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An Exploration of the Desirability of Housing Location by Consumers of Psychiatric Services

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An Exploration of the Desirability of Housing Location by Consumers of Psychiatric Services

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Abstract

This study explored how people with psychiatric histories feel about the neighbourhoods they live in. A focus group was conducted to develop and refine the questionnaire utilized in the subsequent one-to-one interviews. Sixty people from seven locations in Metropolitan Toronto, who lived in independent apartments, were interviewed. Based on tenants' neighbourhood descriptions, the seven sites were classified into three categories: Middle Class area, Lower-Middle Class area and Lower Class area. Both quantitative and qualitative data were gathered and analysed. Participants in the focus group affirmed that the characteristics of their neighbourhoods were essential to their health and well being. They identified the importance of differentiating between their immediate neighbourhood in the building itself and the wider neighbourhood surrounding the building.

Tenants who were interviewed generally rated their immediate neighbourhood as more appealing than the surrounding area. Most tenants preferred a residential area to a commercial one, and a few preferred a residential/commercial mix because of the increased access to resources. Most participants felt that they 'fit in' with their immediate neighbourhood, but their perception of integrating with the wider neighbourhood decreased in accordance with the class of neighbourhood they lived in.

Tenants felt safe within the confines of their building, but those who lived in the lower-middle or lower class area felt significantly less safe in their surrounding area than people residing in the middle class area. Tenants in all neighbourhood areas ranked transportation, followed by shopping, banking and the availability of cheap restaurants and coffee shops as being the most important community services. This study illustrates the importance of acknowledging that consumers of psychiatric services perceptions of their own needs and preferences is the best predictor of success in housing. This research indicates that neighbourhood factors must be considered in housing for people with psychiatric histories.

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EXECUTIVE SUMMARY

Over the past decade, the mental health system has responded to the housing needs of consumers of mental health services by greatly expanding the number and types of housing options available to them. Currently, the housing option most discussed is supported housing. The principles of supported housing include client choice, permanence, independence and flexible, ongoing supports. Consumers select the type of housing and the people they want to live with and have the support available to help them become integrated in the community. It is important to emphasize that housing and support are separate and that one does not depend on the other as in more traditional housing models. Most supported housing consists of single dwellings where occupants enter a typical tenant relationship and no other rules or regulations govern tenure in the building. As a result, people in supported housing are viewed as tenants rather than clients or patients.

Traditional supportive housing models, on the other hand, stress a linear continuum of services whereby residents progress along the continuum, moving from the most restrictive and intensely staffed setting to less restrictive alternatives. From the perspective of service recipients, however, the distinction between these two approaches can mean the difference between participating in a housing program or settling into a real home in the truest sense of the word.

It has been argued that client perceptions about whether a living environment meets their needs is a major factor in successful community living. Studies of community adjustment point to the importance of client views of their environment as being the best predictor of outcome, yet the larger social context/environment/location of the housing is not identified. The desirability of the surrounding neighbourhood as a place to live has not been investigated in any great detail.

People choose their living environments for highly idiosyncratic reasons, such as nice neighbours, desirable schools or the right number of windows. Mental health service providers working with people with serious mental illness have not paid much attention to these factors that enter into satisfaction with living environments. This study examines how people with psychiatric histories feel about their neighbourhoods and highlights those neighbourhood qualities that are important to them.

A focus group consisting of seven tenants living in supported housing apartment buildings was conducted to discuss the desirability of the neighbourhood and to further develop and refine the *Desirability of Housing Location Questionnaire*. Following this, semi-structured face-to-face interviews were conducted with 60 tenants living at seven different supported housing sites in Metropolitan Toronto. Based on tenant descriptions of their neighbourhood, the seven sites were classified into three categories, twenty-two people in the Middle Class area, twenty people in the Lower-Middle Class area and eighteen people in the Lower Class area.

Tenants who participated in the focus group indicated that the characteristics of the neighbourhood where they lived were essential to their health and well-being. They identified the importance of differentiating between two types of neighbourhoods: their immediate neighbourhood in the building itself and the wider neighbourhood surrounding the building. In addition, much practical advice was given regarding the drafted questionnaire, which resulted in further refinement prior to individual interviews.

Tenants generally rated their building (immediate neighbourhood) as more appealing than the surrounding area. This was particularly true of those living in the Lower-Middle Class and Lower Class categories. Drugs, prostitution and violence were pervasive aspects in the lives of people living in the Lower Class area. Even when the criminal element was not present in neighbourhoods, tenants remarked on its' absence and how this contributed to the appeal of the neighbourhood. The majority of tenants interviewed indicated that they preferred a residential area to a commercial one. A few preferred a residential/commercial mix because of increased access to resources such as shopping and transportation.

Most tenants felt they integrated with people living in their building, that is, their immediate neighbourhood. They spoke of the common history they shared with other tenants and the fact that they got along with others as major factors contributing to integration. There were marked differences in tenant ratings of integration into the surrounding area. The majority of tenants in the Middle Class area indicated that they fit in, mainly by remaining 'inconspicuous'. Two-thirds of those in the Lower-Middle Class area

felt they fit in, mainly by 'blending in'. Most tenants in the Lower Class area felt that they did not fit in because they perceived themselves as 'different'.

Most tenants from all three areas felt fairly safe within their building. Simply knowing other people in the building contributed to feelings of safety. In addition, the fact that other tenants also shared a psychiatric history was found to be reassuring, which also added to feelings of safety. Many felt safe compared to their previous living situation. In addition, practical security measures, such as locks and intercom systems, augmented feelings of safety. As with integration into the surrounding area, safety in the area surrounding the building differed between Middle, Lower-Middle and Lower Class. Tenants from the Middle Class area felt most safe, followed by Lower-Middle and Lower Class. Those in the Lower-Middle Class area felt unsafe, particularly at night. They mentioned the presence of panhandlers, drunks, and prostitutes. Those in the Lower Class spoke of the crime and violence surrounding their building.

Tenants discussed their ideal neighbourhoods and four categories emerged; i) upscale neighbourhoods, ii) current neighbourhood, iii) previous neighbourhood, and iv) exotic locale. Regardless of which area was specifically identified as being ideal, certain elements were common in most of the tenants' descriptions, including safety, quietness, closeness to resources and transportation. Attractive and nice homes, trees and parks were also important.

Analysis of the narrative text revealed several themes central to this study. One such theme is *making do,* the common practice of accommodating to the neighbourhood. Within this theme were the sub-themes of *tolerance* and *gratitude.* In addition, *encountering and accommodating stigma* was another theme that permeated the narratives of respondents. The findings of this study confirm the fact that neighbourhood characteristics are of great importance and highlight several factors that contribute to neighbourhood quality.

RÉSUMÉ

Au cours des dix dernières années, le système de prestation de soins de santé mentale a répondu aux besoins de logement de ses bénéficiaires en leur offrant un nombre accru et diversifié d'options de logement. À l'heure actuelle, il est surtout question du logement en milieu de soutien. Les principes qui sous-tendent le logement en milieu de soutien sont les suivants : choix fait par le client, caractère permanent, autonomie et services de soutien continus et souples. Les bénéficiaires choisissent dans quel genre de logement et avec quelles personnes ils veulent vivre et reçoivent des services de soutien qui sont offerts pour faciliter leur intégration au sein de la collectivité. Ainsi, on veut distinguer le logement des services de soutien, de façon à ce que l'un ne dépende pas de l'autre comme c'est le cas avec les logements traditionnels. La plupart des logements en milieu de soutien consistent en des logements individuels loués aux bénéficiaires comme s'il s'agissait de locataires ordinaires et qui sont assujettis aux règles d'occupation habituelles. Par conséquent, les bénéficiaires qui habitent un logement en milieu de soutien sont considérés comme des locataires plutôt que comme des clients ou des patients.

Les logements en milieu de soutien traditionnels mettent l'accent sur les services continus qui permettent aux résidents de passer d'un établissement hautement contrôlé et surveillé à un environnement moins restrictif. Deux types d'environnements qui, du point de vue des bénéficiaires, peuvent faire toute la différence entre le fait de participer à un programme de logement et la possibilité d'avoir son propre chez-soi.

On prétend que la perception qu'a le client de la capacité de son milieu de vie à satisfaire ses besoins constitue un important facteur d'intégration. Selon des études sur l'adaptation communautaire, l'opinion qu'ont les clients de leur milieu de vie serait l'indice le plus révélateur. Pourtant, il n'est pas question de l'emplacement du logement ni du contexte social ou de

l'environnement dans lequel il se trouve. L'importance du milieu environnant comme cadre de vie n'a pas fait l'objet d'une étude approfondie.

Les gens choisissent leur milieu de vie pour des raisons idiosyncrasiques, comme la beauté du quartier, la qualité des écoles ou le nombre de fenêtres. Les prestataires de services de santé mentale qui travaillent avec des personnes atteintes d'une maladie mentale grave ne se sont pas beaucoup attardés à ces facteurs qui influent sur la satisfaction que procure un milieu de vie. L'étude examine ce que ces personnes pensent de leur quartier et des qualités qui importent à leur yeux.

On a réuni un groupe de discussion composé de sept locataires vivant dans des immeubles d'appartements en milieu de soutien pour parler de l'importance du quartier et apporter des améliorations au questionnaire sur l'importance de l'emplacement géographique des logements. Par la suite, des entretiens face à face semi-dirigés ont eu lieu avec une soixantaine de locataires vivant dans sept différents ensembles de logements en milieu de soutien situés dans la région métropolitaine de Toronto. D'après la description qu'ont donnée les locataires de leur quartier, les sept ensembles ont été classés en trois catégories : 22 personnes habitent dans un quartier de classe moyenne, 20 dans un quartier de classe moyenne inférieure et 18 dans un quartier de classe inférieure.

Les participants au groupe de discussion ont indiqué que les caractéristiques de leur quartier étaient essentielles à leur santé et à leur bien-être. Ils ont fait ressortir la distinction entre deux types de quartier : l'environnement immédiat (leur immeuble) et le milieu environnant dans lequel se trouve leur immeuble. Ils ont également formulé des commentaires pratiques au sujet du questionnaire proposé qui a pu être amélioré avant que l'on procède aux entretiens individuels.

En général, les locataires considèrent leur immeuble (l'environnement immédiat) plus attrayant que leur quartier. Il en est ainsi surtout pour les personnes qui vivent dans un quartier de classe moyenne inférieure et inférieure. La drogue, la prostitution et la violence sont des aspects prépondérants dans la vie des bénéficiaires demeurant dans un quartier de classe inférieure. Dans les quartiers où il n'y a pas de crime, les locataires ont fait des remarques sur l'absence de cet élément et la mesure dans laquelle cette situation contribuait à rendre le quartier plus agréable. La majorité des locataires interrogés ont indiqué qu'ils préféraient vivre dans un quartier résidentiel plutôt que commercial. Quelques-uns préféraient demeurer dans un quartier à vocation résidentielle et commerciale en raison de l'accessibilité aux ressources, comme les magasins et le transport.

La plupart des locataires trouvent qu'ils se sont bien intégrés au reste des locataires, c'est-à-dire leur environnement immédiat. Les expériences qu'ils partagent avec les autres locataires et le fait qu'ils s'entendent bien avec leurs voisins constituent selon eux des facteurs qui ont favorisé leur intégration. Cependant, on a dénoté des différences marquées entre les locataires dans l'évaluation qu'ils ont fait de leur intégration. La majorité des locataires vivant dans un quartier de classe moyenne ont répondu qu'ils s'étaient bien intégrés en essayant de «passer inaperçu». Les deux tiers des locataires vivant dans un quartier de classe moyenne inférieure ont dit qu'ils s'étaient bien intégrés en «se fondant» au groupe. Ceux qui vivent dans un quartier de classe inférieure ont pour la plupart dit qu'ils ne s'étaient pas bien intégrés parce qu'ils se considéraient différents des autres.

La plupart des locataires, toutes classes confondues, se sentaient plutôt en sécurité dans leur immeuble. Le simple fait de connaître d'autres personnes dans leur immeuble renforce leur sentiment de sécurité. Ils trouvent rassurant aussi le fait de vivre avec d'autres personnes ayant des problèmes mentaux. Beaucoup trouvent leur nouveau logement plus sûr que le précédent. Des mesures de sécurité pratiques, comme les serrures et les systèmes d'interphones, leur donnaient un sentiment de sécurité accru. Comme dans le cas de l'environnement immédiat, la sécurité du milieu

environnant varie selon que l'on habite un quartier de classe moyenne, moyenne inférieure ou inférieure. Les bénéficiaires demeurant dans un quartier de classe moyenne se sentent les plus en sécurité, suivis des quartiers de classe moyenne inférieure et de ceux de classe inférieure. Les locataires résidant dans un quartier de classe moyenne inférieure ont dit qu'ils ne se sentaient pas en sécurité surtout la nuit, en raison de la présence de mendiants, d'ivrognes et de prostitués. Ceux des quartiers de classe inférieure ont parlé des crimes et de la violence qui les entouraient.

