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G. Brent Hall
*University of Waterloo*

Geoffrey Nelson
*Wilfrid Laurier University*, gnelson@wlu.ca

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# HOUSING FOR THE CHRONICALLY MENTALLY DISABLED: PART I— CONCEPTUAL FRAMEWORK AND SOCIAL CONTEXT

G. BRENT HALL
*University of Waterloo*

GEOFFREY NELSON *and* HEATHER SMITH FOWLER
*Wilfrid Laurier University*

## ABSTRACT

This paper reviews research concerned with community housing programs for the chronically mentally disabled (CMD). In the first section, the ecological perspective is presented as a conceptual framework for the study of housing for the CMD. Several key concepts, such as the least restrictive environment, normalization, and integration, are tied into the ecological perspective. In the second section, literature on three dimensions of the social context of housing for the CMD is reviewed: (a) the geo-social environment; (b) responses from informal social systems; and (c) the planning, policy, and service delivery system. This literature is summarized within the framework of the ecological perspective, and the paper concludes with directions for further research and action.

The history of care for the chronically mentally disabled (CMD) has been punctuated by periods of pessimism and despair, typically followed by periods of intense optimism. In these cycles, exposé of inhumane care leads, temporarily, to reform and more humane care, but eventually the reforms are followed by periods of decay (Rappaport & Chinsky, 1974). For example, the mental hospital, hailed by Paget (1866) as "the most blessed manifestation of true civilization that the world can present" (pp. 34-35), was equated one century later with a concentration camp (Goffman, 1961).

The community mental health movement, heralded as a "bold new approach" sparked a short-lived cycle of optimism. The fundamental thrust of this movement was deinstitutionalization of the CMD. As the resident population of

mental hospitals decreased, the number of community housing programs catering to the CMD increased (Ozarin & Witkin, 1975; Trainor, Ballantyne, & Groskind, 1980; Wechsler, 1960). However, this growth has not kept pace with the need for such programs. Thus, the initial enthusiasm about the community mental health movement in general, and community housing programs in particular, has given way to pessimism about the problems of deinstitutionalization and homelessness.

The purpose of this paper and a companion (Nelson & Smith Fowler, 1987) is to review the rapidly growing literature on community housing for CMD persons and to provide direction for future policy, research, and practice. In this paper, two interrelated aspects of community housing are examined.

1. The ecological perspective is presented as a conceptual framework that can unify diverse concepts and findings and guide future research and action.

2. Within this framework, three dimensions of the social context of community housing are reviewed: (a) the geo-social environment (i.e., neighbourhood and community characteristics); (b) informal social systems (i.e., public attitudes and the response of neighbours), and (c) the planning, policy, and service delivery system.

## CONCEPTUAL FRAMEWORK

### Ecological Perspective

The ecological perspective provides a conceptual framework for the examination of community housing for the CMD. There are four general principles of this perspective (Trickett, 1984).

**Interdependence.** This principle asserts that the various components and levels of an ecological system are interrelated. Thus, changes in one part of a system often produce changes in another part of the system. After Bronfenbrenner (1977), Trute (1986) pointed out that CMD persons live in a housing program (micro-level), which is nested within a neighbourhood (mezzo-level), which, in turn, is embedded within the larger community and society (macro-level). Planners and practitioners sometimes ignore the principle of interdependence, central to the ecological conceptualization, and their actions end up creating unintended side-effects.

**Cycling of resources.** This principle refers to the definition and distribution of resources in a system. Appropriate matching of resources with human needs is the goal of planners and practitioners. With respect to housing for the CMD, two concepts have been developed which relate to the principle of cycling of resources: (a) a range of housing alternatives and (b) normalization. Regarding the first concept, Cutler (1986) argued that housing programs range along a continuum from most restrictive to least restrictive, such as the following: (a) hospital, (b) group home with 24-hour staff support, (c) group home with eight-hour-per-day staff support, (d) cooperative apartment with on-call support, and (e) independent living.

Bachrach (1980) pointed out that the concept of the least restrictive environment assumes that "there is greater variation between different types of residential settings than there is within a setting type" (p. 100). In fact, some community

housing environments may be more restrictive or oppressive than some progressive hospitals. Alternatively, Bachrach (1980) and Cutler (1986) proposed that both program and client characteristics should be considered in matching clients with various types of housing resources. Test and Stein (1977) suggested two simple but important guidelines in the matching process: "The first is that the system be adequate to meet the client's unmet needs, and the second is that the system not meet needs the client can meet himself" (p. 608). Thus, there must be a range of housing alternatives (multiple "niches") to meet the diverse needs of clients, rather than trying to force all clients into one mold.

