

## ORIGINAL ARTICLE

## Public Attitudes Regarding the Community Canadian Mental Health Association Crisis Stabilization Unit in Swan River, Manitoba

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**ABSTRACT** A door-to-door survey was conducted on households within a one square block of a Canadian Mental Health Association Crisis Stabilization Unit (Swan River, Manitoba, Canada). This was undertaken to examine the opinions and attitudes of the members of the surveyed households regarding the neighboring community mental health residence, as well as their general attitudes toward mentally ill individuals. The survey utilized preliminary questions to obtain personal characteristics of the respondents, which were followed by 11 short questions regarding attitudes towards mental illness and the neighborhood facility. The findings of this study agree with previous research suggesting a general receptiveness on the part of community residents to deinstitutionalization and to having community mental health residents as neighbors. The personal characteristic with the greatest positive influence on attitudes was previous personal contact with mentally ill individuals. However, it was found that a segment of the population holds negative attitudes towards the CSU. The author suggests that education of the community regarding the mental health facility and mentally ill persons may improve acceptance to a greater extent.

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### INTRODUCTION

Since the advent of community based care, mental health services have been under scrutiny, especially the management of patients with mental health problems in the community. Until the early 1960s, large institutions were the focus of psychiatric treatment (1). The move toward downsizing of these mental institutions and the shift towards community care began in North America and Western Europe in the 1960s. This trend has continued until today and is associated with an increased transfer of resources and care to the community level (1). These reforms have been applauded in many circles as bringing an end to the

rigid regimens and dehumanisation of patients associated with many large institutions (2). Deinstitutionalization and the advent of community mental health facilities have allowed a normalization of acute care by creating opportunities for psychiatric patients to share the normal rhythms of daily life and allowing for regular activity periods, shared responsibility and the availability of privacy (2).

In many areas, however, there has been resistance to the establishment of group homes, or community treatment facilities, for mentally ill adults (3). Community members have called into question the wisdom of the mental health system regarding the discharge of mentally ill individuals to outpatient community care. Many feel that this care is inadequate and may have unknown social effects (3). The deinstitutionalization of mental health care, and the

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various problems associated with community care implementation, are now in the public sphere raising social concerns to the fore.

The objectives of the current study were to examine the opinions of residents living near a community mental health facility in the rural town of Swan River (Manitoba, Canada). The facility is the Canadian Mental Health Association (CMHA) Crisis Stabilization Unit (CSU), which has been present in Swan River since the spring of 1995. The CSU has four beds, and provides a safe and supportive environment for individuals going through stressful situations associated with mental illness. Furthermore, it allows for ongoing support and monitoring of persons with mental health problems (4). The CSU is not a long term treatment facility, as patients do not stay for longer than two months. Members of CSU staff are at the facility on a 24 hour basis, with at least one Registered Psychiatric Nurse on duty at all times, and a physician from the Swan River area available on call. The CSU team assumes full responsibility for those under their care at any given time, and maintains this care until the acute stage or crisis of the illness has passed. The identified target population is those suffering from a serious mental illness (focusing on psychotic, mood, anxiety and personality disorders); the CSU does not provide a service to people with a primary diagnosis of organic brain disorders, intellectual handicaps or drug or alcohol dependency. The catchment area for the CSU is not only Swan River, but includes the surrounding area, as this region is quite removed from larger medical care centers such as Winnipeg (Manitoba, Canada).

The current study examined attitudes of CSU neighbors to the presence of the Unit, as well as their feelings in general towards mental health care and mentally ill individuals. Previous studies on community mental health homes have focused on those located within larger urban centers (5-9). The current study provides novel insight into the attitudes of neighbors of a community mental health facility in this small rural town.

## **MATERIALS AND METHODS**

### **Design**

This study utilized a descriptive cross-sectional survey design. Respondents to the survey were asked six initial questions to obtain demographic information, followed by eleven short questions regarding their attitudes toward the community mental health facility in their neighborhood and towards mental health in general. Questions defining personal characteristics of the surveyed individuals included sex, age, marital status, years in the community, and previous contact

with mentally ill individuals (see Table 1). In addition, several questions were posed to gauge attitudes, opinions and levels of awareness concerning the CSU and mentally ill individuals (e.g., the effect of the community facility on property values, whether or not the respondent has had previous contact with mentally ill individuals, etc.; see Table 2 for the full list of questions).

