

THE UNIVERSITY OF MANITOBA

A STUDY OF COMMUNITY ATTITUDES TOWARD DISCHARGED
PSYCHIATRIC PATIENTS: IMPACT OF PATIENT
HOUSING ON PUBLIC ATTITUDES

by

ANNA RUTH LOEWEN

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A Study of Community Attitudes Toward Discharged
Psychiatric Patients: Impact of Patient
Housing on Public Attitudes

ABSTRACT

This study considered a variety of sheltered care facilities for the discharged psychiatric patient, and examined public tolerance and acceptance of patient housing.

The public is most receptive to community based housing for the mentally ill in which a single patient resides with a foster family, or when the former patient is living in independent housing. Least acceptable to the neighborhood residents is a halfway house for former patients.

Community residents living in neighborhoods of the "Independent Group Homes", generally expressed more accepting and tolerant attitudes toward the mentally ill, than did community residents living in neighborhoods of other types of housing studies, as measured by the community housing scale, the social distance scale, on general attitude statements, and by the Star Vignettes.

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By Anne Loewen

CHAPTER I

INTRODUCTION

STATEMENT OF PROBLEM

Our intent is to explore community attitudes toward discharged mental hospital patients, and the possible effect of after-care facilities on community attitudes.

As the shift to a community approach in the treatment of psychiatric hospital patients continues, replacing the traditional mental hospital services, knowledge of community attitudes becomes critically important to those involved in placing ex-patients into the community. If those responsible for the planning and carrying out of treatment programs do not take into account the realities that the patients face in their daily living, they miss an important element of the discharged patient's successful re-entry into community living. Cohen and Struening (1962) commented that:

This outlook is based on the assumption that the well-being of mental patients is at least to some extent influenced by the social context. . . the success of re-integrating former mental patients into society is affected by the attitudes of the general public toward mental illness.¹

1. J. Cohen and E.L. Struening, "Opinions about Mental Illness in the Personnel of Two Large Mental Hospitals." Journal of Abnormal Psychology, 1962, 64: 349.

Recent reports in a Winnipeg newspaper have suggested that community attitudes are not favourable to the housing of ex-mental hospital patients within some communities.² If discharged patients are placed into these communities, but are rejected by the general public, their successful re-adjustment to community living may be severely hampered.

Studies in social psychiatry have shown that social integration into satisfying interpersonal networks has important implications for the mental health of individuals.³ Other studies have looked at the presence of discharged patients in the community to determine if they were "really in the community", that is, taking part in normal community functions, or if they were merely being housed in the community, but excluded from participation.⁴

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2. Winnipeg Free Press, August 26, 1975; September 16, 1975, reported that community reaction to the establishing of a halfway house in one area was so negative that the issue was defeated, and that the halfway homes in another area were considered to be "resulting in an increasing degeneration of the area".
 3. Alexander H. Leighton, People of Cove and Woodlot: Communities from the Viewpoint of Social Psychiatry, Vol. II of the Sterling County Study of Psychiatric Disorder and Socio-Cultural Environment (New York: Basic Books, Inc., 1960), p. 146.
 4. H.R. Lamb and V. Goertzel, "Discharged Mental Patients--Are They Really in the Community?" Archives of General Psychiatry 1971, 24: 29-33; Uri Aviram and S.P. Segal, "Exclusion of the Mentally Ill", Archives of General Psychiatry 1973, 29: 126-31; and in B. Trute, "Social Indicators as Predictors of Social Integration in Saskatchewan and California", Doctoral Dissertation, University of California at Berkeley, 1975.

The major hypothesis of this study is that the type of community residence utilized by the mentally ill may influence public response to people who have had a history of psychiatric care.

The present study will examine the effects of four types of ex-mental patient housing on community attitudes.

Foster-family care is used in this study to refer to that type of after-care facility in which an ex-mental patient is accepted into a private home as a paying guest. The usual purpose for family/foster care is to provide long-term care and supervision for those unable to care for themselves.

Board and care homes are those after-care facilities in the community housing two to three discharged psychiatric patients, usually under the supervision of a landlady.