In addition to achieving an appropriate "fit" between the needs of a person and housing resources, the concept of normalization has been developed to describe housing for special needs groups. Normalization calls for the use of culturally normative means to produce culturally normative outcomes (Wolfensberger, 1972). According to this viewpoint, community housing for special needs groups should not provide specific services lest the home become a "total institution" (Goffman, 1961) like the hospital it was designed to replace. Rather, special needs housing should provide normal, family-style living conditions, and residents should be able to seek the services they desire (e.g., psychotherapy) through normal community channels. An appropriate cycling of resources within a program for the CMD will enhance the potential for their normalization and adaptation.

**Adaptation.** This principle asserts that people must cope with and adapt to environmental conditions. There are at least three major dimensions of the adaptation of the CMD: (a) emotional well-being, (b) community involvement, and (c) personal effectiveness. A large literature has developed on the assessment of emotional well-being, including measures of positive and negative feelings and measures of satisfaction with different life domains (Diener, 1984). Baker and Intagliata (1982) argued for the importance of and demonstrated the utility of these approaches to the study of the quality of community life for the CMD.

Community involvement of the CMD is often operationally defined by rates of rehospitalization and community tenure. Segal and Aviram (1978) developed a measure of social integration which provides a more sophisticated measure of community involvement. Social integration refers to the degree to which the client has access to and participates in the activities and life in his/her residence and community. Moreover, their measure differentiates between two dimensions of integration: (a) internal (within the residence) and (b) external (within the community). Finally, personal effectiveness refers to one's level of adaptive functioning (e.g., personal care, social skills, employment).

**Succession.** Succession focuses on a long-range time perspective. It draws attention to the ways in which historical factors have contributed to a current phenomenon, such as homelessness. This principle also underscores the point that there cannot be a "quick fix" to problems which have developed over a long period of time. Rather, there must be long-range strategic planning not only to deal effectively with a current problem, but also to anticipate and to prevent future problems.

## Summary

The ecological perspective has been presented as a framework for the study of housing for the CMD. The principles of interdependence and adaptation suggest that several different dimensions of clients' adaptation be examined in the context of several different levels of the environment (i.e., micro, mezzo, and macro). The principle of cycling of resources draws attention to several different types of resources that can assist clients in their adaptation. Finally, in accordance with the principle of succession, all of the above-mentioned principles must be examined in a long-term time perspective. In the next section of this paper, we use the ecological framework to examine several important dimensions of the social context of housing for the CMD.

## SOCIAL CONTEXT OF HOUSING PROGRAMS

### Dimensions of the Social Context of Housing Programs

There are three major dimensions of the social context of housing for the CMD: (a) the geo-social environment in which housing for the CMD is located; (b) responses of informal social systems to the location of housing; and (c) responses of the planning, policy, and service delivery system. These dimensions are fitted in Figure 1 into an ecological model of the social context of housing programs for the CMD. This model explicitly incorporates in its design the principle of interdependence between four interlocking and hierarchical levels of the three above dimensions, namely the social-community context of housing programs, their neighbourhood context, characteristics of the housing programs themselves, and characteristics of their residents.

This paper focuses primarily on the neighbourhood and social-community contexts of Figure 1 (the outer two boxes). The companion paper (Nelson & Smith Fowler, 1987) focuses more specifically on the characteristics of housing programs and the impact of such programs on clients' adaptation (the inner two boxes). Attention is now turned to discussion of the three dimensions that form the axes of Figure 1.

**The geo-social environment.** The geo-social environment refers to the characteristics of neighbourhoods which host housing programs for the CMD. In this context, one issue that has been examined is the type(s) of neighbourhood in a given city or community in which housing for the CMD is located. As a portrayal of the transition from institution to community, the phrase "from back wards to back alleys" has been used so frequently that it has become a cliché, yet it is an accurate description. As the impact of deinstitutionalization on the community became manifest, researchers in the 1970s quickly noticed the emergence of clearly demarcated inner-city enclaves of CMD persons and housing programs. These appeared first in large and then in successively smaller cities throughout North America (Aviram & Segal, 1973; Joseph & Hall, 1985; Wolch, 1979).

