ATTITUDES OF MENTALLY DISORDERED ADULTS TO
 COMMUNITY CARE

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The Mental Health Act, 1959, encouraged local authorities to provide community-based services for the mentally disordered. By the middle of 1966 Lancashire County Council had built thirteen mixed-sex hostels for mentally disordered adults. Residents come to the hostels from the community at large (*e.g.* when no longer able to live with family or friends), from other residential institutions, and from mental hospitals, mental subnormality hospitals, and the psychiatric wards of general hospitals. The hostels between them have 186 places for men and 169 for women. Residents are accommodated in hostels in their own home areas wherever possible.

The justification for community care rests ultimately on humane considerations. Of prime importance is the satisfaction and contentment of those being cared for. The author, however, knows of no published evidence about the type of care the mentally disordered themselves prefer, or what their attitudes and feelings are in this matter. While there are admitted difficulties in carrying out attitude surveys among the mentally disordered, these difficulties are not insuperable. The present com-

munication gives an account of an inquiry into the attitudes to their present and past situations of 304 residents of the Lancashire County hostels.

THE SUBJECTS

In the summer of 1966 there were 316 mentally disordered adults in the Lancashire County hostels, and 304 of these residents were interviewed. Seven of the remaining twelve had no speech, one was too ill to be seen, and four were away from their hostel at the time of the visits. The 304 residents had been in the hostels for between 9 days and 4 years 5 months with a mean length of stay of 1 year 4 months. Their distribution by age, sex, and type of mental disorder is shown in Table I.

The mentally ill residents are significantly older than the subnormal and severely subnormal ($P < 0.001$). No other differences are significant. (All statements of significance are based on χ^2 tests and refer unless otherwise specified to the 0.05 significance level.) The distribution of residents by sex, type of mental disorder, and residence immediately before entering the hostels is shown in Table II (opposite).

TABLE I
 DISTRIBUTION OF THE RESIDENTS OF THIRTEEN LOCAL AUTHORITY HOSTELS
 BY AGE, SEX AND TYPE OF MENTAL DISORDER

Age Group (yrs)	Males				Females				Both Sexes			
	SN	MI	Total		SN	MI	Total		SN	MI	Total	
			No.	Per cent.			No.	Per cent.			No.	Per cent.
15-24	29	1	30	18	25	—	25	16	54	1	55	17
25-34	25	2	27	17	22	3	25	16	47	5	52	16
35-44	27	6	33	20	29	10	39	25	56	16	72	23
45-54	37	12	49	30	26	9	35	23	63	21	84	27
55-64	15	7	22	13	14	12	26	17	29	19	48	15
65-74	1	1	2	1	2	1	3	2	3	2	5	2
Total	134	29	163	100	118	35	153	100	252	64	316	100
Median Age	39	49	42		39	49	41		39	49	41	

SN = subnormal or severely subnormal. MI = Mentally ill.

TABLE II

DISTRIBUTION OF THE RESIDENTS OF THIRTEEN LOCAL AUTHORITY HOSTELS BY SEX, TYPE OF MENTAL DISORDER, AND PLACE OF RESIDENCE IMMEDIATELY BEFORE ADMISSION TO HOSTEL

Previous Residence		Males				Females				Both Sexes			
		SN	MI	Total		SN	MI	Total		SN	MI	Total	
				No.	Per cent.			No.	Per cent.			No.	Per cent.
In the Community	Home	34	2	36	23	42	2	44	29	76	4	80	25
	Other residential accommodation Other (e.g. lodgings)	29 1	— —	29 1	— —	26 1	— —	26 1	17 —	55 2	— —	55 2	17 1
In Hospital	Subnormality hospital	64	3	67	41	42	—	42	27	106	3	109	34
	Mental hospital	2	12	14	9	4	26	30	20	6	38	44	15
	General hospital (psychiatric wards)	4	12	16	10	3	7	10	7	7	19	26	8
Total		134	29	163	100	118	35	153	100	252	64	316	100

There is a significant sex difference in previous place of residence. Proportionately more males came from subnormality hospitals, while proportionately more females came from mental hospitals and, to a lesser extent, from their own homes. The proportion of residents from subnormality hospitals (34 per cent.) was the largest, with the second major source of residents being their own homes (25 per cent.). 43 per cent. of all residents had come from the community at large, and the remaining 57 per cent. from hospitals.