### **Procedure**

The surveys were administered via personal interviews at the homes of the respondents during the week of July 20 to 26, 1997. The interviews were all conducted by the author, and each interview lasted approximately 15 minutes. At least three attempts were made to reach all of the homes on three separate days in the aforementioned week. If no contact could be made, the respondent was classified as not contactable.

### **Participants**

Swan River is a rural community of approximately 4500 people in west-central Manitoba located between the Porcupine and Duck Mountains. Swan River has a local economy based largely on agriculture, forestry (lumber and pulpwood), and tourism (10).

All homes within a one block radius of the CMHA CSU were surveyed in a door-to-door manner. This encompassed 37 houses that were chosen because these household members would have greater close and personal contact with the CSU than the remainder of the town. The inclusion criteria for qualifying as a respondent included being 18 years of age or older, and having lived in the selected dwelling on a regular basis.

The survey yielded 19 respondents. The remainder of the houses (totalling 18) were not contactable or did not wish to complete the survey. The prototypical respondent to the survey was an elderly, married female who had been present in the community for a long period of time (greater than eight years).

### **Analysis**

Data from the closed ended questionnaire were analyzed descriptively with the results expressed as proportions and percentages. Confidence intervals (95%) were calculated using the statistical program SPSS for the data focusing on relationships between categorical variables.

### **RESULTS**

Within one square block of the CSU there were 37 houses, of which 19 responded to the survey for a response rate of 54.1%. This number is limited, and reasons for this were a high level of absenteeism from the community, and for two homes, a lack of desire to

**Table 1.** Personal characteristics of survey respondents in the neighborhood surrounding the Canadian Mental Health Association Crisis Stabilization Unit in Swan River (Manitoba, Canada)

Personal Characteristics		% Of Respondents (n) <sup>a</sup>
Sex	Male	21.1% (4)
	Female	78.9% (15)
Age	20-40 Years	21.1% (4)
	40-60 Years	26.3% (5)
	60+ Years	52.6% (10)
Marital status	Married	73.7% (14)
	Single	26.3% (5)
Years in the community	1-2 Years	10.5% (2)
	2-4 Years	0% (0)
	4-8 Years	10.5% (2)
	8+ Years	78.9% (15)
Previous contact with mentally ill individuals	Yes	42.1% (8)
	No	57.9% (11)

<sup>a</sup>(n) = Number of respondents from the total of 19 respondents.

express opinions. Personal characteristics of surveyed individuals are presented in Table 1. The majority (78.9%) of responding individuals were female, of which 52.6% were greater than 60 years old, and only 21.1% were under 40 years. The majority of people surveyed were married (73.7%) and had spent eight or more years in the community (78.9%). A history of previous contact with a mentally ill individual was fairly evenly split; 57.9% of respondents had never knowingly interacted with a person with mental health problems, and 42.1% had interacted with mentally ill individuals.

Table 2 displays the results of the survey on a wide range of issues regarding mental health and the mental health facility in the population's community. When asked whether property values declined due to the nearby CSU, respondents with previous contact with the mentally ill were five times more likely to report property values were unaffected than those without previous contact (100% vs. 20%;  $p < 0.05$ ). Furthermore, respondents with previous mental health patient contact more often responded that they had interacted with individuals associated with the CSU than those without previous contact with the mentally ill (86.7% vs. 8.1%;  $p < 0.05$ ).

Only 21.1% of individuals could recall any distressing incidents associated with the CSU. However, of these people, not one (0%) felt that the incident was effectively dealt with by the CSU staff. The majority of respondents (68.4%) were uncertain as to how the media presented mental health, however the number who felt the presentation was negative (21.1%) was over twice the number of individuals that saw it as positive (5.3%) or unbiased (5.3%).