Many explanations have been suggested for the emergence of these inner-city service concentrations. Some researchers have emphasized the "locational interdependence" that is produced by having individuals with high service needs living in, beside, or very close to the services they use daily (Smith, 1981; White, 1979). Others have argued that service locations beget user groups, who are effec-

**FIGURE 1**

An Ecological Framework for the Study of
Community Housing for the Chronically Mentally Disabled
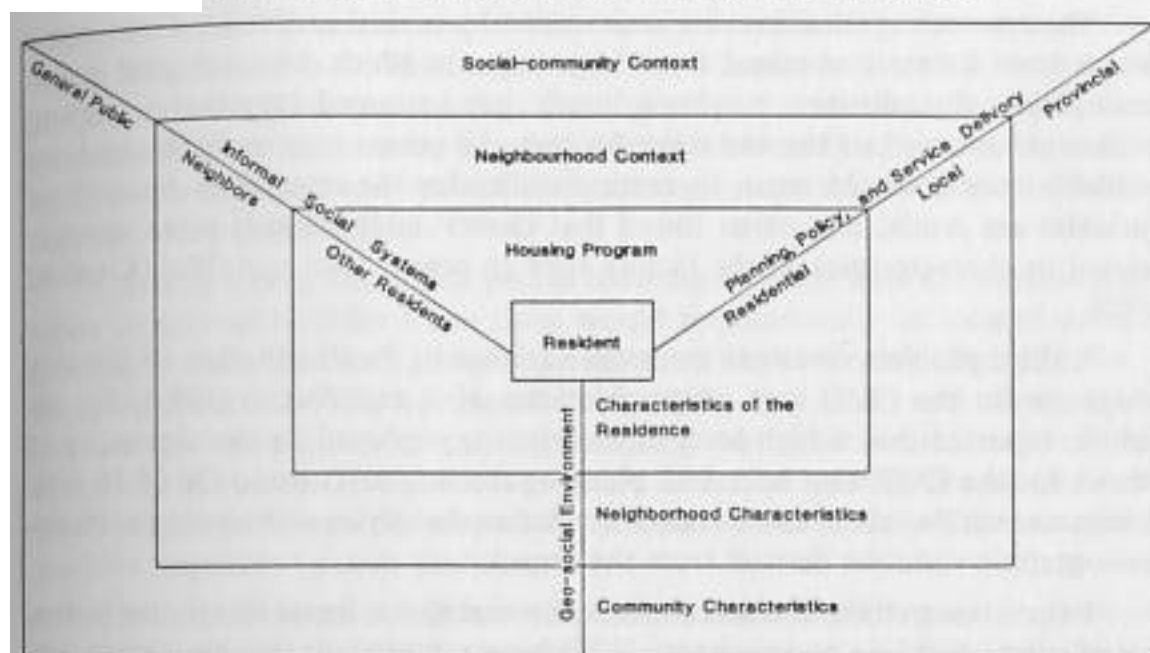


tively unemployable and who have substituted the "journey to service" for the "journey to work" (Wolch, 1978). Indeed, after relocating from halfway housing, individuals typically settle nearby, continuing informal supportive relationships with other halfway house residents and staff (Berman & Hoppe, 1976). This locational interdependence between service users and services may help to promote the external integration of CMD persons within a neighbourhood-level "subsociety." At the same time, however, the concentration of both clients and services in inner-city neighbourhoods may, in the long-run, only serve to exclude clients from the larger community of people who are less dependent on human services.

Another issue that has received some attention is how specific neighbourhood characteristics are related to clients' adaptation. Studies examining the correlations between census tract variables and client adaptation have found high levels of external integration and adaptive functioning to be associated with housing located in urban neighbourhoods with a central location and close proximity to services (Hull, Keats, & Thompson, 1984; Hull & Thompson, 1981; Segal & Aviram, 1978). Since many clients do not have adequate transportation and income, it is not surprising that clients who live in suburban or rural settings have less access to and participate less frequently in community activities.

Trute and Segal (1976) found the following factors to be associated with a high level of external integration in urban settings: a high proportion of both elderly and young people, a low proportion of families with high income levels, a high proportion of rented dwellings, a high proportion of females to males, and a high proportion of households with six or more people. They argued that these supportive neighbourhoods are neither high in social cohesion nor high in social disintegration (e.g., "skid row" neighbourhoods), but rest somewhere in bet-

ween. Smith (1976) reported similar results using rehospitalization rates as the dependent variable. Research conducted in the United Kingdom has found that deteriorating inner-city neighbourhoods are associated with poor adaptation for the CMD (Harrison, 1983; McCarthy, Byrne, Harrison, & Keithley, 1985).