D'après les commentaires des locataires sur ce qu'est le quartier idéal, quatre catégories ont pu être établies : i) les quartiers aisés; ii) le quartier actuel; iii) l'ancien quartier; iv) un lieu exotique. Sans distinction de quartier, certains éléments communs se sont retrouvés dans la plupart des descriptions des locataires, notamment la sécurité, la tranquillité, la proximité des ressources et le transport. De jolies maisons, la présence d'arbres et des parcs ont également été jugés importants.

L'analyse des commentaires des participants a permis de dégager plusieurs grands thèmes. L'un des thèmes est le fait de devoir *composer avec la situation*, c'est-à-dire s'accommoder du quartier. Sous ce thème ont trouve deux sous-thèmes, soit la *tolérance* et la *gratitude*. Un autre thème concerne *l'attitude des gens* et *l'adaptation*. Les conclusions de l'étude confirment l'importance du quartier et mettent en lumière plusieurs facteurs qui contribuent à améliorer la qualité de celui-ci.

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AN EXPLORATION OF THE DESIRABILITY OF HOUSING LOCATION BY CONSUMERS OF PSYCHIATRIC SERVICES

I. __Background__

In recent years, mental health systems[1] have become more focused on helping people with psychiatric disabilities lead normal and meaningful lives in the community (Randolph, Zipple, Rowan, Ridgway, Curtis and Carling, 1989). The downsizing of psychiatric hospitals and the growth in community-based mental health systems has increased the demand for housing alternatives (Tanzman, 1993). Decent, stable housing and the availability of a wide variety of supports are key components of any comprehensive community support and rehabilitative approach for people with long-term psychiatric histories (Besio and Mahler, 1993). There is evidence that an individual's housing environment affects not only functioning, but also rehospitalization and community tenure (Baker and Douglas, 1990). Over the past decade, the mental health system has responded to the community housing needs of people with psychiatric disabilities by greatly expanding the number and variety of housing projects available (Baker and Douglas, 1990; Carling, 1993; Trainor, Morrell-Bellai, Ballantyne and Boydell, 1993).

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[1] The mental health system includes hospital and community services and encompasses a wide range of providers from disciplines such as psychiatry, nursing, psychology, social work, and ccupational therapy.

One consistent finding in the research on such residential settings is that characteristics of the environment/community are more predictive of outcome than characteristics of the resident (Segal and Aviram, 1978; Hull and Thompson, 1981; Cournos, 1987; Carling, 1990), and that the condition of a client's housing environment can significantly impact community adjustment outcome (Baker and Douglas, 1990). Cournos (1987) has recognized the value of further research on environment and the importance of applying the results to program development. A number of recent studies have begun to examine the environment in an attempt to understand its contribution to outcome, however, most examine the internal home environment (Segal and Aviram, 1978; Goldstein and Caton, 1983; Kruzich, 1985; Earls and Nelson, 1988; Boydell and Everett, 1992) or the effect of the housing on the external environment (Joseph and Hall, 1985; Trute, 1986; Dear and Taylor, 1986; Boydell, Trainor and Pierri, 1986; Wenocur and Belcher, 1990; Aubry, Tefft and Currie, 1995).

An issue that has received some attention is how specific neighbourhood characteristics are related to client's adaptation. Several studies have examined location as a factor, and have identified variables associated with external integration of housing such as the proportion of rented dwellings, proportion of elderly and young people, proportion of families with high income levels and other census tract variables (Trute, 1976). High levels of connection with the community and the ability to function within the community have been associated with housing located in urban neighbourhoods with a central location and close proximity to services (Segal and Aviram, 1978; Hull, Keats and Thompson, 1984;

Hall, Nelson and Smith-Fowler, 1987). It has also been noted that clustering housing in a small number of areas can reduce the normalizing and integrative potential of the geo-social environment (Hall, Nelson and Smith-Fowler, 1987). In contrast to the above, a study by McCarthy and his colleagues (1985) found high levels of distress in the inner city and low levels in similar housing types located in the suburbs.

There has been growing evidence that consumers of mental health services are able to determine and express their own needs and preferences (Goldman, Rachusa and Van Tosh, 1995). Furthermore, consumer's own perceptions of what they need in a living environment are the best predictors of success in housing (Tanzman and Yoe, 1989; Goering, Paduchak and Durbin, 1990). As a result, mental health service providers are increasingly implementing policies that reflect consumer-driven or client-centred approaches (Boydell and Everett, 1992; Tanzman, 1993). The growth of research on consumer preferences in the areas of housing and support services follows from this shift and mirrors the increased attention paid to housing issues in the mental health field in the 1980s and 1990s. Historically, mental health services have relied on service providers as key informants and have been slow to incorporate client and family perspectives. In addition, it has been found that consumer's preferences and staff recommendations about where consumers should live rarely converge and even differ markedly (Minsky, Reiser and Duffy, 1995; Solomon, Beck and Gordon, 1988).

Ridgway and Carling (1987) argue that the client's perception about whether a living

environment meets his or her needs is "*a major factor in successful community living*" (p.193). In view of this, it has been suggested that consumer preference studies and ethnographic studies be undertaken to reflect the consumer viewpoint with respect to housing (Goering, Durbin, Trainor and Paduchak, 1990). Predictive studies of community adjustment point to the major importance of an individual's view of their environment as being the best predictor of outcome, yet the investigations do not identify the larger social context/environment/location of the housing. The desirability of the surrounding neighbourhood as a place to live has not been investigated in any great detail. What does exist has been conducted in the context of an evaluation of supported housing models conducted by Carling and his colleagues at the Center for Community Change through Housing and Supports at the University of Vermont. To our knowledge, there has been no other research investigating the perception of housing location by people with serious mental illness. It has been hypothesized that people choose their living environments for highly idiosyncratic reasons, such as nice neighbours, desirable schools, or the right number of windows (Blanch, Carling and Ridgway, 1988). Mental health service providers working with people with serious mental illness have not paid much attention to these factors that enter into satisfaction with living environments.

This study examines consumers' perspectives about the desirability of the surrounding neighbourhood as a place to live and, based on the data collected, highlights neighbourhood qualities that are important to consumers of mental health services. Understanding the different types of neighbourhood characteristics could help determine

which tenants might be successful in a particular housing location. In order to develop and access stable housing , it is important to work from a database which reflects the goals and preferences of consumers. The results of this research illustrates how consumers feel about where they live, what they like and dislike about it, and what their ideal neighbourhood would look like. This research also found that determining preferences for housing location is clearly critical to planning for housing for those with psychiatric disabilities.

II. **Methodology**

The main objective of this research is to investigate the desirability of housing location by consumers of psychiatric services. In order to achieve this, two steps were taken: i) a focus group comprised of tenants living independently in supported apartment units was conducted to address their perception of housing location. This information was used to further refine and develop *The Desirability of Housing Location Questionnaire* (Appendix A) and, ii) 60 semi-structured interviews were carried out with tenants living in supported housing.

A) Target Population

The study targeted 60 individuals with long-term psychiatric histories diagnosed with a primary psychiatric disorder according to DSM-IV and living in supported housing in the community. Supported housing (as distinct from supportive housing) emphasizes the values of consumer choice: independence, participation, permanence, normalcy, and flexible supports (Boydell and Everett, 1992). Thus, all respondents

interviewed lived on their own in independent units with flexible support provided by the mental health service system.

Participation in the study was entirely voluntary. The names of potential respondents were obtained from Community Support Workers at the Community Support and Research Unit at Queen Street Mental Health Centre, a psychiatric teaching hospital associated with the University of Toronto. Additional respondents were obtained from Community Mental Health Agencies who provide support to tenants in supported housing. Individuals agreeing to participate did so with full knowledge of the kinds of questions they would be asked. No names were attached to data and coded respondent numbers were used. The interviewer was trained in the importance of protecting the confidentiality of respondents. Tenants agreeing to participate signed an informed consent form prior to the interview. Each interviewee was remunerated in appreciation of their participation.

B. Data Collection

Data was collected from participants at the location of their choosing, most often in their own apartment unit. The *Desirability of Housing Location Questionnaire* was implemented at each interview as well as a series of open-ended questions intended to elicit tenant narratives regarding what they thought about their surrounding neighbourhood (Appendix A). Obtaining such narratives from marginalized people has been recognized as an effective way to give them a voice (Richardson, 1990). These narratives were audiotaped, transcribed and analyzed.

Neighbourhoods Studied

Sixty tenants were interviewed at seven housing locations in Metropolitan Toronto (See Appendix B for description of site buildings). The seven sites were situated in the south western and south eastern parts of the city. All tenants were interviewed by one research associate who had also participated in moderating the focus group. Based on the interviewer's observations and tenant narratives, it became apparent that there were some commonalities that linked certain neighbourhoods together as well as some distinctions that set them apart. In order to better understand and manage the plethora of data, the investigative team decided that it would make sense to classify the neighbourhoods into relevant categories based on demographic factors and various characteristics such as crime, safety and physical attractiveness . What was assumed to be a straight forward task turned out to be one of the most difficult processes in this analysis.

The first step consisted of obtaining statistical data from the City of Toronto and the Metropolitan Toronto planning departments. Both jurisdictions (municipalities) divided the city and surrounding area according to census tracts and published corresponding statistics on various demographic factors including family income, education, employment type and mother tongue. It was found that the demographic profiles obtained from the City of Toronto did not accurately reflect the neighbourhoods as they had been described by tenants. In fact, in an exercise where, based on these statistics, an attempt was made to match the neighbourhoods as described by the tenants to the City's demographic profiles.

Not one member of the research team was successful in making a match. This discrepancy was attributed to the fact that the neighbourhoods comprised only a small area of the much larger area that made up the demographic profile. Consequently, the neighbourhoods as described by the tenants were lost within the larger description given in the demographic profiles.

After much discussion and deliberation, it was decided that in keeping with the spirit of this study, it should be the tenants who determine how the neighbourhoods are categorized. The narratives which seemed to best reveal the tenants' most valid and unbiased view of their neighbourhood arose out of the first open-ended question (Appendix A) in the interview where tenants were asked to "paint a picture" of their neighbourhood. This question evoked remarks that usually described the neighbourhood in terms of its physical, socio-economic and demographic characteristics. Again, after more discussion and careful consideration of the tenants' responses, the following categories were identified: Middle Class area, Lower-Middle Class area, and Lower Class area. Although these labels are the writers' words and are usually used as socio-economic descriptors, they were deemed to be the most reflective of the tenants' descriptions and most easily understood by the reader.

Middle Class Area

Tenants who were identified in the Middle Class area came from two buildings, one

(Riverside Avenue) in the west end of Toronto and the other (Kingston Road) in the east end of the city. The building on Riverside Avenue housed approximately 40 people. Sixteen of the tenants were consumers of psychiatric services while the remaining tenants consisted of single mothers and their children. A total of close to 140 people resided in the building on Kingston Road. Seventy of the tenants were receiving support and had psychiatric problems or were youth with emotional problems. The remaining 70 tenants were not supported by formal agencies. Eleven tenants from each of these two buildings were interviewed. These people described their neighbourhood in mainly positive terms. For example, tenants from Riverside talked about it being 'prosperous' and 'upscale' and most tenants from Kingston Road talked about the neighbourhood being a 'nice', 'quiet' and 'friendly' area. Their proximity to shopping, transportation and other resources was also frequently mentioned by tenants at both buildings.

"It's residential, upper middle class."

"Very good neighbourhood, expensive, big houses, close to a lot of things."

"It's a nice part of the city to live."

"A trendy area.. it's a good area."

Lower-Middle Class Area

The Lower-Middle Class area was comprised of three buildings (Queen Street, Lewis

Street and Eastern Avenue).   They were all located within 10 kilometres of each other in the south eastern part of Toronto known as South Riverdale and Leslieville. The building on Eastern Avenue contained thirteen tenants at the time of the study. All the tenants were consumers of psychiatric services.   The building on Queen Street contained thirty-six people. All the tenants were consumers of psychiatric services. The building on Lewis Street had fifteen tenants. The entire building was dedicated to consumers of psychiatric services.   Ten people were interviewed at Queen Street, five people at Lewis Street and five people at Eastern. The tenants residing in these buildings spoke largely about the low level of poverty in the neighbourhood. They also talked about the cultural mix and diversity of the residents.

