ESTABLISHING COMMUNITY SERVICES FOR THE MENTALLY ILL: A SUMMARY OF LESSONS LEARNED

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Establishing community programs for the severely and chronically mentally ill is an increasingly important issue for psychiatry and all those involved in mental health. With the recent emphasis on community psychiatry and deinstitutionalization, there is a great need for community services and settings for the mentally ill, a need which cannot always be met. Despite the crying need for such programs, there is little in the literature about what brings about success or failure in establishing them.

The "Conference on Community Care: Acceptance and Rejection," held at the Cornell University Medical College in October, 1977, attempted to scrutinize several successful and unsuccessful attempts to establish community programs and arrive at certain conclusions about the reasons for their success or failure. This paper, which follows the six examples of attempts to establish community services, summarizes the common themes.

DERIVATION OF DATA FOR CONCLUSIONS

The data which we will draw our conclusions are based on the six contributions already presented. In addition, approximately 120 conference participants participated in workshop discussion groups following the formal presentations. The participants included: social workers, nurses, physicians, lay administrators, public health administrators, members of the boards of voluntary agencies, and others.

The groups were very practically oriented to the problem of developing programs for the chronically disabled and marginally functioning individual who was at high risk (of hospitalization). Clearly of major concern were programs that would have large numbers of "deinstitutionalized" patients. While those groups led by discussants who represented the suc-
cessful attempts at developing programs within the community tended to focus closely on the elements within their programs which were successful, the other groups spent significantly more time in attempting to identify problem areas, and in discussions of how such problems might be avoided.

COMMON ELEMENTS IN UNSUCCESSFUL PROGRAMS

No matter how carefully thought-out the program, no matter how well the community is prepared, 100 percent success cannot be guaranteed. Therefore to be successful, tenacity and high frustration tolerance levels are required. It is also generally accepted that certain activities (or lack of activities) almost always guarantee failure. Early efforts of the New York State Department of Mental Hygiene's deinstitutionalization policies were noted for their lack of success. Since the Department of Mental Hygiene recognized that its early attempts were examples of "how not to succeed," most of these have not been repeated.

As an example, the deliberate discharge of large numbers of patients to a particular community, either into prepared living apartments or to fend for themselves, is always a disaster. It is assumed that communities will be forced to develop appropriate services and take responsibility for discharged patients if they are not accompanied by the adequate development of services and support systems. This rarely, if ever, occurs.

The second tactic which is notably unsuccessful is the attempt to "sneak" a program into the community, with the assumption that when the community finally wakes up after six months to a year, it will recognize that the programs which had been surreptitiously placed in the neighborhood are good neighbors and constitute an asset to the community. Wherever this approach proves to be successful, as it occasionally does, it inevitably leads to sufficient resentment that no future programs or expansion of the program can be developed within the same community.

Still another unsuccessful method is to choose a district which is either so run down, or so commercial, that no one will object to the placement of a program in that particular area. This reasoning also proves to be fallacious, for even in New York City there are no such compliant areas. And finally, the most serious lack of success occurs when agencies or institutions insist on pursuing a project in a community or area which is already involved in a massive, organized confrontation with mental health programs.

COMMON THEMES IN SUCCESSFUL EFFORTS

In contrast to the numerous negative methods of establishing services in the community, there are some elements that are usually productive, and as such are necessary prerequisites for the acceptance of programs for the mentally ill. First, whenever possible, programs should be developed out of