very Responsive	0
Fairly Responsive	0
Somewhat Unresponsive	1
Very Unresponsive	2
Don’t Know	4
Total	7

Star Club Services: Outcomes for Clients

CMHPs were asked to rate the Star Club’s service in terms of improving their clients’ self-esteem, confidence and social skills.

Of the 7 CMHPs who returned the questionnaire:

Self Esteem

- 4 considered the service to be “fair” in relation to the service’s positive impact on clients’ self esteem;

Confidence

- 4 considered the service to be “good” in relation to the service’s positive impact on clients’ confidence with 3 other CMHPs assessing it as “fair”;

Social Skills

- 4 considered the service to be “good” in relation to the service’s positive impact on clients’ social skills with 3 other CMHPs assessing it as fair.

Outcome	Exc	Good	Fair	Poor
Self Esteem	0	3	4	0
Confidence	0	4	3	0
Social Skills	0	4	3	0

Medical and Social Models

There was no consensus among CMHP respondents about the type of service which they felt would be most beneficial to their clients’ needs:

“Some clients would prefer there to be an element of a medical model to know that they can speak to a staff member about their difficulties knowing any concerns are communicated to their statutory worker.”

“It is a community base that provides social activities and support to its members.”

Discussion

Induction

The interview data shows that the Star Club has an effective induction process which involves the dissemination of written and verbal information explaining the purpose of the club.

Existing members are involved in the induction process – a practice which shows that the club has a participative ethos.

Members also felt that the induction process has improved over time and the existence of the Health and Safety Checklist confirms the impression that the Star Club's staff are taking steps to ensure that the induction process is comprehensive and identical for each new member.

Attendance and Activities

The consensus of opinion among the members who were interviewed was that they were satisfied with the breadth and appropriateness of the activities offered by the Star Club.

The respondents also had particular preferences whilst at the same time being introduced to, and participating in, activities which they would not have done otherwise.

The Star Club therefore currently offers a suite of activities which are appropriate to the needs of those who regularly attend.

Recommendation

- continue and develop those activities which members who attend regularly have found beneficial.

The issue of the non-attendance of a large minority (49%) suggests that the activities

could be inappropriate, difficult to attend or running at times which are inconvenient.

It is certainly possible that some members do not attend because Star Club offers inappropriate activities and the testimony of the CMHPs would suggest this with one CMHP respondent reporting that his/her clients have “opted out of attending” but it is also possible that members no longer attend because they have moved beyond the service, have moved out of the area or have been re-hospitalised.

It is not therefore credible to draw conclusions about the significance of non attendance without first obtaining the views of this group.

Recommendation

- ask non attending members why they no longer use the service.

What one can say is that there are a **core** of activist members who have assumed many responsibilities and participate in the programme of activities at an extremely committed level.

This impression is confirmed by analysis of contributions to the newsletter which shows that six members are writing the bulk of the material where authorship is identified by author byline.

Such commitment on the part of a minority is not however a criticism of the Club's practice because it is plain that there are no barriers to participation; members are asked to help out but only a minority take up the challenge. Where being a recipient of services would be an issue is in a situation where the intention is to create **user-led services**.

CMHPs also report that their existing clients do not use the Star Club because of the perception that the programme of activities is overly structured.

However, the most popular activities – Lunch Clubs, Social Groups and watching DVDs – involve social interaction rather than the performance of specific tasks although one CMHP reports that this type of interaction could be problematic.

The view of some CMHPs that the programme has been static through time is legitimate but it is difficult to conceive of a situation where a programme could be designed which meets both the requirements of existing members and the requirements of potential members who have not been in contact with the facility.

Reaching out to non attending members

Star Club Management have initiated a “Membership Renewal Programme” by writing to each member in order to ask them if they would like to continue in membership and to ask for their view of the existing service.

As the programme is a new initiative, it is not yet possible to make a comment on its effectiveness.

Recommendation

- analyse information collected from the Membership Renewal Programme and integrate the findings into strategic planning;
- nominate a staff member who is responsible for re-establishing contact with irregular attenders after a period of absence;
- agree on the time period which must have elapsed before contacting a non attending member;
- agree on the most suitable way of re-establishing contact with a non attending member;

- update contact details for all members;
- redefine the terms of membership in order to remove people from the list who no longer wish to be members;
- draw a distinction between active and non active members;
- conduct a follow up study in order to explore the reasons why members no longer attend the Club;
- if transport is an issue, explore creative ways around this.