The research cited above is characterized by several problems. First, some census tract data are obtained from large areas in which culturally and socio-demographically distinct neighbourhoods are grouped together, yielding misleading averages of the variables. Second, the census tract variables that are available may not hold much theoretical utility for the researcher. Since these variables are crude, it is often found that clients' adaptation is more strongly related to characteristics of the facility than to census tract variables (Kruzich, 1985).

A third problem concerns the small variance in the distribution of housing programs for the CMD in a geographic area. Hall and Joseph (1987), for example, reported that a high level of invariance, produced by the clustering of homes for the CMD into one of 27 planning districts in Toronto (36 of 56 total homes were in Parkdale) confounded correlational analyses with a range of socio-demographic variables derived from the census.

Future research must assess both the internal and external integrative potential of neighbourhood environments. While research suggests that housing in central locations in urban areas is associated with integration and adaptive functioning of the CMD, excessive concentrations of community housing in a small number of areas can only reduce the normalizing and integrative potential of the geo-social environment. Future research on this dimension of the social context needs to follow the leads of Trute and Segal (1976) to specify more clearly the types of neighbourhoods and communities that promote clients' adaptation. This will require the development of both theoretical concepts of neighbourhoods and measures to assess those concepts which are relevant to the CMD (Unger & Wandersman, 1985).

**Responses of informal social systems.** This dimension refers to the attitudes and actions of the general public and neighbours toward the location of community housing for the CMD. Beginning with research on the attitudes of the general public toward the CMD, results have shown that it is now better informed about the nature of mental disabilities than in the past (Rabkin, 1972, 1980). The message that "mental illness is an illness like any other" has been widely disseminated via public education campaigns and seems to be generally accepted by the public (Dear, Taylor, Bestvater, & Breston, 1985; Rabkin, 1980). Moreover, overt stigma toward the mildly disabled has diminished (Bachrach, 1985).

These generally encouraging observations are tarnished somewhat by findings about attitudes toward CMD persons residing in the community (Armstrong, 1976; Dear & Taylor, 1982; Hall & Taylor, 1983; Solomon & Davis, 1984). Those CMD persons who exhibit bizarre or criminal behaviour are still excluded, feared, and avoided by the public (Gerber, 1980; Stedman, 1980). When CMD persons are not described as bizarre or dangerous, however, people tend to have tolerant attitudes toward them and the facilities that serve them (Rabkin, Muhlin, & Cohen, 1984; Tefft, Segall, & Trute, 1987). Moreover, Tefft et al. (1987)

reported no significant differences in public attitudes toward the CMD and mild or moderately mentally disabled clients.

Although communities in general seem to accept the concept of community care for the elderly, the mentally retarded, and the blind (Secord, 1986; Tringo, 1970), the CMD, drug abusers, and ex-criminals evoke a negative response from many neighbourhoods. This response is based upon anticipated harm to the neighbourhood. This "externality effect" persists despite research which shows that proximity to community housing does not adversely affect neighbourhood quality or stability, and does not undermine property values (Boeckh, Dear, & Taylor, 1981; Dear, 1977).

It has also been found that people have negative attitudes and express intentions to oppose facilities when these would hypothetically be located on their block and when the client group is perceived to be threatening (Dear, Taylor, & Hall, 1980; Secord, 1986; Sundeen & Fiske, 1982). This is also true of people who live on the same block as existing facilities, and who are unaware of their presence. In contrast, neighbours who are aware of housing programs for the CMD which are located nearby or further away tend to have either neutral or positive responses to such facilities.

These findings are consistent with the impressions of the providers of community housing for the CMD, namely that neighbours who initially voice opposition become more neutral or accepting in their attitudes and actions after a housing program has become established. Similarly, Trute and Loewen (1978) and Hall and Taylor (1983) found that acceptance of the CMD is positively correlated with personal experience with such persons.