"It's a very poor neighbourhood."

"Great stores to buy things really dirt cheap."

"Culturally varying... there's a lot of diversity."

"Kind of run down..... relatively peaceful."

"The people are colourful... it's a fun neighbourhood."

Lower Class Area

Tenants in the Lower Class area resided in two buildings, (Lansdowne Avenue and Dundas Street), one in the eastern and one in the western end of the city.   At time of the

study twenty-two people were living in the building on Lansdowne Avenue. All the tenants were consumers of psychiatric services. The building on Dundas Street had 29 tenants. Fourteen of the tenants were consumers of psychiatric services. The remaining fifteen tenants were comprised of young offenders. The building was divided into two separate areas and each group had it's own lobby and entrance. The overwhelming element that tenants from these buildings talked about was the pervasiveness of crime in the neighbourhood. Issues of drugs, prostitution, pimps and other unsavoury characters were consistently and repeatedly mentioned.

"My first thought would be it's... drug infested area."

"There's like gangs of blacks... it's all crack dealers... they try selling you drugs."

"It's full of dirty pimps, prostitutes... people that follow money, cigarettes.. that's it in a nutshell."

"Very rough."

C. Methodology for Data Analysis

The information from the site interviews was triangulated, following the approach of Boydell and Everett (1992). Data from the quantitative items of the survey were entered into a database and statistical analysis was computed through the use of Statistical Analysis Systems (SAS). The textual data from open-ended qualitative questions was entered into The Ethnograph, a computer program for the analysis of qualitative data (Seidel, Kjolseth

and Seymour, 1988). The interpretive analysis used text analogues from transcribed interviews. The interpretive analysis of the qualitative data is a complex, labour intensive iterative process. Analysis procedures that preserved the presence of active and experiencing subjects was used as much as possible. Analysis of the narrative text followed the stages as outlined in the work of Diekelman (1992):

(1) All interviews were read and reread by the research team to obtain an overall understanding.

(2) Interpretive summaries of each interview were written and each interview was coded for possible themes.

(3) Transcribed interviews were analyzed by the team. All members prepared a written summary of the transcribed interview and analyzed it for emerging themes.

(4) The investigative team agreed that any disagreements in interpretation would be resolved by returning to the text. We did not need to do this in the current study. The principal investigator then wrote a composite analysis.

(5) The composite analysis was presented to the team for discussion and finalization.

The purpose of multiple levels of interpretation allowed for continuous participation to reveal contradiction and inconsistencies and serve as bias control. It is assumed that shared practices and common meanings will be recognizable to the reader. The reader then participates in the analysis and validates the interpretation by reading the exemplars given and then the interpretation.

III. <u>Results</u>

A. Focus Group

The discussion in the focus group yielded interesting observations and insights about the tenants' experiences of living in their neighbourhoods. Many of these comments and themes were reiterated by tenants in the subsequent one-to-one interviews. Feedback received was also used to refine the *Desirability of Housing Location Questionnaire.*

Participants initially talked about their perceptions of their neighbourhood, what 'neighbourhood' meant to them, the desirable and undesirable elements in their neighbourhood as well as other related issues. It was apparent with some of the tenant's initial comments and throughout the discussion that their neighbourhood was extremely important to them, and was, in fact, critical to their sense of health and well-being.

> *Your neighbourhood's important if you can't walk down the*
> *street safely or in the halls of your building. So it is important.*
>
> *It means a lot to have a good neighbourhood.*

Issues of crime and safety emerged as a significant and prevalent concern among the tenants.

> *I know at (identifies one of the buildings)... I mean that is*
> *probably just the most notorious neighbourhood in the city for*
> *drugs and prostitution and it is just a really dangerous place to*

*live and... it just seemed to me that uh, to take people out of
hospital and stick them into an environment where there is
nothing but crime and drugs everywhere you look... it just
made no sense to me. I was living at Jane and Walner
(area known for it's crime) and it's a very drug infested area
and shooting and um... it was just wild. The neighbourhood
was wild... So I got to move into supportive housing at (names
current location) and... it means I feel a lot safer.*

*There are three things that should be taken into consideration.
I think number one should probably be safety. Number two,
services. Number three I would say would probably be size.*

When describing their neighbourhood, tenants often talked about the proximity of

shops and services.

*Your resources nearby are extremely important. It's important for
individuals to be integrated in the community and to have access
to simple things like shopping or libraries or the 'Y' or green spaces.*

Whether they felt accepted into their neighbourhood or not, the issue of stigma

frequently emerged in the discussion.

*I noticed at the bank when we, when I first moved in, they
were very nasty to us and then all of a sudden... they're a lot
nicer than they were. So, I think it's... it's adapting into the
neighbourhood.... They see us walking up and down the street
going to the coffee shop or going, taking a bus or something
like that. And they say, 'Well, he's pretty normal, you know,
he's not doing anything foolish.'... It took a little while for
adjustment, adjusting into the neighbourhood, for them to accept
you... You see when we, when I first moved in there, people were
very scared, scared of us.*

The neighbours regarded it as, as the crazy people, crazy house.

*I think the neighbours for the most part, um.. are pretty understanding
of the kind of people that are living in our building.... I mean we have
tenants in our building... we have a guy who likes to run out in his
underwear in all hours of the night. The neighbours don't seem to
call the police. They have some understanding of that.*

The debate regarding whether consumers should integrate with other tenants who

do not have a psychiatric illness emerged, as reflected in the following quotes.

*I think it's important to integrate people, though. Psychiatrized
individuals with normal people which is what we are trying to
do in the case of our building.*

*I'm sorry... I just don't agree. Integration is a dream... I don't
think integration is possible. We don't integrate.*

*It's not the Queen Street (provincial psychiatric hospital) residents
who are making the noise. It's the others... It's always the others.
And I think, a lot of my friends have said they've given us a bad
name in the building.*

One of the most significant observations that the participants identified was the need

to identify and distinguish <u>two</u> neighbourhoods, the neighbourhood within the building

itself and the neighbourhood within the surrounding area. This distinction meant that

specific questions about the neighbourhood needed to be posed twice. Otherwise, tenants

felt that confusion and misinterpretation could result.

*Well for me, neighbourhood for me is my, my building than
the whole community because I don't know the people there*

*anyways. So for me the neighbourhood is all the people from
my building... So there is two kinds of neighbourhoods, one
in the community and one in the building.*

I think that would be good to separate them.

You get totally different problems...

Further changes to the questionnaire were made based on discussions in the latter half of the meeting which specifically addressed the questionnaire itself. These changes included eliminating questions which asked about marital status, level of education and diagnosis. All participants agreed that such questions made them feel uncomfortable and could inadvertently influence they way they responded in the interview. They agreed that marital status, level of education and diagnosis was not relevant to this particular study.

*A lot of people don't want to tell you what, how much education
they have... Because they feel embarrassed, you know. They
probably only went to grade nine and.. they think, 'Oh, they're
going to look at me. I'm a dumb dumb..' or something like that.*

Overall, the use of the focus group in this study proved to be a valuable tool in validating and refining the questionnaire.

B) Results of Individual Interviews

Neighbourhood Characteristics

The results section of this report highlights findings in the following areas: length of tenancy, neighbourhood appeal, neighbourhood mix, neighbourhood integration, safety, type of neighbours, community services/supports, and ideal neighbourhood.

i) Tenure in Neighbourhood

All respondents interviewed in the study were asked how long they had lived in the building itself as well as how long they had lived in the neighbourhood. We were interested in knowing whether or not tenants had lived in the surrounding neighbourhood prior to living in their current housing. Only a minority (4.6%)of tenants have lived in the Middle Class area for four years or more. A small percentage (5.3%) of respondents indicated that they lived in the area prior to living in their current building. More than half (52%) the tenants in the Lower-Middle class area have lived in the building for four years or more. Once again, a small proportion (7.1%) of tenants had lived in the neighbourhood prior to living in the building. One-third (33.3%) of the tenants interviewed in the Lower class area have lived in their building for four years or more. Only two of the 18 tenants had lived in the area previously.

ii) Neighbourhood Appeal

Appeal of Building
Middle Class Area

The vast majority of tenants in this neighbourhood found their building very appealing (77.2% scored 1, 2 or 3). The mean building appeal score was 2.59   Elements that contributed to the appeal of

MIDDLE CLASS AREA

Chart values:
- 13.6
- 50
- 13.6
- 9.1
- 13.6
- 0
- 0

VERY APPEALING (left) / UNAPPEALING (right)
N=22
MEAN SCORE = 2.59
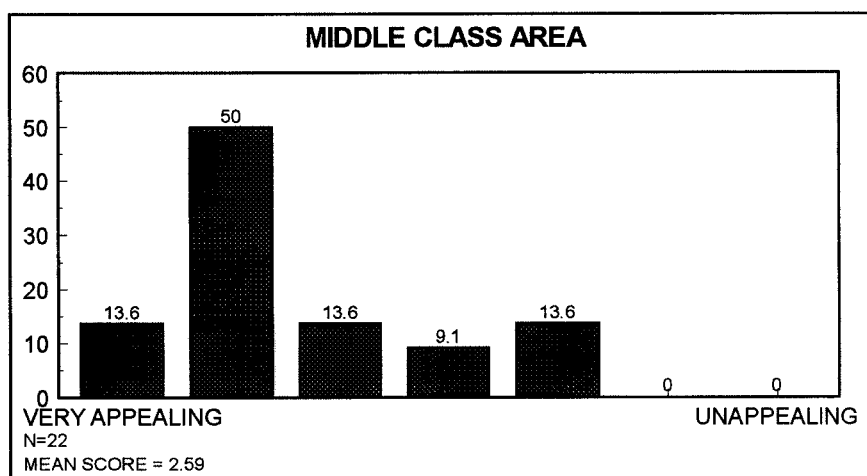
the building included cleanliness, appearance and appropriate facilities.   The following

excerpts from tenants transcripts reflect some issues related to the appeal of the building:

We have facilities that we need... we have a rec room...
we have a t.v. room... we have washing facilities and
everything, that's free.

The hallways are spacious. They're not narrow and
dark.

I like the building. It's all renovated. We've got new
everything... the kitchens, the cupboards, the fridge
and stove, the floor, everything.

I think it is because it's a, it's a nice colour. They painted
it a nice colour. Nice shrubs that they put in... different
flowers that come up in the spring... I think it's very
appealing.

The small minority of people who found their building unappealing mentioned the appearance of the building.

> *The exterior of the building is, is ugly... The hallways are,*
> *um, depressing. Um, the colour of the paint, carpeting,*
> *very sterile looking, I guess. You know, almost... almost*
> *institutional.*

Appeal of Building
Lower-Middle Class Area

Twenty tenants were interviewed in this area. Once again, the majority of respondents in this neighbourhood rated their building as very appealing (90% scored 1, 2 or 3). The mean building appeal score was 2.15. Most liked the design or

LOWER-MIDDLE CLASS AREA

35, 30, 25, 5, 5, 0, 0

VERY APPEALING — UNAPPEALING
N = 20
MEAN SCORE = 2.15
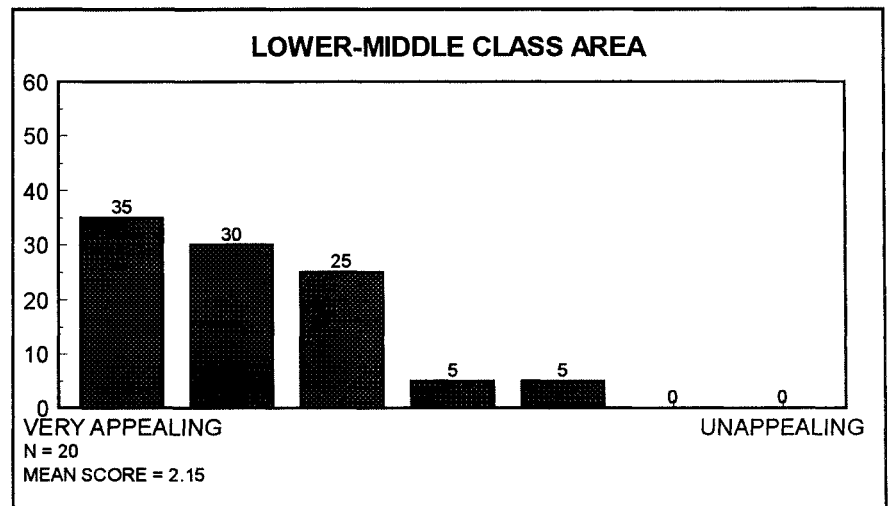
appearance and many mentioned the fact that their building was well-maintained.

