APPROACHES TO ESTABLISHING COMMUNITY SERVICES FOR THE MENTALLY DISABLED

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INTRODUCTION

Deinstitutionalization has become a major movement in American psychiatry. The courts, the legislatures, and the mental health professionals all agree that mentally disabled individuals need not be and should not be kept in institutions when they are capable of functioning in the community. The inpatient population of mental institutions has been steadily declining through increased discharges, more restrictive admission criteria, and the impact of civil rights legislation. In 1955, there were 550,000 inpatients in psychiatric hospitals. By 1976, the number had decreased to under 200,000.

This change in the locus of care from institution to community has brought the mental health services delivery system and other human service agencies face to face with a new set of issues surrounding the care these communitized patients receive and the kinds of lives they lead. Chief among these issues have been (1) the need for suitable residential facilities to meet both the short-term and the long-term needs of this chronically ill population and (2) the need for a wide range of supportive and rehabilitative services without which the odds of these chronically ill patients remaining in the community are zero.

The lack of supportive residential programs in coordination with extensive rehabilitation services has placed severe burdens on the many urban communities to which the chronically ill patients are discharged or to which they tend to gravitate. The influx of such patients into neighborhoods because of the establishment of either residential or treatment facilities causes great alarm and consternation among the residents of those neighborhoods.

While the public in general is fairly well informed about mental illness and willing to accept it as a medical problem, a major portion of the public

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continues to be frightened by mental patients because of their occasional bizarre behavior and presumed unpredictability and dangerousness. Attempts at establishing residential or treatment facilities in most neighborhoods often encounter strong opposition. Community residents have expressed concern over depreciation in property values, increases in crime rates, the dumping of patients without adequate supervision or available services, and the possibility that acceptance of one service will lead to a flooding of the neighborhood with others. Such opposition notwithstanding, increasing numbers of clinics, day treatment centers, and other treatment facilities as well as halfway houses, hostels, foster homes, and other group-living arrangements are being established in communities throughout the nation.

APPROACHING THE COMMUNITY

There are basically two methods of approaching this issue of establishing a community services project, whether residential or nonresidential. One is through a lengthy process of community education and organization aimed at enlisting the support of influential citizens and other organizations leading to community acceptance of the project. The other method is a low-profile approach in which the agency neither announces its intentions of setting up shop nor prepares the community for it, but hopes that once the project is a fait accompli it will be allowed to stay. This approach, however, may generate considerable resentment on the part of the neighbors and make it harder for staff and patients to achieve a modicum of acceptance by them.

The two vignettes that follow are examples of the successful application of the two approaches. The first case illustrates a community organization approach in establishing a nonresidential treatment service; the second case, a low-profile approach in establishing a residential facility.

The South Shore-Rockaway Program

The South Shore-Rockaway catchment area comprises the Rockaway Peninsula and the south shore of Jamaica Bay, all part of the borough of Queens. The population of approximately 136,000 is socially and economically heterogeneous, ranging from very poor to upper middle class. The eastern section of the peninsula, where the program is located, is the most populated area and has the greatest diversity of economic, ethnic, religious, and social groups. At the time, the area had been given, by the city, the highest priority for the development of community mental health services.

In 1969, three agencies, one private and two state, embarked on a joint effort to establish a community mental health service for the area. The sponsoring agencies were the Catholic Medical Center of Brooklyn and