From the research, it is possible to develop a profile (albeit a crude one) of accepting, neutral, and rejecting host neighbourhoods. Taylor, Hall, Hughes, and Dear (1984) reported that socially disintegrated neighbourhoods (characterized by few children, low economic status, and mixed commercial-residential land-use) were associated with accepting or neutral attitudes toward community programs for CMD persons. In contrast, stable, cohesive neighbourhoods (with large proportions of families with young children, high economic status, and residential land-use) were associated with opposition to community mental health facilities. These findings extend those of Trute and Segal (1976) by suggesting that community members' attitudes and behaviours may mediate the relationship between neighbourhood type and client integration.

Thus, the responses of informal social systems are powerful variables in explaining the typical concentration of community housing in a small number of inner-city locations (Mesnikoff, 1978; Wolpert, Dear, & Crawford, 1975). It is in these neighbourhoods, where residents lack the territorial conservatism found in the suburbs, that community housing providers can operate with minimum disruption and hostility from neighbours. Segal, Baumohl, and Moyles (1980) reported that while extreme negative reaction to clients does have a profoundly negative influence on their external integration, moderately adverse reactions, charateristic of liberal, non-traditional neighbourhoods and conservative, working-class neighbourhoods, promote the external integration of the CMD. They concluded that a moderate amount of negative reaction rather than outright

hostility serves as a stimulus to facility operators to actively promote the external integration of CMD persons.

In summary, research has consistently shown that neighbourhoods which are united in their opposition to CMD persons as neighbours are not suitable as hosts to housing programs. It is incorrect, however, to use the logic of exclusion as an argument for extreme spatial concentration of community housing in passively accepting or neutral inner-city locations. These locations may be equally inappropriate as a therapeutic milieu. Generalizable research supporting or rejecting the question of housing location appropriateness from the CMD's perspective has not yet developed and is, therefore, an important area for future research.

**The planning, policy, and service delivery system.** The planning and delivery of mental health services is intensely political in nature (Robbins, 1980). Moreover, since planning deals with choices among disparate values, the formulation and implementation of mental health policy is inherently conflictual. Trade-offs are made continuously, and the distal effects of policy are often unanticipated and consequently unprepared for. This is certainly true of deinstitutionalization. The major changes in the nature of mental health service delivery resulting from deinstitutionalization have been largely uncoordinated and incremental in nature with no comprehensive analysis of the problem and alternatives (Bachrach, 1976; Brown, 1981; Marcos & Gil, 1984). There are at least three major issues regarding the planning, policy, and service delivery system for the CMD that must be addressed: (a) lack of coordination in planning and service delivery; (b) inadequate funding; and (c) inflexible zoning by-laws.

In most North American communities there has been a breakdown between policy at successively higher levels of government (i.e., state/provincial, federal) and service delivery at the local level (Heseltine, 1983). More specifically, institutional systems and community-based systems for the CMD parallel one another, and there is usually no integration of these two systems at the local level. Numerous problems result from this fragmentation, including a lack of continuity of care, the tendency of community-based systems to neglect CMD persons and to prefer working with less disabled individuals, and a diffusion of responsibility for the CMD which allows them to "fall through the cracks." There is no clear reason why such problems should exist and it is not beyond the capability of regional administrations to put well co-ordinated delivery systems in place. Okin and Dolnick (1985), for example, described an integrated management system in Massachusetts in which both institutional and community-based services are under the administrative control of directors at the local level, and which was successful in overcoming the problems described above.

In addition, most states and provinces do not have adequate funding mechanisms for community-based services. While the vast majority of mental health funding in most cases goes into institutional services (Torrey & Wolfe, 1986), some states have sought to ensure that "the money follows the patient" (Deicker, 1986; Stein & Ganser, 1983) by reallocating funds from institutions to local, community-based services, without increasing costs to the entire system (Carling, Miller, Daniels, & Randolph, 1986). Moreover, those states in which local community-based services without increasing costs to the entire system the CMD have been found to provide the best quality care for the CMD (Torrey

& Wolfe, 1986). For example, in Dane County, Wisconsin, there is an integrated system of community-based services for the CMD, including housing, case management, vocational services, and hospitalization (Stein & Ganser, 1983). Decisions about the funding of these programs are made at the local level.

Finally, the bureaucratic mechanism of land-use zoning has served as a focal point of research that examines the interface between policy, planning, and service delivery (Applebaum, 1983; Capaiuolo, 1977; Dear & Laws, 1986; Schmedemann, 1978). It is generally agreed that the inflexibility of land-use zoning by-laws constitutes perhaps the largest single bureaucratic obstacle to dismantling the concentrations of service-dependent populations that have emerged in medium and large-sized North American cities (Marshall, 1984; Wolch & Gabriel, 1985).