> *It's a gorgeous building. It's a beautifully, well done*
> *building. Um, our apartments won design awards...*
> *It's classic... it improved the whole neighbourhood, just*
> *by being here. It's really, really nice.*

I've always liked the way it's, it's been designed to look like a motel... outdoor walkway... I like the size of it, that it's only four stories tall. It's not a high skyscraper.

It's a beautiful structure...

I like the way its built. I like the outside of the building. I like the apartments.

It's well maintained. It's quiet.

Appeal of Building
Lower Class Area

Tenants in this neighbourhood rated their building as appealing (76.4% scored 1, 2 or 3, with 41.2% scoring 1). The mean rating score for building appeal was 2.29.

LOWER CLASS AREA

41.2

17.6   17.6   17.6

5.9

0   0

VERY APPEALING   UNAPPEALING
N = 18
MEAN SCORE = 2 29
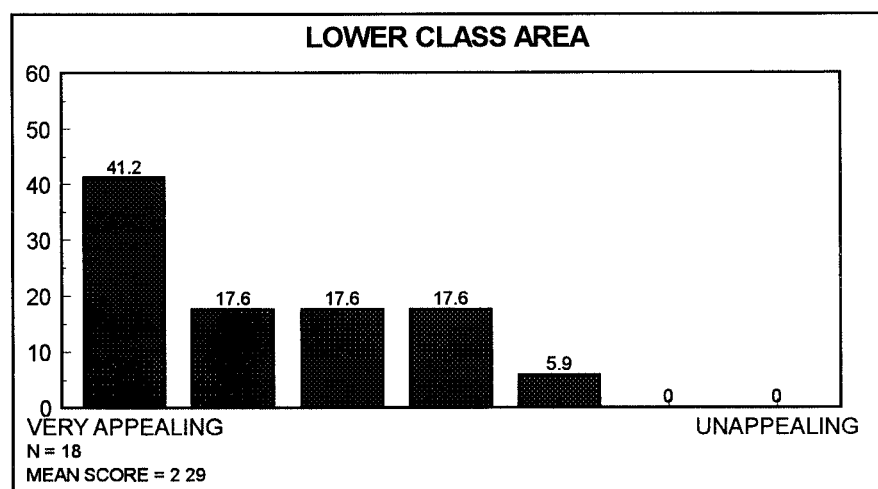
The elements people found appealing about their building were the other tenants, the physical features of the building, and building maintenance.

The people are friendly... They're really good people, in the building... there's like five or six people I know I can consider friend... I like how old it is... the pillars out front are neat and the hallways are large.

*... the residents on this side [of the building] are mostly
Queen Street [psychiatric hospital] people. And I like
that very much... I do like mental patients better because
they take pills and they're not as liable to violence as the
jail parolees are.*

*Well, the colour scheme for one thing... it's painted... a nice
colour. It's psychologically uplifting to see... to see the
pastel colours on the building... I know the common areas
and hallways are always kept neat and clean... It's well
looked after. There's no garbage.*

*The inside is alright. Pretty well kept and everything... the
superintendent tries to keep everything together.*

To summarize, tenants in all three areas felt that their building was generally appealing. People from the lower-middle class area rated the building as more appealing than those from the middle or lower class areas, however, this difference was not statistically significant.

Appeal of Surrounding Area
Middle Class Area

Tenants overwhelmingly rated this neighbourhood as appealing, with 95.5 percent rating it a 1, 2 or 3 (mean score = 2.05). Respondents talked about the socio-

MIDDLE CLASS AREA

27.3 · 45.5 · 22.7 · 4.5 · 0 · 0 · 0

VERY APPEALING — UNAPPEALING

N = 22
MEAN SCORE = 2.05
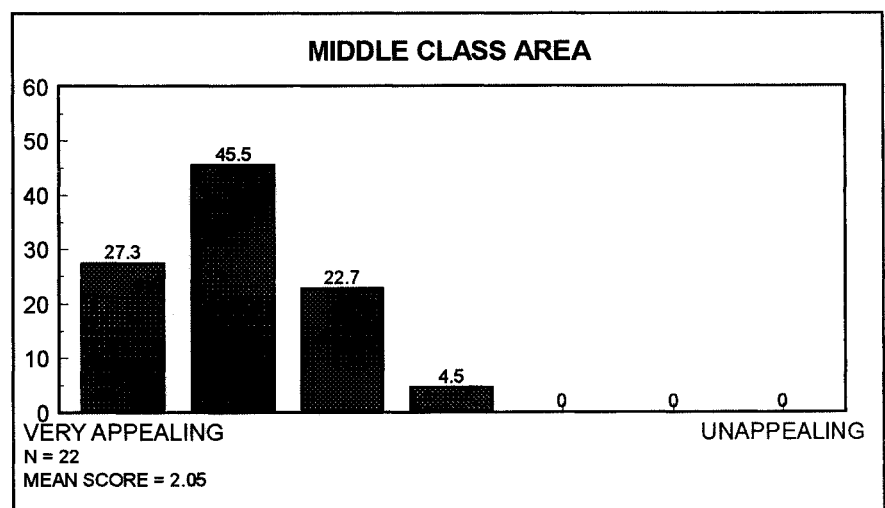
economic and physical appeal of the area. This area was perceived as safer than places they had lived in previously.

> *Nice homes just south of here, very nice homes. They're*
> *older, but they're established.*

> *Well, just sort of the cosiness of it, I guess. It's sort of tucked*
> *in this little area and um, it's just a sort of like a comfortable*
> *area to live in. Nobody seems to need for anything around here,*
> *and there's no crime in the neighbourhood.*

> *They're very friendly. When you walk down the street, they*
> *smile and... say hi and things like that. There's no*
> *violence. You feel free to walk down the street.*

> *It's much more healing than to be surrounded by*
> *concrete and sirens. It's not a transient neighbourhood.*
> *You recognize people in the street.*

Although no one rated the surrounding area as unappealing, when given an opportunity to expand on their response, many tenants mentioned the noise levels due to their location on a busy thoroughfare.

> *The only thing that's not appealing is the sound of the*
> *traffic.*

> *Well, you have to keep the windows closed because of*
> *the traffic, the noise. You get a lot of noise from the traffic.*

It's interesting to note that the upscale nature of this area has a different effect on tenants. A few tenants alluded to their discomfort due to feelings of being different from

other residents of the surrounding area. Some felt the disparity between themselves and

their neighbours and commented on the fact that they frequently could not afford to buy

anything in their own neighbourhood.

> *It's too upscale for most consumers survivors... you end*
> *up walking with people who dress, overdress themselves*
> *and you're always the poor person to all those people.*

> *It's kind of an expensive place to live... Butcher shop is*
> *expensive... you can see nice things in the store, but can't buy them.*

In contrast, others indicated that they felt they benefitted by being part of an affluent

neighbourhood.

> *... Because there's a lot of money in this neighbourhood,*
> *there's lots of things for people to do. You know. It's*
> *not like if you lived in Jane or Finch (major intersection*
> *in a neighbourhood well-known for poverty, crime, drugs)*
> *or something and there's nothing to do... There's money*
> *here so they put money into the area.*

Appeal of Surrounding Area
Lower-Middle Class Area

Approximately one-third of the tenants in this neighbourhood rated their surrounding area as relatively appealing, rating it as 1, 2 or 3 (mean score = 4.2). Forty

LOWER-MIDDLE CLASS AREA

VERY APPEALING						UNAPPEALING
10	5	15	30	15	15	10

N = 20
MEAN SCORE = 4.2
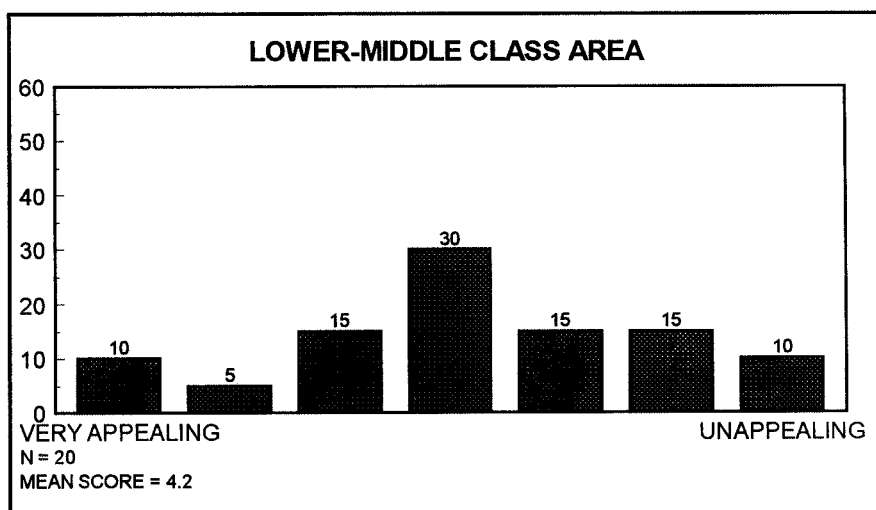
percent scored a 5, 6 or 7, indicating that a large proportion felt the area was unappealing to various degrees. Many respondents indicated that they felt their neighbourhood was appealing for certain reasons, yet also unappealing for other reasons. This likely accounts for the remaining 30 percent who scored in the middle. Some of the factors which appeared to contribute to the appeal of the wider area included the 'quaintness' of the neighbourhood, friendly people and physical attractiveness, as exemplified in the following quote:

> It has a lot of beautiful trees. Um... people are generally
> friendly. Um... they're a lot more friendly here than
> they are in... in better neighbourhoods in Toronto.
> Rosedale, for example, Willowdale, where I've lived
> before. People weren't that warm and friendly... didn't
> shout across the street and say 'how are you this
> morning?' It's appealing because it's quaint.

People who found the area unappealing spoke of the rough, tough neighbourhood in which people drank a lot, and the fact that it was desolate and poverty-stricken.

> Certain areas look desolate, look tawdry um... poverty
> stricken...The people as much as the buildings. That's
> a lot of hard living.

> Well, we have a factory, we have a post office there, we
> have [an armoured truck depot there], we have a sewage
> plant just down the street... a motorcycle gang... It's not
> the best.

The following excerpts exemplify the contradiction that many respondents seemed

to experience when speaking about their wider neighbourhood:

> *It's a friendly neighbourhood, um... but then again, it's*
> *rough... it's getting rougher and rougher. So it has*
> *two sides to it. It's a very nice neighbourhood. It's*
> *served me well. But, it's getting more dangerous and more*
> *uncomfortable because of the uh, you know, drunken people*
> *on the street. Twelve year old gangs... uh, stressful.*

> *There's poverty, but there's also a lot of development...*
> *like the nearby Beaches area.*

Appeal of Surrounding Area
Lower Class Area

Less than one-third of tenants rated the surrounding area as appealing, with 29.4 percent rating it a 1, 2 or 3 (mean score = 4.35). The majority of tenants rated the surrounding area as unappealing with 53 percent

LOWER CLASS AREA

```
60 |
50 |
40 |
                                      29.4
30 |                                   ██
20 |               17.6   17.6         ██
      11.8          ██     ██          ██         11.8    11.8
10 |   ██           ██     ██          ██          ██      ██
 0 |___██_____██_____██_____██_____██_____██___
   VERY APPEALING                                      UNAPPEALING
   N = 18
   MEAN SCORE = 4.35
```

rating it a 5,6 and 7. Tenants repeatedly spoke about crime in the neighbourhood. In particular they talked about the drugs and prostitution.

*And all these people that are in bondage to drugs and
the hookers and that all seem to want to hang around
the doughnut shop and the pizza place.... we see all
kinds of stuff.*

Whores, drugs.... poverty. That's... about it.