Reaching out to new members

The evidence suggests that Star Club staff and membership have been **exceptionally proactive** in attempting to grow their membership beyond its established base. Both staff and members have participated in an extremely wide range of publicity and fund raising exercises and, in the latter case, their efforts have been successful.

A number of those members who were interviewed referred to attempts to establish contact with CMHT by sending information from the Star Club to CMHPs in order to keep them abreast of developments.

Members, Star Club staff and those CMHPs who completed the questionnaire have however, commented on the lack of regular inter agency communication.

Moreover, all CMHP respondents had recommended at least one of their clients to the Star Club in the last six months which possibly shows that there is a pool of people who could avail of the service.

Unfortunately, Club records show that one person came into membership in 2008. The

explanation for such a low take up rate of the service is multi-faceted.

Although a majority of CMHPs consider that Star Club's Programme is limited, interview data and attendance data points to its breadth and the Club is taking steps to change the mix of activities which it offers.

Admittedly the breadth of current activities may not be of the **correct type** to attract CMHP clients.

Reference is also made by the Mental Health Professionals to the range of activities which may not be appealing to a wide age range but the data on the age of the active membership does not seem to support this view although younger people who are active attenders are under represented as a proportion of the entire membership.

There was no consensus among CMHP respondents about the sort of service which they would like Star Club to provide with responses ranging from the view that the services of the Douglas Day Centre should be replicated to the position that the service should operate using a hybrid social and medical model.

The informal process by which potential members "self-refer" to the Star Club may be another factor which explains why appropriate people do not join the service because it may be the case that clients are not aware or motivated enough to join a service on their own initiative.

Indeed, five CMHPs thought that there was a case for **supplementing** the existing system of self-referral by a more formal referral process by statutory services although a sixth respondent felt such a reform would delay access to services and a seventh respondent felt that the self referral process encourages clients to access those services which they want to use.

Recommendation

- ensure that Star Club literature clearly describes the purpose of the service so that other agencies understand that the Star Club supplements rather than replaces medical services;
- Star Club and other agencies to agree jointly on the best method of improving communication between themselves in order to increase the possibility that the CMHPs' clients will use the facility;
- review the self-referral process which may be a disincentive to potential members;
- establish a "buddy" system where an established member helps a prospective member into membership.

Recovery

The interview data suggests that the Star Club does promote recovery by catering for those members who access non Star Club services, leisure pursuits, work-like activities and social networks.

Although a number of members said that they do not have friends beyond the social network of the Star Club, one respondent explained this reticence to rebuild a life beyond the Star Club by stating that s/he was not ready to move beyond it.

Recommendation

- monitor non-attendance at the Star Club as a possible indication of client relapse and notify appropriate professionals where necessary;
- use the results of the General Health and the Rosenberg assessment tools to a) monitor a member's progress

b) encourage members to access activities which are appropriate to their needs.

Work Skills

The majority of those members who were interviewed were not currently seeking employment and this was not an issue for them.

One client would like to re-enter the job market in the medium term and felt that the Star Club helped by offering responsibilities within the Club which mirror those within the world of work.

The Star Club does not currently offer training which is job-specific but the interview data shows that it improves **employability** by building a client's self-esteem and self confidence which allows them to do things – public speaking, desktop publishing, or contemplating a return to work – which are transferable skills in the world of work.

The Star Club also has relationships with Job Centre staff who can offer employment advice.

The omnibus survey data shows that there are a minority of respondents who are not currently employed and would like to work but who consider that there are factors – i.e. poor health and negative employer attitudes – which prevent them from re-entering the labour market.

The Star Club's **case by case** approach to the employment needs of its members where members are referred to employment professionals therefore seems to be a sensible strategy in the absence of a larger cohort of members who could avail of more comprehensive transitional⁶ employment schemes.