METHOD

All 304 residents were interviewed individually by the author. Many residents were very deficient in linguistic skills and the interviews were organized to take this into account. Major questions were phrased to require a choice of answers between two specified alternatives, e.g. Which place do you like best, here (the hostel) or x (previous place of residence)? Questions requiring yes/no answers were avoided wherever possible, due to the tendency for mentally subnormal persons to answer "yes, yes" to all questions irrespective of content. Probing was done to assess the validity of each answer. Thus the question above might be followed up by asking, What is good about the hostel?, And what is bad? (What don't you like?), What was good about x?, What was bad?, Would you like to go back to x?, etc. These "probe" questions were varied to suit the individual. In seeking reasons for a given answer all statements freely offered by the subjects were accepted. If none was offered this had also to be accepted. When a resident said he preferred the hostel to hospital; that the hostel food was good and the rooms very nice; and that nothing was good about the hospital and he would not want to go back there, little doubt remained that this stated preference for the hostel reflected his true feelings. In other cases assessment is not so easy, particularly with residents

at the lowest levels of linguistic skill. Tone of voice, facial expression, gesture, etc., were here extensively used as pointers to attitudes and opinions.

RESULTS AND DISCUSSION

Attitude to hostel as opposed to previous place of residence.

Data as to preferred place of residence are given in Table III. "Other" refers to other residential institutions (junior hostels, approved schools, old people's homes, etc.), and in two instances to private lodgings. That 73 per cent. of residents prefer the hostels to their previous place of residence is encouraging, since a statement of preference for one place rather than another can be taken to imply that the person is happier in that place. Hostels are in general preferred to hospital, other residential institutions or lodgings, but not to home. That 88 per cent. of former hospital patients prefer the hostels is of particular significance. It is evidence such as this, rather than economic or administrative considerations, that ultimately justifies the policy of community care. It may further be argued that, since mentally disordered adults who have lived both in hostels and hospitals on the whole prefer the

TABLE III
PREFERRED RESIDENCE BY PLACE OF RESIDENCE IMMEDIATELY BEFORE ENTERING HOSTEL

Preferred Residence	Previous Residence						Total	
	Home		Hospital		Other			
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Hostel	31	40	152	88	31	70	214	73
Previous residence	37	48	12	7	7	15	56	19
Undecided	9	12	8	5	7	15	24	8
*No usable reply available	3		7		12		22	
Total	80	100	179	100	57	100	316	100

*Percentages based on usable replies only.

hostels, comparable mentally subnormal adults now living at home but who, in the future, come to need residential care will also be happier in hostels (assuming the pattern of hostel and hospital care has not by then changed). 41 per cent. of the 152 former hospital patients who expressed a preference for the hostels gave as their main reason the freedom of movement the hostels allow ("you are more free here"; "you can go out when you want"; "you are locked up in hospital"). 17 per cent. mentioned proximity to home and family; 15 per cent. the material comforts (food and accommodation) of the hostels; and 10 per cent. preferred the hostels because "the people (specifically staff) are nicer here and treat you better".

The twelve former hospital patients who preferred the hospital included nine men (7 subnormal and 2 mentally ill) and three women (1 subnormal and 2 mentally ill). They ranged in age from 17 to 66 (mean 42). Six of the twelve gave no particular reason for their preference; three preferred the hospital because their friends were there, two because they had "fallen out" with hostel residents (a transient phenomenon), and one because he found it "too noisy being with girls". This was the only suggestion of a complaint from the residents about both sexes being accommodated together.

Attitude towards staying in a hostel all one's life

Desire to stay in a hostel indefinitely is related to age, sex, and type of mental disorder in Tables IV and V. The question of staying in a hostel all one's life was not included in the interview schedule until three hostels had already been visited. Replies are therefore available for 244 residents only.

The 117 residents who did *not* want to stay in a hostel all their life included the twelve who wanted to go back to hospital, two who wanted to go back to Old People's Homes, and twenty who wanted a more independent life in lodgings. The remaining 83 all wanted to go home ("home is of course best of all"). A longing for home was expressed to a like degree by all residents, irrespective of whether they had a home

TABLE IV
DESIRE TO STAY IN HOSTEL INDEFINITELY, BY AGE

Desire to Stay in Hostel Indefinitely	Age Group (yrs)						All Ages	
	16-35		36-55		56+			
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Yes	24	32	60	46	21	54	105	43
No	46	61	57	44	14	36	117	48
Undecided	5	7	14	10	4	10	22	9
Total	75	100	130	100	39	100	244	100

and irrespective of their previous place of residence. Even people who had been in hospital for 30 years or more and had had no contact with their families in the meantime expressed a desire to go back home. A naïve belief in the strength of family ties seems to survive all abandonment, rejection, and ill-treatment. The younger residents, significantly more of whom have homes to go to, were the least inclined to want to stay in a hostel all their life. Significantly more men did not want to stay in a hostel all their life than women. The sex difference in the proportion of residents having a home was not however significant (70 per cent. for men and 74 per cent. for women). The mentally ill differ significantly in attitude from the subnormal and severely subnormal, proportionately more mentally ill residents being "undecided" whether they want to stay in a hostel all their life or not. This may be due to the mentally ill having more insight into their situation, as exemplified by such comments as "I'm happy to stay here now but I might want to move out later, if I get on my feet again".