*But next door here... that's where all the crack dealers are.
So they get loud and especially late at night, they get really,
really loud... screaming at each other. I've heard them
say, 'I'm gonna get a gun and blow your head off.' You know,
it's kind of scary... it's a whole different thing in the day time.
Once it gets night, then it gets really weird.*

*In this kind of neighbourhood, it's best not to know too many
people. If you know someone, someone knows that you know
someone else. The police can get involved... and that someone
else is into drugs or guns.... If the cops want information they'll
come right to you... and they'll start beating on your pointed
head and you'll wonder why did I ever talk to that guy?*

*Oh well, we got used to it... I'm used to the noise of the dealers
and the pushers and... the buyers and the hookers... I can hear
them doing all their stuff over here in that alley way there.*

It's pretty bleak.

The minority of tenants who rated their surrounding area as appealing liked the fact
that they were in close proximity to local amenities.

*Most of the um... places that I need to go like my
doctor's office, my dentist's office, my chiropractor's
office... uh, Family Benefits, my psychiatrist... He's
just up the street at Parliament. All these places are
very near to me and my supermarket... uh... is near
me too... So, everything is right next door to me. I
don't have to go far for anything.*

Tenant ratings of the appeal of the area surrounding their building varied by the three areas (middle class, lower middle class and lower class). Tenants in the middle class area rated their wider surrounding neighbourhood as being far more appealing than those in the lower-middle or lower class areas.

iii) Neighbourhood Mix

Tenants were asked to indicate whether or not they preferred to live in a neighbourhood that was residential, comprised of houses and apartments, or commercial, comprised of businesses and warehouses.

Middle Class Area

The majority (76.2%) of tenants from this area preferred to live in an area that was exclusively residential. Slightly less than one quarter (23.8%) preferred to live in an area
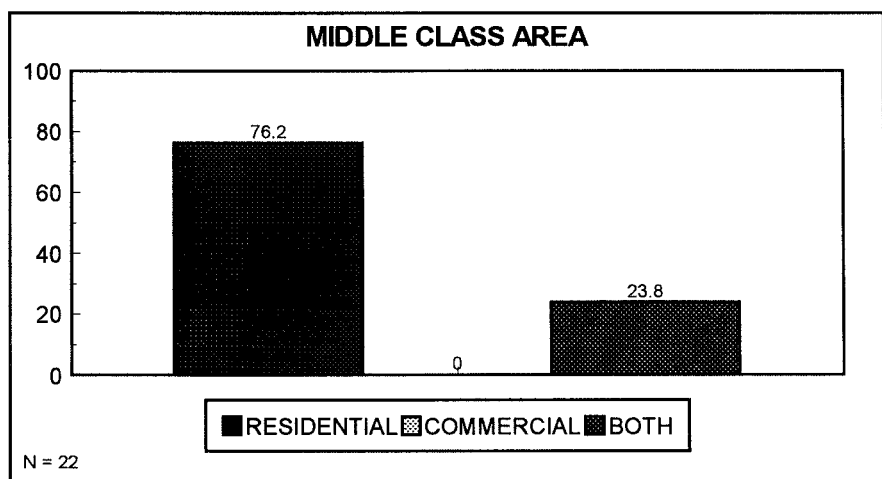
that combined residential and commercial. No-one indicated a preference for an exclusively commercial area.

Well, [with residential] you don't get the pollution
and you don't get the noise and you don't get the traffic.

It's more quiet. It looks better too.

I guess with the residential area, you know, you never
see or hear of shootings or anything like that, you know.
It... the stores are near and the subway is near and... I
don't know, it just feels very safe, you know.

I would imagine that commercial is more chaotic.

Neighbourhood Mix
Lower-Middle Class Area

In contrast to those in the middle class area, fewer tenants in the lower-middle class area (25%) preferred an exclusively residential neighbourhood. Most (65%) preferred a residential mix,

LOWER-MIDDLE CLASS AREA

| | 25 | 10 | 65 |

N = 20

■RESIDENTIAL▧COMMERCIAL▨BOTH
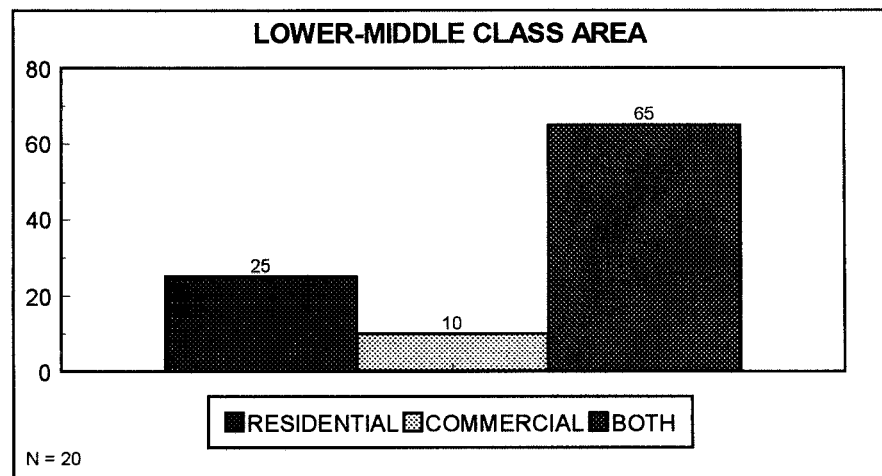
while only 10% preferred a commercial area. Many people commented that they liked to

have the conveniences of local shops and businesses nearby.

It's more interesting. More to see, more to do. Nothere, specifically.
But, the idea, the theory.

[It] gives me options to shop and it gives me a living. So, it gives

*me neighbours and it gives me options to shop... and eat... You've got
everything there,... everything is centrally here.*

*Too many businesses cause air pollution. And the air
 pollution index in that area would be a lot higher
than the residential area.*

Neighbourhood Mix
Lower Class Area

One-half of the

tenants (50%) preferred

a residential area, one-

third (33.3%) preferred a

combined residential and

commercial locale, and

the remaining 16.7
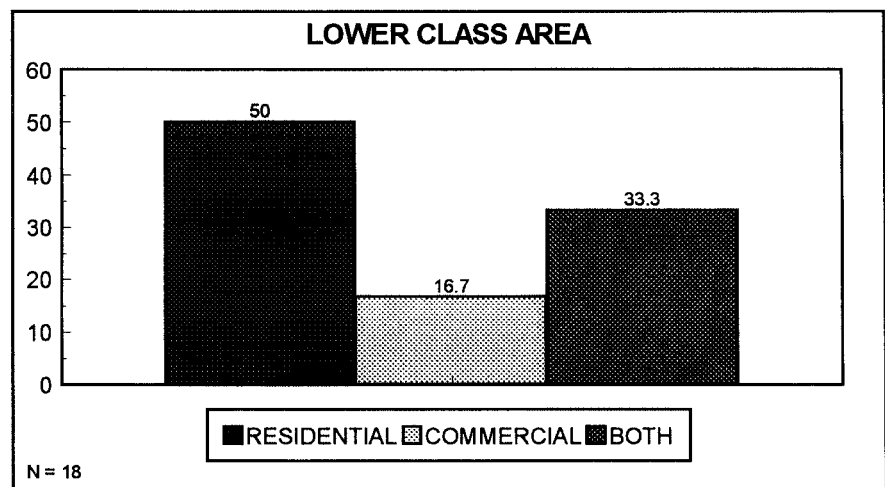
percent preferred an exclusively commercial neighbourhood.

Feels more like home, I guess.

There's less... noise... smog, pollution.

*Because you have all your stores and all your shops,
markets and dollar stores... it's really convenient.*

*It's a great mix to have. Like you don't feel like you're in no man's land. You know, I've heard
of buildings where...
they feel like they're in no man's land because there's*

nothing there.

Tenants living in the middle (76.2%) and lower class (50%)areas preferred exclusively residential areas, moreso than those living in the lower-middle class area (25%). They preferred a residential area because of the "home-like" atmosphere and lack of noise and pollution attributed to a commercial area. The majority of those living in the lower-middle class area appeared to prefer a residential/commercial mix (65%). A mixed area was preferred because of easy access to businesses and shopping.

iv) Neighbourhood Integration
Integration in Building

Middle Class Area

The majority of tenants in this area felt that they 'fit in' with their building (81.8%). Several indicated that they were unsure (13.6%) and the remaining 4.5 percent

MIDDLE CLASS AREA

■ YES ⊞ NO ▦ UNSURE

N = 22
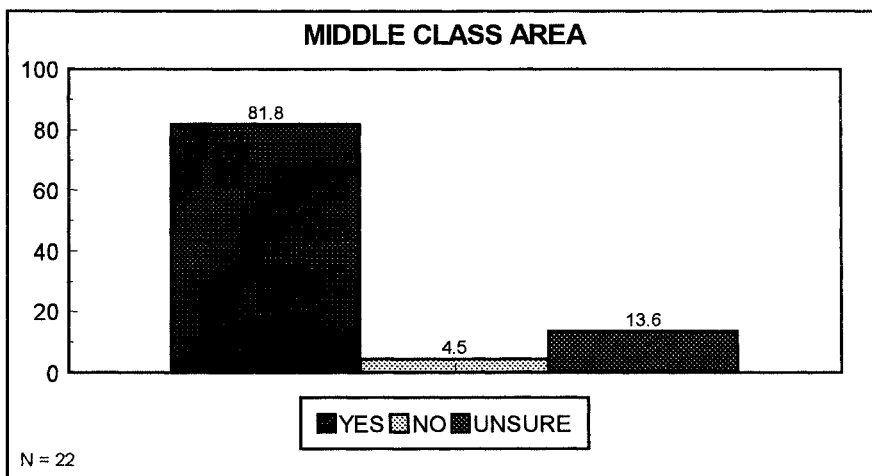
indicated they did not fit in. People who felt they integrated well attributed it to their own personal characteristics such as their ability to get along with others.

Well, I'm very friendly. I help people out. I do things
for other people.

*Oh, I fit in so easily wherever I go. I, I have that art
now.*

*I'm the type of person who can live anyplace with any
kind of people so it doesn't really matter to me. I fit in*

Many respondents indicated that they felt they fit in because they shared a common

history with other tenants who had a psychiatric disability.

*Oh, I think it's good that um there are a number
of pay..., I believe there are twelve of us who are
psychiatrized people and I think that's good because
it's a good support network within the building and
as I said, we've all gone through episodes and um, it's
good to have that kind of support in the building.*

*I guess, I've been ill all my... most of my life and um...
sometimes I don't fit in with people who are, who have
more education or more, think they're more, they're
better off or... yeah not that I fit in. I fit in with clients.
You know, sometimes I feel that you can relate more to
them than you could with a person whose been well all
their lives.*

Respondents at one of the sites in this neighbourhood shared common concerns with

respect to integration with non-psychiatrized tenants in their building. Many stated that

although they felt they fit in with tenants who were mentally ill, they felt that they did not

integrate with the other tenants in the building (single mothers on social assistance).

*This building is partly psych patients and partly single
moms, you know. I fit in with the psych patients. We
all, we all stick together mostly and help each other out
when we can, you know. But, it's like, um, single moms
have absolutely nothing to with us, you know.*

Um, I feel very comfortable with ex-psychiatric community

*um, and I feel safe with them, but some of the guests
that the abused mothers have are a little bit spicy for my
cup of tea sort of... you know, they're just a little bit too
wild.*

*Um, I find it difficult at times with some of the single
mothers. They're priorities are very different than ours.
And, uh, I know a number of us have been harassed
by them in terms of wanting money or food, stuff like
that.*

Integration in Building Lower-Middle Class Area

Close to two thirds of respondents in this area indicated that they fit in with their building (65%). Many felt they fit in because of the common bond they shared with other tenants, namely, previous psychiatric hospitalization.
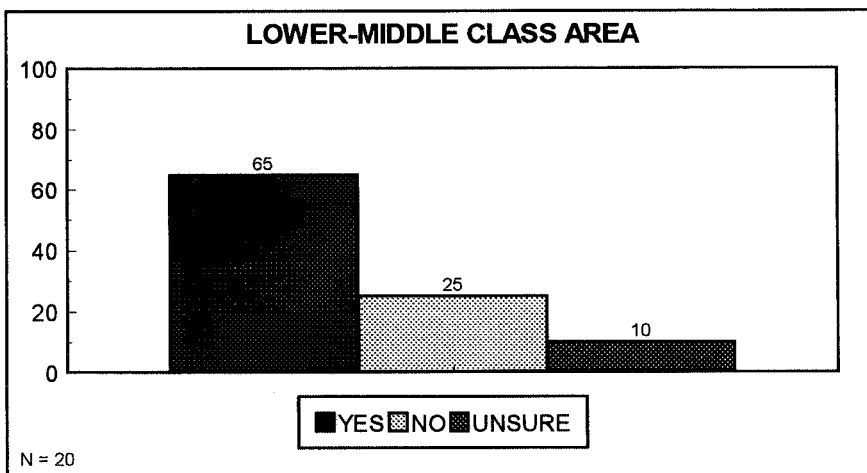
LOWER-MIDDLE CLASS AREA

65
25
10

YES NO UNSURE

N = 20

I fit in because I'm ex-psychiatric.