Most of respondents (42.1%) felt that the movement to community based care was positive, whereas only 15.8% felt it was detrimental in some way. It is interesting that the great majority (75%) of those with positive reactions to community care had previous contact with mental health patients, and of those against community care and deinstitutionalization, none had had previous contact with mental health patients ( $p < 0.05$ ). The great majority of respondents (78.9%) were personally gratified by the fact that their neighborhood was receptive to the needs of those with mental health problems. What is interesting, yet not statistically significant, is that of those people who were not made to feel good personally, 100% had no previous contact with mentally ill individuals ( $p < 0.16$ ).

Only 26.6% of respondents felt that they were consulted by a health care worker regarding the placement of the CSU in their community. However, 42.1% of surveyed individuals felt they would have a say in future changes to the facility. Of those who felt they were not originally consulted, 50% were certain they would be asked their opinions about future changes to the CSU, while 50% felt they would not be asked. It should also be noted that only 26.3% of individuals did not want more information on the CSU.

## DISCUSSION

Confronting mental illness and a community facility can be a disquieting experience for many people, with many neighbors feeling that the entire community will become stigmatized (3). However, as stated in the results section, the majority of Swan River CSU neighbors surveyed felt that property values were not

**Table 2.** Public views concerning the CMHA Crisis Stabilization Unit in Swan River (Manitoba, Canada) and mental illness.

Survey Item	% of Respondents (n) <sup>a</sup>		
	Yes	No	Don't Know
I know of the CMHA CSU in my neighborhood.	100% (19)	0% (0)	0% (0)
Does the CMHA CSU adversely affect property values?	10.5% (2)	52.6% (10)	36.8% (7)
Have there been any distressing incidents associated with the CSU in the past?	21.1% (4)	78.9% (15)	0% (0)
If yes to above: was the incident effectively dealt with by CSU staff?	0% (0)	25.0% (1)	75.0% (3)
Do you interact with people associated with the CSU?	42.1% (8)	31.6% (6)	26.3% (5)
Is media representation of mental health patients positive?	10.5% (2)	21.1% (4)	68.4% (13)
Is the trend towards deinstitutionalization of mental health patients positive?	42.1% (8)	15.8% (3)	42.1% (8)
Does it make you feel good personally to know your community is receptive to the needs of the mentally ill?	78.9% (15)	15.8% (3)	5.3% (1)
Have any health workers explained the nature of the CSU to you?	21.1% (4)	78.9% (15)	0% (0)
Would you have a say in changes to the CSU?	42.1% (8)	42.1% (8)	15.8% (3)
Would you like more information on the CSU?	47.4% (9)	26.3% (5)	26.3% (5)

<sup>a</sup>(n) = Number of respondents from the total of 19 respondents. **CMHA:** Canadian Mental Health Association; **CSU:** Crisis Stabilization Unit

affected. These data correspond to other studies that undertook surveys of areas with community mental health facilities in them (6,8). It has been suggested that it is often only a highly vocal minority that is behind the opposition to many community mental health facilities. In fact, there are even reports of residents actively supporting the start up of neighborhood facilities (8). This is good evidence that once a community home is located within a neighborhood, the majority of the residents do not view it as having a negative effect on their area and frequently express positive attitudes towards it (3,8,11).

The current results indicate that the neighbors surveyed in this study in general are receptive to deinstitutionalization of mental health patients. Other studies (2,6,8) agree with these data and reveal that the majority of people feel that maintaining a normalized life in the community will aid in rehabilitation, and that with treatment, most mentally ill individuals can return to valued lives. However, it should be noted that there is often a discrepancy between attitudes and behavior. Harassment of the mentally ill in the community can be a serious problem, with up to 60% of respondent patients in one study reporting harassment and/or victimization within their communities (12). This is part of a larger problem of societal stigma towards the mentally ill.

The data presented in the current study suggest that previous contact with mental health patients leads to a greater acceptance of psychiatric patients and the institutions that are needed to help these people. This previous contact with mental health patients is very important, as it appears to be associated with more acceptance of mentally ill individuals, and not a negative stigma. Conversely, there seems to be a relationship between a lack of interaction with, and perhaps knowledge about, the mentally ill, and negative

attitudes towards these people. Hence, the prospect that educating community members opposed to homes in their area may lead to greater acceptance is heartening. Such educational programs, designed to increase knowledge and appreciation of mental health issues, may ease the transition of mentally ill individuals from hospitals into community housing by providing them with an even more receptive neighborhood.