Larger board and care homes, as used in this study, refers to those facilities in which more than four ex-mental hospital patients are housed. The homes are residential facilities designed to meet the needs of ex-mental patients during the transition from the sheltered hospital environment to community living. Their purpose is to provide a protective, temporary environment to assist the formerly hospitalized mental patient to function in the community. There is round the clock supervision.

The concept of "Group Homes for Independent Living" is a relatively new concept in Winnipeg, and is the fourth type of after-care facility this study will consider. The independent

living situation is one in which ex-mental patients live in small groups without live-in staff, and with limited supervision. The residents are responsible for their own tasks of daily living (e.g., laundry, shopping, cooking, etc.). The roles assigned to the ex-patient in the Independent Group Homes allow them to function in a way that is considered to be the norm in the larger community.

Community attitudes toward the discharged psychiatric patient will be studied to ascertain if these attitudes are a function of the type of after-care facility utilized by the formerly mentally ill in the community. That is, the study will explore the effect that different types of housing for the discharged mental patient has on the general attitudes held by neighbors residing near the facility in which the ex-patient is placed.

CHAPTER II

A REVIEW OF THE LITERATURE

COMMUNITY ATTITUDES TOWARDS THE MENTALLY ILL

A sizeable body of research has emerged during the past twenty years in the area of social attitudes toward mental illness and the mentally ill. Parsons (1957) suggested that the focus of disturbance in mental illness is in the relations between the personality of the individual and the social system or systems in which he participates. He defines a mentally ill person as "a person who by definition cannot get along with his fellows, who presents a problem to them directly on the behavioural levels."⁵ Parsons felt that "American society values put a primary emphasis on achievement, and that it is chiefly because mental illness hinders effective achievement that in our society, it is defined as an undesirable state."⁶ The mentally ill may exhibit forms of behaviour which are directly in conflict with the culturally accepted rules and norms, thereby becoming a threat to society's values.

5. T. Parsons, "The Mental Hospital as a Type of Organization", in M. Greenblatt, D.J. Levinson, and R.H. Williamson (Eds.), The Patient in the Mental Hospital. (Glencoe, Illinois: Free Press, 1957), p. 109.

6. Ibid, p. 112.

Askensay (1974), in his study of attitudes toward the mentally ill, felt that society has different views and attitudes:

The mental patient may be viewed as a deviant who fails to fulfill normative social expectations, and as a threatening figure who must be kept at a distance. On the other hand, he may be seen as a "sick person", and as such he may be entitled to a certain amount of help and understanding. The expressed attitude toward the mentally ill will therefore vary within the context with which he is regarded.⁷

Although approaches to the elucidation of attitudes have varied slightly, most have used a similar dependent measure--a social distance scale, to measure the extent to which the public rejects social intimacy with the former patient. Surveys have been conducted in an attempt to define attitudes toward the mentally ill by measuring the public's knowledge of various aspects of mental illness, by responses to statements about mental illness and the mentally ill, and by the desire to maintain social distance between the public and the psychiatric patient.

The majority of studies have illustrated generally negative and rejecting attitudes regarding discharged mental hospital patients. Studies reporting more positive findings have formed a minority opinion.

Rabkin (1974), in her review of the literature suggested that an ex-mental hospital patient returning home is more of a liability than being an ex-criminal in pursuit of housing, jobs,

7. Alexander Askensay, Attitudes Toward Mental Health, (The Hague, Netherlands: Mouton & Co., 1974), p. 14.

and friends.⁸ She further suggested that discharged mental hospital patients are regarded with more distaste and less sympathy than any other disabled group in society, and so are subject to public attitudes of rejection and avoidance.

The review of the literature presented here will look at some of the major studies in the area of social attitudes toward mental illness and the mentally ill, to give a perspective on what has been done and what changes have taken place in this area of study.