*People that live in the building are... understanding of
the same circumstances...*

Yeah, I feel a part of it. Part of it... like a little community.

*Because we all came from the hospital. We have the
same problems.*

Several tenants also alluded to the fact that they fit in precisely because they were

'invisible', that is, they didn't bother anyone or do anything to attract attention. or they 'got

along' with others in the building.

I do pretty much things on my own.

I get along with everybody.

*I guess because maybe I've never gone against anybody. I
think that's why. Um, I've always tried to be easy to get along with
and I think that's why.*

The 25 percent of respondents who felt that they did not fit in with the building

attributed this to feeling that they were different from other tenants.

*Um, well I'm more active than the people here... and I'm
not really here that often.*

*Most people in this building are manic depressive and
I'm a paranoid schizophrenic... so, in that respect, I
feel a little bit different.... there's not a lot of people I
can identify with.*

*Most of the time some people don't like me. They think
I'm arrogant... Maybe because... sometimes I like to
dress well. I think
that's why.*

**Integration in
Building
Lower Class Area**

Once again, the

majority of interviewees

LOWER CLASS AREA

88.2

5.9 5.9

■YES ▨NO ▩UNSURE

N = 18
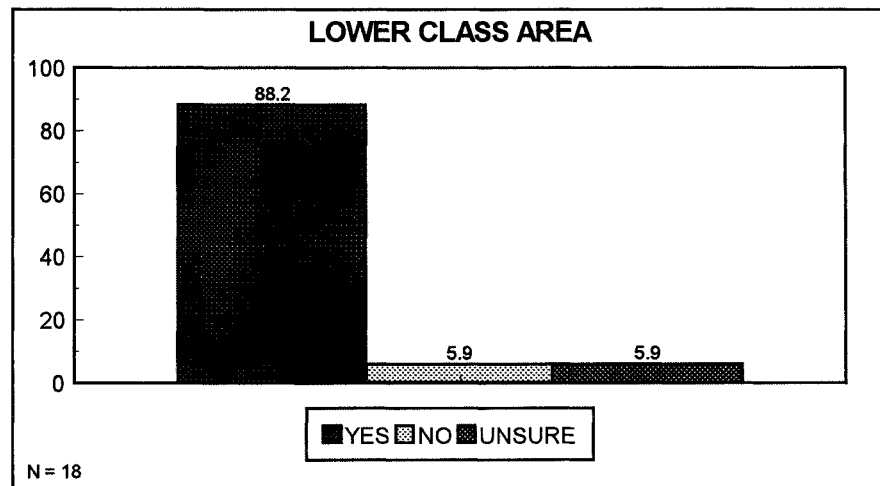
in this neighbourhood indicated that they felt that they integrated with the building itself

(88.2%). Most stated that they fit in because of their relationships with other people who

also resided in the building.

> *I've got friends in the building... we socialize.*
> *Everybody's nice here... we all seem to get along. There's*
> *no fighting or nothing here.*

> *I do belong here... I've been treated well... the people in*
> *the building... they're great... they're really good.*

As in the Middle Class neighbourhood, respondents clearly distinguished between

tenants who had psychiatric histories and other tenants from marginalized groups including

criminal offenders and substance abusers.

> *I feel that I fit in here because these are Queen Streeters*
> *[provincial psychiatric hospital], you know. And Queen*
> *Street has everything there. They've got old and young*
> *and middle-aged and everything.*

> *... And the residents on this side are mostly Queen Street*
> *people. And I like that very much... I do like mental*
> *patients better because they take pills and they're not as*
> *liable to violence as the jail parolees are.*

In summary, those in the middle class (81.8%) and lower class (88.2%)areas felt they

fit in with the building more so than those in the lower-middle class area (65%). Some of

the reasons postulated for integration include the presence of positive relationships with

other people in the building. The sharing of a common psychiatric background and ability

to get along with others contributed to this. When tenants felt they did not "fit in" with the

building, they stated that they were different from others who lived in the same building.

Integration in Surrounding Area
Middle Class Area

Most respondents felt that they had integrated into the area surrounding their building (86.4%). There were divergent reasons given for respondents' feelings of integration. Some felt that they fit in by being inconspicuous:
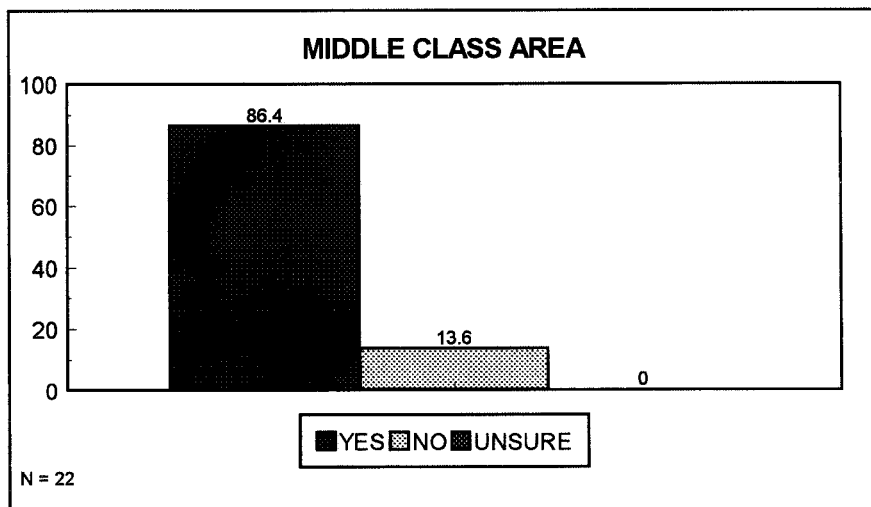
MIDDLE CLASS AREA

86.4

13.6

0

YES NO UNSURE

N = 22

> *Well, I don't cause any trouble...*
> *I think if a person can behave himself or herself and you*
> *show respect for other people and you have respect for*
> *yourself, you can, you know, most likely get along with...*
> *most of the people if not all, you know.*

> *I think there's a feeling with a lot of neighbours here that*
> *this is a loony bin building. And I've heard people say 'Oh,*
> *that's the building where the funny people live... I think I*
> *can get away with it... walk down and you might not associate*
> *me with the building but there are other people, you look*
> *at them and they stand out maybe a little bit more.*

The few who did not fit in felt this way for varied reasons, including feelings of stigmatization, and the disparity between themselves and the wealthier surrounding neighbourhood.

> *...I find this neighbourhood is too upscale for me.*

I haven't developed commercially or professionally
so I don't feel I fit in with the people in the greater
neighbourhood....

I used to live at Ossington and Queen. So that when
you walk out of the house, nobody is going to say anything
because you can dress in worse off clothes and nobody is
going to say anything.

Integration in Surrounding Area
Lower-Middle Class Area

Sixty-five percent of respondents in this neighbourhood stated that they felt they fit in with the surrounding area. Various reasons were posited for feeling

LOWER-MIDDLE CLASS AREA

65

25

10

YES NO UNSURE

N = 20
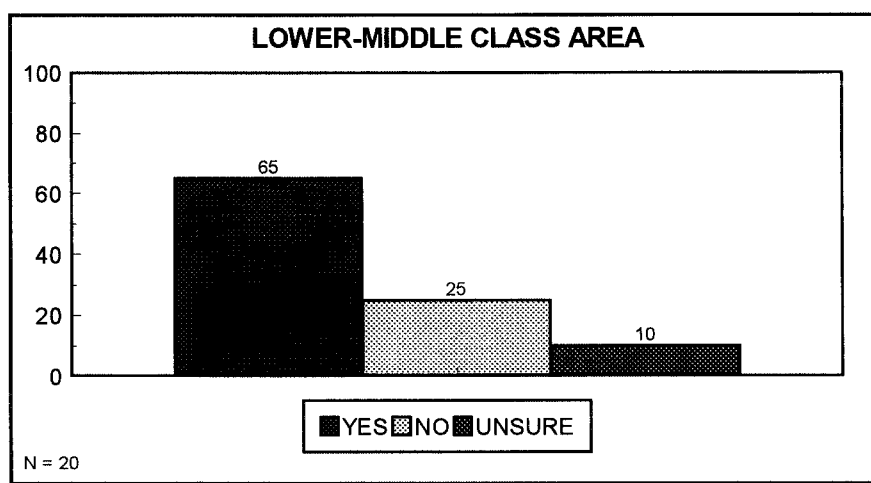
this way including fitting in because of the 'poverty aspect of it, fitting in because they knew

the local merchants, and fitting in because they felt the lack of stigmatization and a positive

non-judgmental attitude from the wider community. Respondents in this area talked about

fitting in by not standing out, by blending in, by being inconspicuous.

There's people that recognize me and I know a few
people. I recognize them to say hello or... I would say
[I fit in]... I don't think necessarily anybody is going

*around and pointing me out as uh, uh,... nut case or
a psychiatric weirdo or... if they are making any kind
of... judgments or anything like that, I'm not aware
of it.*

*No one mentions anything about this building and they're
aware of... the forty-two suites in here are.. they have uh,
... they did and they have mental problems. And no one's
ever cast stones at the building or, or at myself, either.*

It is interesting to note that the 25 percent of tenants who felt they did not fit in with

the surrounding area stated that they felt stigmatized because of their psychiatric

background.

*I get the feeling, I did, now I don't anymore. But, when we
first moved in, I got the feeling, groups of women would
gather and say 'There goes another person from that
building.' And I wasn't the only one who felt that. I asked
others and they said they got those feelings too. They'd
stand and look at each other and look at you , you know...
I don't think I was mistaken because others said the same thing.*

*Well, I'm just different... Like most people around here, uh,
don't know anything about uh... mental illness. I mean
they don't... I've heard people talking... 'That guy over
there, he's crazy. Don't talk to him.' You know. I'm
saying to myself, 'Hey, come on now, you don't know
what happened to him, eh... you don't criticize him
because he had a breakdown. I mean a lot of people
do though and you've still got the stigma attached to
you.*

Integration in Surrounding Area
Lower Class Area

In contrast to the above two neighbourhoods, far fewer tenants indicated that they felt they fit in with the area surrounding their building (35.3%).

LOWER CLASS AREA

35.3

52.9

11.8

N = 18

■ YES ▨ NO ▨ UNSURE
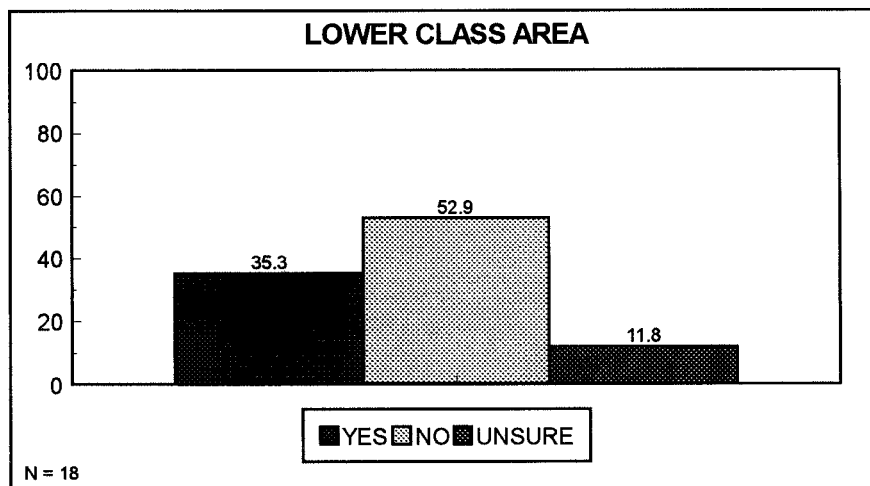
Those who did feel they integrated with the neighbourhood talked about people being similar to them in an environment that they were familiar with.

Well, it's mostly guys that are ex-convicts themselves...
ex mental patients... so, I'm right in my milieu right
here.

I come from the streets... I know this street because I
was an alcoholic... so I know the ins and outs... but
that was my old life.

More than half (52.9%)felt they did not integrate into the neighbourhood. The remaining 11.8 percent were unsure. Some tenants perceived themselves to be different from those in the surrounding area as a result of their mental illness.