⁶ Transitional employment occurs where the member works, receives a wage from the employer but the role

Recommendation

- support each individual to follow the career path of their choice;
- explore the viability of liaising with other agencies to offer employment advice.

Life Skills

Communication and Interpersonal Skills

The Star Club evidently provides a space in which members can talk in a non threatening environment.

Although the interview data shows that some clients use the Star Club to talk about difficulties which they may be having which are connected to their illnesses and refer to the Star Club as a “sanctuary”, others have opened up because they have been given the opportunity to talk with other people about more day-to-day issues which are disconnected from their psychiatric history.

Paradoxically, the effect of the demedicalisation of conversation within the Club has been that one member reports that s/he has become more talkative when s/he has ceased to wonder about his/her place along a continuum of illness with the result that s/he reports being mentally healthier and knows when to call upon mental health services.

It is not that Star Club improves communication skills; rather Star Club provides support for those members who want to talk by encouraging trusting relationships between staff and members.

is time limited, the positions are reserved for clubhouse members and the clubhouse covers absences (Schonebaum et al 2006).

Recommendation

- continue to provide a space in which members can develop in ways which are best suited to their needs.

Decision-making and Critical Thinking

One essential feature of the staff member relationship is that some interviewees report being encouraged to become independent decision makers.

This is particularly important because it is more probable that appropriate services will be provided for and by members in an organisation which seeks both to maximize choice and recognises that the self-determination of its clients is a key principle.

Coping and Self management

There was unanimity among interviewees about the improved coping skills which they have acquired as a result of developing self confidence and self esteem.

Overcoming Social Isolation

A majority of members who were interviewed felt that the club is effective in overcoming social isolation although one member felt that the club should be open for seven days a week.

One CMHP explicitly referred to the value of the social model in “preventing social isolation.”

A majority of those members who were interviewed referred to their involvement with a range of non-Star Club services and leisure pursuits and people.

This admission is particularly significant because it shows that a number of members are not only overcoming social isolation but being **re-integrated** into the wider community by accessing mainstream social and leisure opportunities.

The omnibus survey data also shows that members are both **maintaining** their existing networks and, in a minority of cases, being in a position to **extend** their social networks beyond the existing circle of friends/relatives.

Well Being

A majority of members who were interviewed considered the Star Club to have had a positive effect on their wellbeing.

However, the General Health Questionnaire (GHQ-12) shows variation in scores between members.

Such variation does not invalidate the members' view that the Star Club positively impacts on their well being but it could explain why uptake for activities varies and have implications for the types of activities which particular members will engage in.

Mechanisms for evaluating practice

Star Club has made some progress over the last seven months in developing I.T. systems which capture clients' daily attendance figures and participation in activities.

The benefits of a move towards capturing data digitally are that the members' attendance and participation rates in activities can be accurately monitored and that sessional analyses can be more easily produced and specific groups who are inactive can be identified in order to offer a different suite of activities where this is viable.

Recommendation

- provide staff/members with Excel training so that they can set up and use IT systems to monitor the popularity of activities and to investigate the possibility that a failure to participate may be related

- to demographic factors like age or gender;
- use IT systems to accurately report on the work of the Star Club.

Conclusions

The Star Club:

- provides an effective induction programme for new members although the number of new members has been low between 2006 and 2008;
- provides a programme of activities which meet the needs of those members who attend regularly;
- has recently established a Membership Renewal Programme to retain its existing membership who may be infrequent visitors;
- has tried to reach out to potential members beyond its established membership base although without significant success;
- promotes recovery by encouraging those members who regularly attend to access services and re-build relationships which may be outside of the Star Club sphere;
- improves transferable skills which are relevant to the world of work for those members who attend regularly and wish to re-enter the labour market;
- has improved the life skills of those members who attend regularly by bolstering members' self confidence and self-esteem to the point where they can rejoin the wider world;
- has helped those members who attend regularly to overcome social isolation by providing a safe environment in which new relationships have been established;
- has a positive impact on members' well being although GHQ scores show variation in "General Health" between clients;
- provides a space in which those members who attend regularly can develop in unexpected but positive ways;
- is moving towards the capture of sessional information using I.T. systems;
- has produced an Action Plan which addresses the issue of inter agency communication and the type and frequency of activities.

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