Research Prior to 1960

One of the first efforts to systematically investigate public attitudes toward mental illness was a study carried out in 1947 by Ramsey and Seipp.⁹ They interviewed a broadly representative sample of Trenton, New Jersey concerning the etiology and the treatment of mental disorders. They correlated their data by sex, race, age, education level, and religion, and found that, in general, those factors which determine the respondent's educational-occupational level were also the main determinants of the degree of knowledge concerning mental health topics covered in the survey. The findings of this study

8. Judith Rabkin, "Public Attitudes Toward Mental Illness: A Review of the Literature", Schizophrenia Bulletin (Fall), 1974, 10: 11.

9. G.V. Ramsey and M. Seipp, "Attitudes and Opinions Concerning Mental Illness", Psychiatric Quarterly, 1948, 22: 428-444.

are limited, however, because of the restricted concepts of etiology reflected in the questions.

A major study of attitudes was a survey conducted throughout the United States by Dr. Shirley Star at the National Opinion Research Centre of the University of Chicago in 1950. She used vignettes of six case descriptions of mentally ill persons to elucidate attitudes, and established a baseline of public resistance to the perception or labelling of mental illness that has served as a standard for measuring attitude changes since that time.¹⁰ She concluded, as a result of her findings, that "only extreme psychosis accompanied by threatening, assaultive behaviour in its actual working definition of mental illness was included in people's perception about mental illness".¹¹ She found that people tended to resist calling anyone "mentally ill", and did so only as a last resort, and that differences in attitudes were traceable to social factors. Her study revealed that proof of mental illness was established on the basis of three criteria: 1) loss of cognitive function, 2) loss of

10. Dr. Shirley Star's findings and vignettes were cited in an unpublished monograph, "The Dilemmas of Mental Illness", reported in Action for Mental Health. Final Report of the Joint Commission on Mental Illness and Health (New York: Basic Books, Inc., 1961), p. 75. The case descriptions included a paranoid schizophrenic, a simple schizophrenic, alcoholic, and a childhood behaviour disorder.

11. Dr. Star quoted in Guido Crocetti, et al. Contemporary Attitudes Toward Mental Illness (University of Pittsburgh Press, 1974), p. 13.

self-control, and 3) inappropriate behaviour beyond what could be explained in a rationalistic basis. Star stated that the beliefs and attitudes of the public were a "real hinderance to the readjustment of recovered patients in normal society".¹²

Perhaps the most comprehensive study of social attitudes toward the mentally ill was a field experiment in mental health education done by John and Elaine Cumming (1951) in a small Canadian town, and reported on in their book Closed Ranks.¹³ The Cummings' felt that persons returning from mental hospitals are often feared, unwanted, and isolated, and that if these feelings were changed, more successful rehabilitation of former patients would be favoured. Their pre-test, education, post-test technique was an attempt to understand and to change attitudes toward mental health and mental illness through an intensive educational program. They used a modified Guttman Scale to measure attitudes of distance and social responsibility.

Their education program failed, and the authors felt that the community's rejection of former mental hospital patients and its tolerance of poor hospital conditions and patient isolation served an important function for the society. They

12. Shirley Star, "What the Public Thinks about Mental Health and Mental Illness". Unpublished paper presented to the annual meeting of the National Association for Mental Health, Inc., November 19, 1952.

13. Elaine and John Cumming, Closed Ranks: An Experiment in Mental Health Education. (Cambridge, Mass.: Harvard University Press, 1957).

concluded that the public's attitude was one of "denial, isolation, and insulation of mental illness".¹⁴ Although the education program failed, the researchers found that the average person in the community is willing to live in the same neighborhood with former mental hospital patients, but stops short of rooming with one, and denies willingness for a close association. The major cause for rejection seemed to occur as soon as behaviour becomes non-normative and non-predictable.

Woodward (1951) in a study in Louisville, Ky. found that there was a general lack of recognition of psychiatric problems and that the public they sampled was not inclined to think in psychiatric terms about behaviour which the researchers regarded as pathological. The population studied, while reluctant to think in psychiatric terms, expressed alarm about the amount of mental illness in their community.¹⁵

Whatley (1959) investigated the social consequences of hospitalization in Louisiana using social distance items and concluded that discharged psychiatric patients were returning to "social unhealthy environments. . . and risking a certain amount of social isolation through curtailed interaction opportunities in primary groups".¹⁶ He demonstrated that people

14. Ibid., p. 114.

15. J.L. Woodward, "Changing Ideas on Mental Illness and Its Treatment". American Sociological Review, 1951, 16: 443-454.