I guess it's because we have a problem mentally wise.
Maybe we tend to not bother with the people too
much.

The percentage of respondents who felt they integrated within their surrounding area decreased from 86.4 percent in the middle class area, to 65% in the lower-middle class area, to only 35% in the lower class area.

v) Neighbourhood Safety

Safety in Building
Middle Class Area

The vast majority of respondents in this neighbourhood indicated that they felt fairly safe within their building, scoring a 1, 2 or 3 (81.9%). The mean

MIDDLE CLASS AREA

50	
40	36.4
31.8	
30	
20	
13.6	9.1
10	4.5 4.5
0	0
VERY SAFE	VERY UNSAFE

N = 22
MEAN SCORE = 2.73
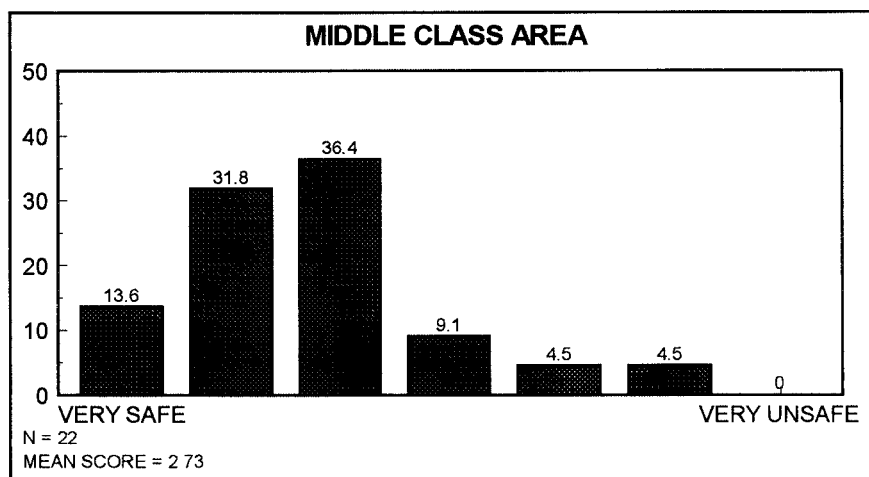
safety score for this area was 2.73. Respondents talked about how their high level of understanding of mental illness enabled them to feel safe when the illness manifested itself in the other tenants. This enabled them to feel safe in their immediate environment. They also frequently compared their current feelings of safety with places they had lived previously. The following quotes reflect the varied factors that contribute to their feelings of safety.

Well, two people have said they're going to kill me...
This is part of living with people who have mental

*problems... I don't really feel unsafe... But, personally
even when somebody comes up to me and says, 'I'm
going to kill you', I know that they maybe just missed
a few pills that day, you know.*

*If I have problems [with other tenants] and I know
how to manage them, I do feel safe.*

I've been in places where I've felt a lot worse.

*I stayed about 5 years in rooming houses. And there
was always trouble... always trouble of some kind
and you couldn't get away from people...There was
always something going on. Somebody was flipping
out or something... I can control my environment here.*

Safety in Building
Lower-Middle Class Area

The mean building safety score for this area was 2.9, indicating that tenants generally felt fairly safe inside the actual building (65% scored a 1, 2 or 3).

LOWER-MIDDLE CLASS AREA

30	30	5	15	5	5	10

VERY SAFE — VERY UNSAFE

N = 20
MEAN SCORE = 2.90
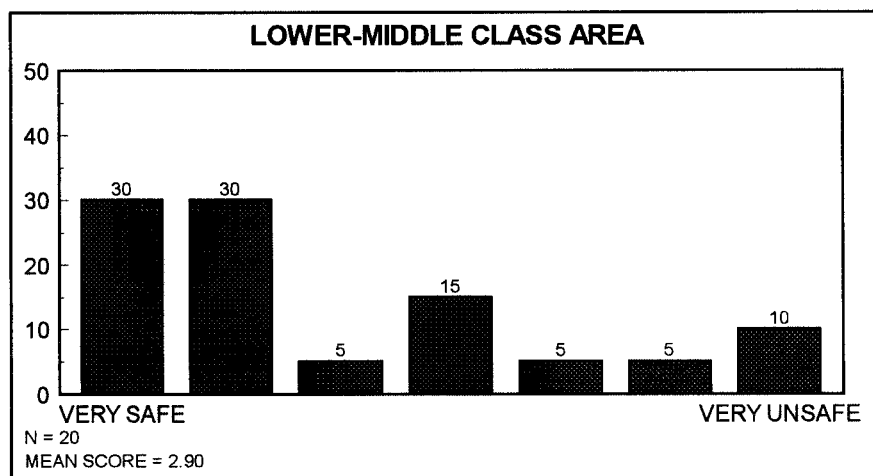
The elements that contributed to tenant feelings of safety within the building were security measures taken such as security locks on the main door, locks with a bar and an intercom system. Feelings of safety were also based on past experience; if there had been no problems or break-ins experienced, people tended not to fear them. Several tenants

mentioned that the other people living in the building contributed to their feelings of safety. Simply knowing who else lived in the building certainly contributed to feeling safe for some tenants.

I feel pretty safe. Partially because I know other people

One tenant stated that it was far better to be surrounded by others who were on prescribed drugs than on street drugs or alcohol.

> *... I feel very safe because uh... people are on drugs,*
> *but prescribed drugs. And they're not on needles, not*
> *on booze. So, that's very good. No one thinks of that*
> *really, you know?*

The 20 percent of respondents in this area who rated their building as fairly unsafe, spoke of their direct experience of robberies and their fear of others (people in the building itself, unsavoury people outside the building being let in). The location of the apartments within the building was also an issue; those who felt unsafe mentioned living in basement or ground floor units.

> *Not safe at all. It is dangerous for me to even take*
> *the garbage out at night.*

> *Well, we've had trouble with robberies in this building.*
> *People come in at night and they break the windows and*
> *they steal the air conditioning and they steal the cushions*
> *from the furniture. And that's happened up until recently,*
> *when we have a guard that goes around, one of the tenants*
> *goes around once or twice a night and we haven't had much*
> *trouble since.*

> *Well, I go back to it again. People go off their medications*
> *and they can get violent. They can beat you up or anything,*
> *you know... I got beaten up... I answered a knock on the*
> *door. I don't remember which tenant it was. I was knocked unconscious.*

Safety in Building
Lower Class Area

One-third of the tenants in this neighbourhood indicated that they felt relatively safe within their building, scoring a 1, 2 or 3 (mean score =

LOWER CLASS AREA

VERY SAFE

VERY UNSAFE

5.9   11.8   29.4   23.5   11.8   5.9   11.8

N = 18
MEAN SCORE = 2.72
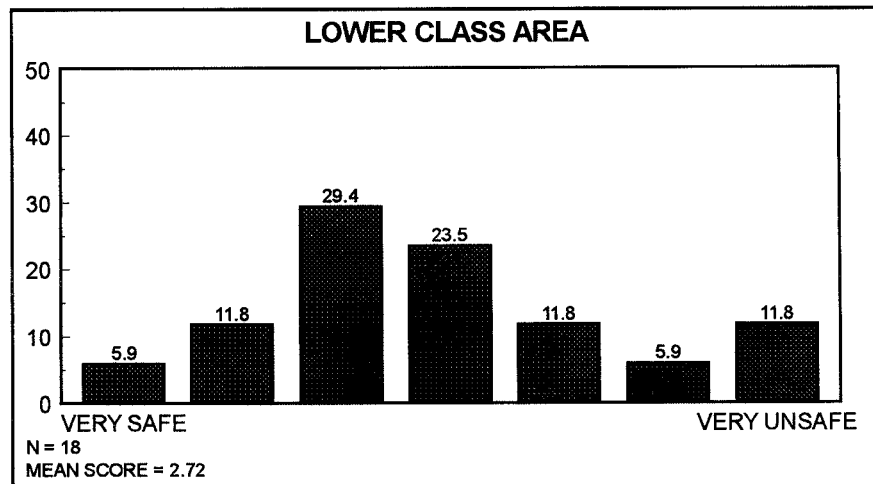
2.72). Because the surrounding area is characterized by the presence of criminal activity, practical security measures such as an intercom system, secure locks and fire alarms contributed to feelings of safety.

> *You cannot open the door for anybody... we have to go all the way down and see who's who... that helps very much.*

> *As long as there's no drug people in here... as long as they don't bring in any drugs... if we all do what the administration tells us and keep our doors locked and don't open the door to every Tom, Dick and Harry...*

> *I get scared cause um because the [people] they let in this building... that happens a lot. People sitting and being taken advantage of... people in the building being taken advantage of...*

Tenant rating of safety in their buildings were similar across the three areas. Tenants generally felt safe within the confines of their building.

Safety in Surrounding Area
Middle Class Area

The majority of tenants rated this area as safe, scoring a 1, 2 or 3 (90.9%), with a mean safety score of 2.14. Many of the tenants commented that they'd

MIDDLE CLASS AREA

Bar chart values: VERY SAFE 27.3, 50, 13.6, 4.5, 0, 4.5, 0 VERY UNSAFE
N = 22
MEAN SCORE = 2 14
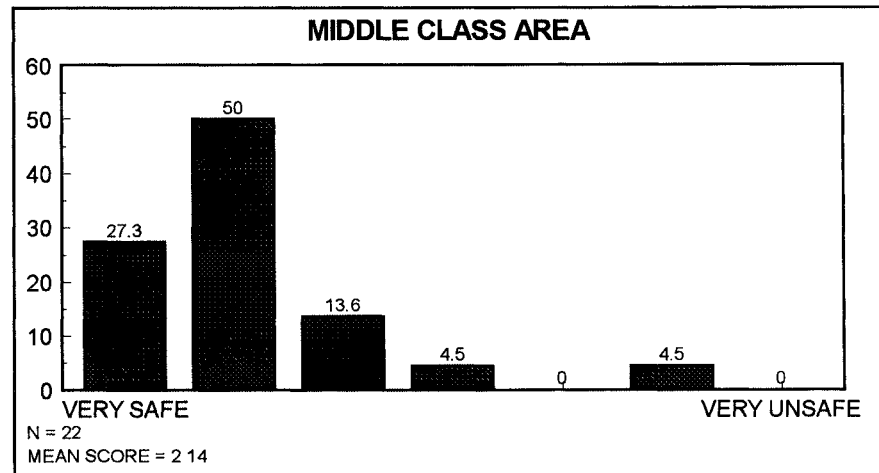
"never been bothered" , thus felt safe because they had not experienced any problems since they lived there or seen any evidence of crime or drugs, particularly in comparison to where they had lived previously.

> *I guess it's just the experiences that you have... Nothing has really happened so.. You know, I've lived in areas where you had drug dealers outside the doors. You have hookers on the street. You have drunks wandering up and down the hall. And that hasn't happened. So you feel if it hasn't happened it's not going to happen.*

> *You see people going for walks, but nobody, nobody's out destroying things or trying to rip you off or stopping you on the street for money and stuff like that, you know. So, I feel pretty safe.*

> *I think the neighbourhood attracts a good group of people. There's not a lot of craziness like drugs around here like there was over at the other place where I was living.*

Safety in Surrounding Area
Lower-Middle Class Area

The mean neighbourhood safety score for our lower-middle site was 3.6, indicating that tenants living in this area felt considerably less safe

LOWER-MIDDLE CLASS AREA

60	
50	
40	
30	30
20	20 15
15	10
10	5
0	0

VERY SAFE   VERY UNSAFE
N = 20
MEAN SCORE = 3 60
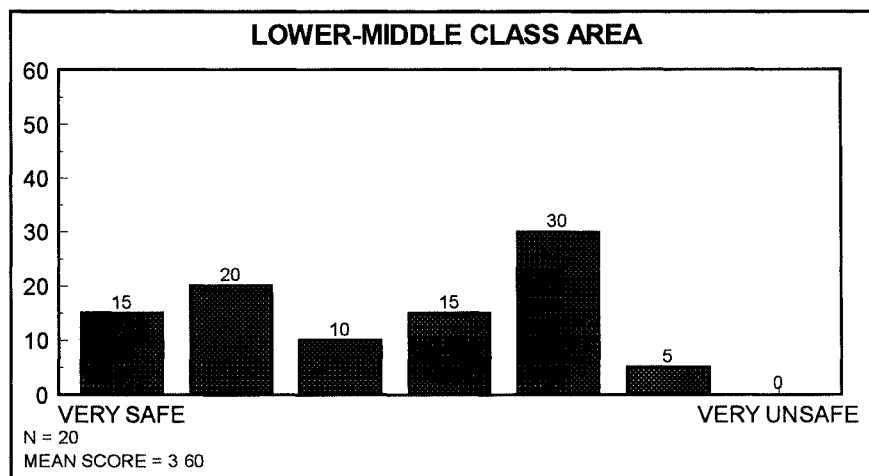
than those living in the upper-middle/middle neighbourhood. Tenants responses were

varied, with 35 percent feeling relatively safe (score of 1, 2 or 3) and 35 percent feeling

relatively unsafe (score of 5, 6 or 7). The remaining one-third scored a 4, the mid-point on

our 7 point scale. Tenants who felt safe talked about the excellent rapport they felt they

had with the local police and fire departments. Others who felt safe did so because they felt

that they were 'street-wise' and familiar with such an area, not that the area itself was safe.