Attitude to attending an Adult Training Centre as opposed to outside employment

Each hostel has an Adult Training Centre alongside, which the majority of residents attend. Data on attitude towards attending the Centres as opposed to being in outside employment are shown in Table VI (opposite).

Data on desire for a job are available for 306 residents. This is because two residents who were

TABLE V
DESIRE TO STAY IN HOSTEL INDEFINITELY, BY SEX AND TYPE OF MENTAL DISORDER

Desire to Stay in Hostel Indefinitely	Males				Females				Both Sexes			
	SN	MI	Total		SN	MI	Total		SN	MI	Total	
			No.	Per cent.			No.	Per cent.			No.	Per cent.
Yes	41	6	47	35	45	13	58	54	86	19	105	43
No	65	10	75	55	34	9	42	39	99	18	117	48
Undecided	9	5	14	10	3	5	8	7	12	10	22	9
Total	115	21	136	100	82	26	108	100	197	47	244	100

TABLE VI
DESIRE FOR A JOB, BY PRESENT OCCUPATION

Desire for a Job	Present Occupation			Total	
	Training Centre	Job*	Other†	No.	Per cent.
Yes	152	30	—	182	60
No	101	—	1	102	33
Undecided	22	—	—	22	7
Total	275	30	1	306	100

*Includes five people employed part time and attending Training Centre the rest of the time.

†One female resident aged 67 had lost an arm and was not fit to attend a Training Centre. She spent her day helping in the hostel.

away from the hostels at the time of the visits were already in outside employment, had always wanted a job, and were known to prefer outside employment to attending the Centre. There was no association between being in outside employment and having had a job in the past. Of the thirty people already in a job fifteen had never worked before in their life. Nor was there any association between *wanting* a job and having had a job in the past. Desire for a job according to previous place of residence and type of mental disorder is shown in Table VII.

There is a tendency ($0.10 > P > 0.05$) for people from hospital to be more eager for a job than people from home or other accommodation. Many of these latter have been at a Training Centre for years, and may have become so "institutionalized" to the Centre as not to want to leave. There is also the possibility that people from hospital, after years of separation from society, are particularly eager to "prove" themselves. Obtaining outside employment is an effective way of doing so. There was a tendency for proportionately more of the subnormal and severely subnormal to express a desire for a job than the mentally ill ($0.10 > P > 0.05$). A number of those expressing a desire for a job were certainly being unrealistic, and it may be that the mentally ill have more insight into their condition, and are more realistic in their assessment, and hence more

favourably disposed towards (or reconciled to) the Training Centres.

116 of the 182 people who preferred outside employment gave one or more reasons for their choice:

Reasons		Number of Times Given
Positive	More money in a job	59
	Greater independence	5
	Can meet new people	4
	Always been used to a job	4
		72
Negative	Work at Training Centre dull and boring; not "proper work"	39
	General dislike of Training Centre (unspecified)	5
		44

The mentally disordered, like the rest of the population, are strongly motivated by financial reward. The mentally disordered are also capable, like the rest of the population, of finding work dull and boring. Eighteen of the 39 who complained that work at the Training Centre was "dull and boring" had been in jobs and knew what outside work was like; 35 of these 39 people were mentally subnormal. It is frequently assumed that the mentally subnormal enjoy simple repetitive tasks and lack the capacity for being bored. This is clearly not always so. It has been pointed out by Cashdan and Stevens (1966) that the notion that subnormal persons are rigid and perseverative was derived in the main from observation in large-scale institutions, and that the rigidity and perseveration were largely produced by the institutional regime.

With respect to the 102 people who preferred the Training Centres to outside employment, 46 supported their choice with one or more reasons. Thirty liked the work at the Training Centres, or the people, or both. The other sixteen felt that they could not cope with a job because of age or infirmity.

TABLE VII
DESIRE FOR A JOB, BY PREVIOUS PLACE OF RESIDENCE AND TYPE OF MENTAL DISORDER

Desire for a Job	Previous Place of Residence												All Residents			
	Home				Hospital				Other Accommodation							
	SN	MI	Total		SN	MI	Total		SN	MI	Total		SN	MI	Total	
			No.	Per cent.			No.	Per cent.			No.	Per cent.			No.	Per cent.
Yes	37	1	38	48	75	29	104	60	40	0	40	73	152	30	182	60
No	31	1	32	41	32.	24	56	33	12	0	12	22	75	27	102	33
Undecided	7	2	9	11	7	5	12	7	3	0	3	5	17	5	22	7
Total	75	4	79	100	114	58	172	100	55	0	55	100	244	62	306	100

Data on desire for a job according to desire to stay in a hostel indefinitely, for the 244 residents for whom replies are available on the latter question, are given in Table VIII.