16. C. Whatley, "Social Attitudes Toward Discharged Mental Patients". Social Problems, 1958-59, 6: 319.

tend to keep a distance between themselves and former patients, which creates a type of social isolation for the discharged patient that magnifies their problem of social re-adjustment. In general, they found that people rejected contact with ex-patients in situations of closeness, and were more accepting in relatively impersonal situations.

Nunnally (1961) carried on a five year study directed toward the measurement of public attitudes in regard to mental illness.¹⁷ A sample survey was conducted to assess the popular attitudes, both those of the general population and those of the psychiatric profession, in central Illinois. He used a semantic differential to test "attitudes", and concluded his study by saying that "as is commonly suspected, the mentally ill are regarded with fear, distrust, and dislike by the general public".¹⁸ He felt that the public is generally uninformed, and that all tend to regard the mentally ill as dangerous, dirty, worthless, and unpredictable. He suggested that the unpredictability of the mentally ill causes anxiety, which accounts for why "people are very uncomfortable in the presence of someone who is, or is purported to be, mentally ill".¹⁹ Nunnally found that the stigma associated with mental illness was general,

17. J.C. Nunnally, Popular Conceptions of Mental Health: Their Development and Change. (New York: Holt, Rinehart and Winston, Inc., 1961).

18. Ibid, p. 46.

19. Nunnally, Ibid, p. 233.

across social groups, types of mental illness, and that some of the negative attitudes were partially supported by facts (i.e. they sometimes are unpredictable).

Rabkin (1974) stated that "by 1960 it was unambiguously established that mental patients were dimly regarded in the public view".²⁰ It was felt that the public rejected, stigmatized, and shunned a person labelled as mentally ill. The Cummings' had reached a similar conclusion on the basis of their study in the early fifties, that there is a tendency on the part of the general public, once an individual has been identified as mentally ill, to "isolate" him and then to "reject" him. The social stigma of mental illness was a real and persistent problem, despite efforts to combat it.

The Joint Commission on Mental Illness and Health (1960) concluded that the public "does not feel as sorry as they do relieved to have out of the way persons whose behaviour disturbs and offends them."²¹

Research in the Sixties

Research on social attitudes toward the mentally ill in the sixties fell into two categories: those whose studies reported more optimistic findings about the public willingness

20. Rabkin, Ibid., 1974, p. 12.

21. Final Report of the Joint Commission on Mental Illness and Health. Action for Mental Health (New York: Basic Books, Inc., 1961), p. 58.

to associate with the mentally ill, and those whose findings did not share the optimistic orientation. Crocetti (1974) summed up the situation by saying:

There are those who see society as rejecting the mentally ill, displaying hostility toward them and closing its ranks against them; and those who believe that society is generally accepting of the mentally ill, is compassionate toward them, and is willing to accept them into its ranks.²²

A study by Lemkau and Crocetti (1962) in Baltimore in 1961 was designed to "explore the readiness of the population to accept a program of home care for the discharged psychiatric patients."²³ Their sample was stratified by age, race, education, and income. Their attitude measures included Star Vignettes, a social distance scale, and some additional questions to examine opinions of the general public towards the mentally ill. They not only reported an increased ability to identify mental illness, but also did not regard the social distance placed between the mentally ill persons and the respondents to be highly significant. For evidence, they reported that 50% of their sample said that they "could imagine themselves falling in love with someone who had been mentally ill"; 81% said they wouldn't hesitate "to work with someone who

22. Guido Crocetti, et al., Contemporary Attitudes Toward Mental Illness (University of Pittsburgh Press, 1974), p. xii.

23. P. Lemkau and G. Crocetti, "An Urban Population's Opinion and Knowledge about Mental Illness". American Journal of Psychiatry, 1962, 118: 692-700. Similar findings were also reported in G. Crocetti and P. Lemkau, "Public Opinion of Psychiatric Home Care in an Urban Area", American Journal of Public Health, 1963, 53: 409-416.