Geography of Opportunity: Psychiatric Housing and Social Interaction

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Geography of opportunity

The ways in which place – including neighborhoods – affect life prospects

Galster, G., & Killen, S. (1995). The geography of metropolitan opportunity: A reconnaissance and conceptual framework. *Housing Policy Debate*, 6(1), 7-43.

Gallagher, M. (1994). HUD's geography of opportunity. *Planning*, 60(7), 12-14.

NIMBY: Not in My Backyard

 Goals of community-based psychiatric housing include: community and social integration

Up to 50% of neighborhoods protest local siting of psychiatric housing

Psychiatric housing: location

- No comprehensive national or state lists of the locations of community-based houses and apartments
- Sited across a variety of cities and small towns and socio-economic settings
- Disproportionate number in lower-income communities
- Recent geographic dispersal strategies

Research questions

To what degree do psychiatric residents participate in community life and interact with neighbors?

Can neighborhood geography or demographics – density, poverty, diversity, commercial mix - promote or inhibit interaction?

Method

Multi-phased project
 Sampling frame: public and private agencies receiving state funds to provide psychiatric housing in seven states:

 Florida, Illinois, Maryland, Oregon, Pennsylvania, Rhode Island, Texas

Method

169 administrators interviewed regarding the siting strategy for most recently established group residence

Interviews conducted with 137 on-site supervisors at those residences

Census demographics collected for each neighborhood

Findings: Locations of psychiatric residences

Range of urban, suburban, rural settings:

33% in cities or urban areas (100,000+)
29% mid-range (25,000-99,999)
38% small towns, rural (1,000-24,999)

Findings: neighborhood demographics of psychiatric residences

Range of block level poverty rates: 3% to 60%

Mean 18%

33% had poverty rates < 10%
 67% had poverty rates > 10%

Findings: neighborhood demographics

Ethnicity of neighborhood Mean nonwhite = 29%

- Renter occupied units in neighborhood Mean = 46%
- 89% within walking distance of commercial district

Neighbors' attitudes

On-site supervisors reported:

10% very friendly
28% somewhat friendly
40% indifferent
2% hostile

7% don't know

Social interaction with neighbors

On-site supervisors reported:

- Few substantive exchanges with neighbors
- Visits by residents to neighbors in their homes were rare
- 65% of the psychiatric residences had never had a visit from any of their neighbors
- Most residents exchange greetings or share casual conversation with neighbors on street

Neighbors' attitudes

No significant associations between neighbors' attitudes and demographic variables

"very" and "somewhat" friendly associated with purposeful engagement by on-site supervisors:

example - staff introduce neighbors and residents (chi square 6.11, df 1, p<.013).

Promoting interaction with neighbors

None of the demographic variables were significantly associated with greater interaction with neighbors

Interaction with neighbors was significantly associated with purposeful staff engagement with neighbors: introducing residents and neighbors (chi square 10.16, df 1, p<.00); initiating social activities (chi square 11.49, df 1, p<.001).</p> Interaction with community

On-site staff report:

97% of residents shop in neighborhood stores
95% take walks in neighborhood
94% frequent local coffee shops
85% visit local library

Social interaction

88% interact regularly with local business owners and clerks

40% have acquaintances with local business personnel

Social interaction

89% attend a day program or other mental health program

90% have friends and acquaintances through these programs

98% have interaction with family members

Community participation

Participation in community life was not significantly associated with demographic variables including poverty, neighborhood ethnicity, median income

Participation in community life was associated with mixed-use, pedestrianoriented neighborhoods with access to commercial district

Practice implications

- Most community and social interaction did not involve immediate neighbors
- Interactions with individual neighbors may be increased by purposeful engagement from staff
- Key elements of community participation: accessible public spaces and business districts; local mental health programs
- Locational choice in walkable, mixed use neighborhoods may be a primary means for enhancing opportunities for social integration