TABLE VIII
DESIRE FOR A JOB, BY DESIRE TO STAY IN HOSTEL INDEFINITELY

Desire for a Job	Desire to Stay in Hostel Indefinitely							
	Yes		No		Undecided		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Yes	47	44	84	72	14	67	145	60
No	49	46	29	25	3	14	81	33
Undecided	10	10	4	3	4	19	18	7
Total	106	100	117	100	21	100	244	100

A significantly higher proportion of those who did not want to stay in a hostel indefinitely, or were undecided, desired outside employment ($P < 0.001$). A number of those expressing a desire for outside employment did seem fit for a job, if suitable work and a "sympathetic employer" could be found. More attention could be given to the seeking of jobs for hostel residents and more might be done to encourage hostel wardens, Training Centre supervisors, and other interested parties to give informal assistance to the Mental Welfare Officer in this aspect of his duties.

Attitude towards sharing or not sharing a bedroom

Data on preferences with respect to bedroom accommodation are set out in Table IX.

Significantly more of those from home and other accommodation prefer a single room than those from hospital. Former hospital patients, used to living on a ward, find the transition to a single room too abrupt. While 58 per cent. of the 297 residents for whom replies are available preferred a single room, the hostels have single rooms for 20 per cent. of residents only. In its most recent hostels Lancashire County Council is now providing single rooms for

52 per cent. of residents (sixteen single rooms in a 31-place hostel). If residents are to be accommodated according to their wishes, it may be necessary in the future to increase the proportion of single rooms still further. After a certain time in three- or four-bedded rooms those from hospital may decide that they would like a single room. Once the backlog of hospital patients awaiting transfer to hostels has been dealt with, the hostels are likely to draw their residents increasingly from people living at home. Proportionately more people from their own homes prefer single rooms. 143 of the 174 people expressing a preference for a single room gave one or more reasons for their choice, as follows:

Reason	Number of times mentioned
More private	72
Quieter	52
Can arrange room to suit yourself	16
Always had a single	12
Sharing leads to fallings-out; etc.	4
Other people dirty; have germs; etc.	4
	160*

*Seventeen people gave two main reasons, hence the total of 160.

72 of the 91 people who preferred sharing a room gave reasons for their choice, as follows:

Reason	Number of times mentioned
Likes company	54*
Nervous on own	9
Epileptic and might need help in the night	5
Likes being responsible for others (e.g. epileptics)	2
Used to sharing	2
	72

*33 of these were former hospital patients who had long been used to shared accommodation.

TABLE IX
PREFERRED BEDROOM ACCOMMODATION BY ACTUAL BEDROOM ACCOMMODATION AND PREVIOUS PLACE OF RESIDENCE

Preferred Bedroom Accommodation	Previous Place of Residence															
	Home				Hospital				Other Accommodation							
	Single	Shared	Total		Single	Shared	Total		Single	Shared	Total		Single	Shared	Total	
			No.	Per cent.			No.	Per cent.			No.	Per cent.			No.	Per cent.
Single	22	31	53	68	22	61	83	50	16	22	38	72	60	114	174	58
Shared	—	19	19	24	2	58	60	36	—	12	12	23	2	89	91	31
Undecided	—	6	6	8	2	21	23	14	1	2	3	5	3	29	32	11
Total	22	56	78	100	26	140	166	100	17	36	53	100	65	232	297	100

SUMMARY AND CONCLUSIONS

An attitude survey was undertaken among the 316 residents of thirteen Lancashire County Council hostels for mentally disordered adults. Attention was focused on attitudes towards the hostels as opposed to previous place of residence; staying in a hostel all one's life; attending an Adult Training Centre as opposed to outside employment; and sharing or not sharing a bedroom. Attitudes towards the hostels were generally favourable, especially when hostels were compared with hospitals. 48 per cent. of 244 residents for whom replies were available on the issue did not, however, want to stay in a hostel all their life. Most of these people wanted to go home, irrespective of home conditions. 55 per cent. of 275 residents attending Adult Training Centres said they would prefer outside employment. 49 per cent. of 232 people sharing a bedroom would rather have had a single

room. It is concluded that hostel care is preferred by the mentally disordered themselves, but there is still room for further improvement in the services provided.

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REFERENCE

- Cashdan, A., and Stevens, M. (1966). "Social Education in the Junior Training Centre", in "Application of Research to the Education and Training of the Severely Subnormal Child", *J. ment. Subn.*, Monograph Supplement, pp. 1-10.