The essential problem with zoning is that local by-laws which control residential occupancy densities and land-use allocations were put in place long before anyone had thought of placing groups of people with special needs or disabilities in residential neighbourhoods. Evidence from Ontario, Canada has shown that until very recently, municipalities made no provision for any special needs group or planned to meet their needs, despite almost 20 years of deinstitutionalization (Secretariat for Social Development, 1983). Moreover, the current policy position on community housing in Ontario acts only as a guideline for municipal planners. In fact, a survey of 60 Ontario municipalities in 1983 (Secretariat for Social Development, 1983) revealed that 23% of the municipalities practiced mild forms of zoning restrictions on certain types of group facilities, and 53% practiced stronger forms of restrictive zoning. It is possible, however, that a landmark decision in 1984 by the Ontario Municipal Board to uphold a Metropolitan Toronto decision allowing placement of group homes "as of right" in all residential neighbourhoods (Dear & Laws, 1986) will be a precedent for municipalities throughout the province.

## Summary

The literature reviewed in this section can be interpreted in terms of the principles of the ecological perspective. The different dimensions of the social context are clearly interdependent. The types of neighbourhoods in which housing for CMD is concentrated are related to the attitudes and actions of neighbours toward the CMD and the housing programs that serve them. As well, the development and location of community housing for the CMD depends on government planning, including administration, funding, and municipal zoning by-laws.

The research reviewed has shown that the formal mental health system is but one resource which can aid in clients' adaptation. Clients' adaptation has been found to be related to neighbourhood characteristics. Furthermore, acceptance by and interaction with neighbours and the general public has been shown to be important for clients' integration within their residence and their integration into the larger community (Sherman, Frenkel, & Newman, 1986). Finally, innovations in some states and provinces have shown ways in which government planners can help provide the necessary administrative, financial, human, and legal resources at the local level to enable communities to develop comprehensive services for the CMD.

In accordance with the principle of succession, it is evident that the lack of sound planning for deinstitutionalization of the CMD has resulted in new problems, such as inadequate community support, homelessness, and the continuation of the institutional system. To help undo these problems and to prevent similar problems from occurring in the future, research and planning are needed to develop and implement an alternative community-based system of care.

## CONCLUSION

The research reviewed in this paper has shown instances in which housing programs for the CMD have grown and developed in certain types of neighbourhoods with acceptance from the general public and neighbours, and with adequate support from the formal planning, policy, and service delivery system. However, most fledgling community housing programs in Canada and the United States face numerous obstacles related to the dimensions of social context which have been reviewed in this paper. Thus, the primary task for future research and action in this area is to develop and evaluate strategies to change those dimensions of the social context which inhibit the growth of community housing for the CMD. In this regard, we have emphasized the significance of the ecological perspective as a conceptual framework for future research and policy development. It follows from our discussion that failure to recognize explicitly the ecological principles within the social context of housing programs for the CMD may produce undesirable outcomes.

One of the most innovative and successful programs to have emerged in recent years has grown out of an ideology that places the needs and rights of the CMD central to special housing developments. Trainor, Lurie, Ballantyne, and Long (1987) described the origins, goals, tactics, and outcomes of this program, namely the Metropolitan Toronto Supportive Housing Coalition. The efforts of this coalition were instrumental in coordinating the work of local housing programs, increasing funding for community housing programs, and changing zoning by-laws to permit greater accessibility to siting community housing programs in different neighbourhoods. This coalition also developed methods of promoting neighbourhood acceptance of new housing programs. Thus, the work of this organization could serve as a model of advocacy, public education, and program development for housing for the CMD in other communities.

## RESUME

Le présent article fait la recension de la recherche concernant l'habitation pour les personnes atteintes de troubles mentaux chroniques. Dans la première partie, on présente la perspective écologique comme cadre conceptuel pour étudier cette réalité. On relie à cette perspective plusieurs concepts clés comme l'environnement le moins restrictif, la normalisation, et l'intégration. Dans la seconde partie, on recense les écrits concernant trois dimensions du contexte social de l'habitation pour les personnes atteintes de troubles mentaux chroniques: (a) l'environnement géo-social; (b) les réponses des systèmes sociaux informels; (c) la planification, les politiques, et le système de distribution des services. On résume ces écrits dans le cadre d'une perspective écologique et on conclut avec des orientations pour les recherches à venir et pour l'action.

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