This paper extends previous studies of community mental health houses by probing the feelings of a rural community towards a group home in their neighborhood. Previous studies focused on urban areas, in which very few people were aware of the presence of a home in their neighborhood. For example, as low as 13% of people interviewed in a study conducted in Britain (13), 21% in Canada (14), and 33% in New Zealand (9) were aware of the community housing for psychiatric patients in their neighborhood. In comparison, every neighbor of the CSU in Swan River that was interviewed knew of the presence of the group home in their community.

That few distressing incidents occurred is a positive response for the CSU. However, the fact that none of the individuals felt that the incident was dealt with effectively by the CSU staff suggests the need for continuous interaction and information dissemination by the community mental health workers to the neighborhood individuals, especially after any incident has occurred. Future studies should compare the occurrence of actual distressing incidents, as reported by CSU staff and Swan River Royal Canadian Mounted Police officers, with perceived occurrences by the community members.

The media can alter people's beliefs depending upon how an issue is presented (15). The results of this survey suggest that two times the number of individuals see media coverage as negative rather than positive or

unbiased. Previous studies (15) have shown that inaccurate media presentations that ignore successes and focus only on alleged failures often occur in regard to psychiatric rehabilitation. This surely does a disservice to patients, mental health workers and community mental health facilities and likely helps maintain the negative stereotypes of the mentally ill in our society.

A community consultation process involving all stakeholders (i.e., including the mental health community and potential neighbors) in the development and planning of a mental health facility is essential for proper service delivery to patients (16). It is significant that the majority of respondents in the surveyed area in Swan River felt that they would have a say in future changes to the CSU, and this was not dependent upon whether they were originally consulted about the CSU. The results suggest that the surveyed individuals have not lost faith in the mental health community, and feel that they will be part of the process should any changes occur at the CSU, regardless of whether they were consulted in the past.

To summarize, this study reveals that neighbors of the Swan River CSU are generally receptive to deinstitutionalization and having community mental health residents in their neighborhood, despite a small portion of people who are not receptive. They also feel a personal satisfaction from having their neighborhood aid in the rehabilitation of mental health patients. The personal characteristic with the greatest influence on the attitudes of the surveyed individuals was previous personal contact with mentally ill people.

There are often criticisms of public attitude research because of the possible discrepancy between the way an individual may act (in a negative manner) and the answers they may give in a study (largely positive). As done in the current study, subdividing the respondents based upon how certain questions are answered helps eliminate this bias. Many of the conclusions of this study are based on such comparisons. It should also be noted that there is a risk of small size effect errors occurring with the group studied, and this may decrease the application of this study to the population as a whole. However, since the objective of the current study was to assess the attitudes of people living near the CSU, and 54% of nearby residents responded, the results are not poorly suited to meet this objective. Another limitation may be the fact that it was not possible to control for sociodemographic characteristics, other than geographic location, in the sample. The result is that the responses of the members in this area may not be generalizable to either the general population, or another area with a community mental health house that may have entirely different sociodemographic characteristics. Despite these limitations the results do

offer insight into the attitudes of rural community residents towards a neighborhood mental health facility and nearby mentally ill patients.

In conclusion, the information gained through this study may have a practical application; educational programs focussing on neighbors of community mental health facilities may improve public attitudes towards these facilities, and may be most successful if they incorporate positive contact with mentally ill individuals. Such programs should involve interaction and information dissemination by the community mental health workers to the neighborhood individuals, which would hopefully improve these individuals' attitudes towards the facility, and may be especially useful after a disturbing incident has occurred. Any attempts to maintain a mental health home within a neighborhood, and/or improve the public image of mental illness, would likely be aided by focussing educational programs and publications to emphasize the positive experiences of community care for mentally ill individuals. The main implication of this paper however, is the finding (in agreement with other papers) that increased contact with the mentally ill leads to a greater acceptance of these individuals and the institutions that house them. For mental health professionals who wish to encourage the integration of patients in supported homes within a community, it would seem that an active increase in the profile of these homes would allow them to capitalize on the potential for greater neighboring between community residents and mental health home tenants. In addition, any intervention aimed at changing the attitudes of a community should be targeted at those individuals with no previous mental health system contact.

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