Well, the thing is, I've lived in downtown cities all my
life, so I'm not... I'm used to always being aware and
always being up. You know, when I walk the streets.
And always walking quickly, being careful... so I always
feel ready and always able.

Many tenants spoke of feeling extremely nervous in their surrounding area,

particularly at night. This discomfort frequently related to the type of people, described as

unsavoury, unruly, dangerous looking, rough, panhandlers, drunks and hookers.

I'm very nervous. Extremely... because I'm on the ground floor. Every night I put chairs behind my door.

That hotel at the corner... I don't get off there. I get off at this stop... Because I used to drink and uh... you never know what's going to come out of there, you know.

Buying flavoured condoms in the Seven-Eleven store at seven in the morning when I'm buying my Globe and Mail. It's rather unsavoury.

I think it's a pretty rough neighbourhood and I don't feel that safe.

I think there are risks. I mean I see people as potential risks all the time... you know, when you see someone staggering down the street out of control, or you see somebody openly with a knife or you hear or you witness altercations or street fights... That's kind of what I mean.

I don't feel safe because you can get rolled pretty quick on the street.[Interviewer asks 'you can what?'] Roll... they take your money and stuff like that.

Safety in Surrounding Neighbourhood
Lower Class Area

As indicated in the chart, tenants in this neighbourhood had a mean safety score of 3.88, and were fairly evenly split between feeling safe or feeling

LOWER CLASS AREA

VERY SAFE   VERY UNSAFE

N = 18

MEAN SCORE = 3.88

Bar values: 5.9, 11.8, 29.4, 23.5, 11.8, 5.9, 11.8
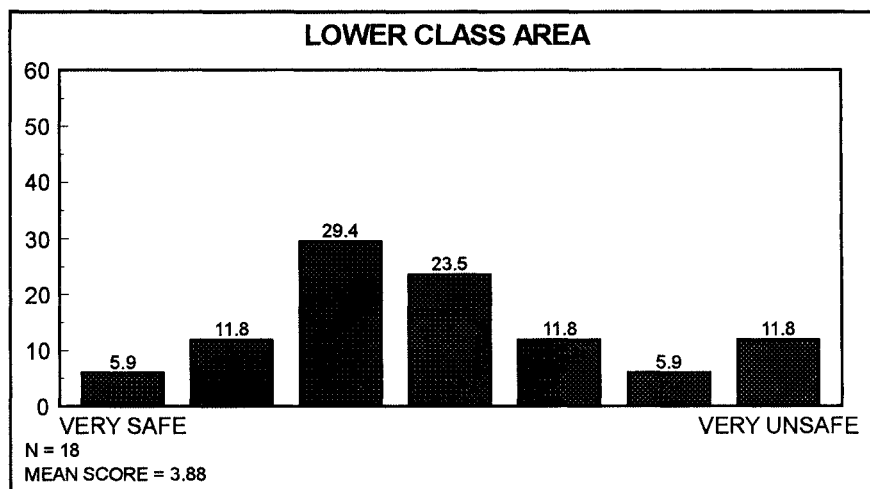
unsafe in the area surrounding their building (17.7 % scored a 1 or 2 - very safe/safe and 17.7% scored a 6 or 7 - very unsafe/unsafe). The remaining tenants had middle-range scores of 3, 4 or 5. The tenants who did feel somewhat safe commented on the fact that they keep to themselves, do not bother anyone and mind their own business.

> *You sort of feel a little scared... because of the different*
> *people but like I said you just ignore them.*

Tenants who felt unsafe remarked that the criminal element and violence permeating the neighbourhood made them exceedingly uncomfortable.

> *I don't feel safe when I go sometimes outside because*
> *there's people smoking cocaine on the front steps... And*
> *you tell them to move away from the building and they*
> *start swearing at you and everything.*

> *Because it's just the way they look at you and everything*
> *when you're walking down the street. You don't know if*
> *they're going to attack you, steal your purse or whatever.*

> *I'm scared here... I've had several encounters with loud-*
> *mouthed men shouting off at me, shooting their mouth*
> *off at me and I'm always afraid they're going to beat me*
> *up for no reason at all or even just take my purse and*
> *run.*

When rating the safety of the surrounding area, tenants in the middle class area rated their neighbourhood as significantly more safe than those in the lower-middle or lower class areas. Elements that contributed to feelings of safety were absence of crime, rapport with local police and fire departments and familiarity with the area.

vi) Types of Neighbours

This study addressed the types of neighbours in both the building itself and the surrounding area as well. Tenants were asked to describe what their neighbours were like. They defined for the interviewer who was considered a neighbour.

Types of Neighbours in Building
Middle Class Area

The two buildings studied in the Middle Class area were not dedicated to people with psychiatric histories alone. In one building, there was a split between tenants who were supported by various agencies and those who were not. Fifty percent were supported and had psychiatric backgrounds or were youth with emotional problems. The remaining fifty percent were not supported by formal agencies. In the other building, single mothers on welfare were the only other identifiable group. In both buildings, people with psychiatric histories lived on separate floors or in separate areas of the building than other tenants. The distinction between the two buildings seemed to evoke corresponding differences in tenants' feelings towards their neighbours.

Tenants who lived with a variety of people in non-dedicated buildings, expressed ambivalent and mixed feelings about their neighbours. Although most people made a negative comment about the other tenants, they were also quick to defend and point out the more positive elements. Overall, there was an underlying sense of acceptance and tolerance.

To sum it up, I would really have to say unpredictable.
I'm not so happy that I've met so many psychiatric patients.
They will be friendly, then they'll be quiet.... It goes in
spurts. I'm probably unpredictable, too.

Some of them are good. Some of them are bad.. there's drugs
around here... and you have people gossip.

There's all different types of people. But generally, they're
here all the time and they talk a lot. So you end up knowing
a lot about some people, you know. And it gets to be like a
little bit of a soap opera sometimes. But you know, it's all
right... nobody really judges anybody too severely, so people
tend to get along with most people... not everybody but with
most people you get along okay.

In the building which tenants shared with the single mothers only, the respondents

were much more opinionated in their feelings towards their neighbours. They generally felt

positive about the people who shared a psychiatric history, acknowledging that they were

good neighbours and sometimes good friends. However as indicated earlier, almost all the

respondents felt dissociated from and negative about the single mothers.

I have good neighbours. I know them well and I tend to
associate with them. So, I think I have good neighbours.

Not all of us communicate but a fair number... I mean I know
three or four other people that I have contact with in the
building.

I have a few good friends in here now that I've made. You
know, we've got to know each other.... there's a group of us,
that you know, see each other a lot.... But I don't associate with
the single mothers.... we don't have as much in common.

Types of Neighbours in Building
Lower-Middle Class Area

The three buildings in the neighbourhoods designated as lower-middle were dedicated to consumers of psychiatric services only (Appendix B). The majority of respondents appeared to be satisfied with the neighbours in the building, many commenting on the fact that they were friendly and quiet.

> *They're all good people... There's very few arguments*
> *here or anything like that, most people just... keep*
> *to themselves.*

The fact that tenants knew who the other occupants of the building were seemed to be important.

> *There's another advantage of knowing your neighbours*
> *because I lived in a highrise... it's very isolating... I*
> *have friends who lived in highrises and don't know*
> *their neighbours for like ten years, not even to say*
> *hello. So, I kind of like knowing my neighbours. It*
> *makes me feel more secure.*

> *They're pretty good, they're pretty private... we all know each*
> *other.*

Types of Neighbours in Building
Lower Class Area

Once again, in this category two distinct neighbourhoods emerged from the tenants' descriptions according to the building they lived in. Only people with a history of mental illness lived in these two buildings. In the first building tenants generally felt positive about their neighbours.

They've all got their own little personalities... we don't rub each other
the wrong way.. yeah we get along.

Well, they some of them got their up and downs. Like the fellow next
door... he laughs and he yells. But on the whole, I'd say it's pretty..
bunch of good people.

They have their sense of privacy.. and they respect your privacy.. are
friendly. I have neighbours that call on the phone or I'll call them.

In the second building, tenants felt less positive about their neighbours. They appeared to have mixed emotions toward their fellow tenants.

I think they don't make... violence and they.... don't come
to knock on the doors... They.. are quiet in their apartments.

They look nice but sometime I, I'd rather be in my own apartment
without... without problems, without bothering me, something
like that because sometimes I concentrate in my study,
somebody knock on the door and they want to see TV with me,
something like that.

Nobody's in the common room anymore. Nobody's, nobody's
reading the newspaper, nobody's watching TV... There's no
party. There's no, there's no love you know.

Types of Neighbours in Surrounding Area
Middle Class Area

The tenants of both buildings in this category shared similar views about the neighbours in the surrounding area. The majority of the tenants said the neighbours seemed nice although many did not know them. Some tenants were concerned about how the neighbours saw them.

*Well, I don't really know. I don't know because I've never met any.
I don't know the people in the area.. usually we're friendly to each
other.*

*They're very nice. I've said hello to them and they smile and they're
quiet... they seem very friendly.*

*I think they still have this stigma about mental health or you know
having a mental health building in their neighbourhood. Personally,
you know, they never bother me... I think they still look at us a
little differently. Personally, I've never had any experience like that.*

Types of Neighbours in Surrounding Area
Lower-Middle Class Area

Most tenants felt ambiguous about their neighbours. This was reflected in the statements

tenants made about either not knowing their neighbours or recognizing both positive and

negative elements. Tenants often made definitive negative or positive remarks about their

neighbours in the surrounding area. Almost all the tenants who spoke in favourable tones

considered local shopkeepers as their neighbours.

I don't know anybody. You really don't... you just tune out..

*These ones (indicating the building next door) I would, God
forbid if I ever knew them... the people that I get along with
are the shop owners. Like I'm friends with them.
I think they're all right.. I don't talk to anyone except for a few
old ladies who say 'hi'.*

*Some of them.. they've been here a lifetime.. And they keep
their property very nice. Others, you can tell they're just
renting and they're abusing property.*

*This area is a lots of prostitutes... gay.. I don't like to see that here..
because I don't like to be involved with them.*

I don't really know too many people out there anymore.

There's a lot of street people around this neighbourhood.

I would say they were rough. Rough attitudes.

Well, they just cut you up. They call you fat or.. or whatever you are.

*Most of them are very nice. I know most of the store keepers.. we
get along fairly well with them. They're friendly.*

Seven Eleven's great. I know every person in there.

*I would know store owners and gas station guys.. they're
very nice.. They're good people.*

Types of Neighbours in Surrounding Area
Lower Class Area

Tenants in this area spoke about not knowing nor wanting to know their neighbours.

*This area is a lots of prostitutes... gay.. I don't like to
see that here.. because I don't like to be involved with them.*

I don't really know too many people out there anymore.

There's a lot of street people around this neighbourhood.

*I don't know anybody. You really don't.. you just tune out..
These ones (indicating the building next door) I would, God
forbid if I ever knew them... the people that I get along with
are the shop owners. Like I'm friends with them.*

vii) Importance of Community Services/Community Supports

Community Services

Tenants were asked to rate the importance of a variety of community services and supports. Tenants in all three neighbourhood areas ranked the importance of community services similarly as indicated in the graphs. These graphs illustrate only those who rated the service as being very

MIDDLE CLASS AREA

SHOP 59.1, TRANS 77.3, BANK 50, WORK 18.2, SCHOOL 9.1, REST 50
■ VERY IMPORTANT
N = 22

LOWER-MIDDLE CLASS AREA

SHOP 60, TRANS 95, B 60, W K 33.3, C L 10, E 50
■ VERY IMPORTANT
N = 20
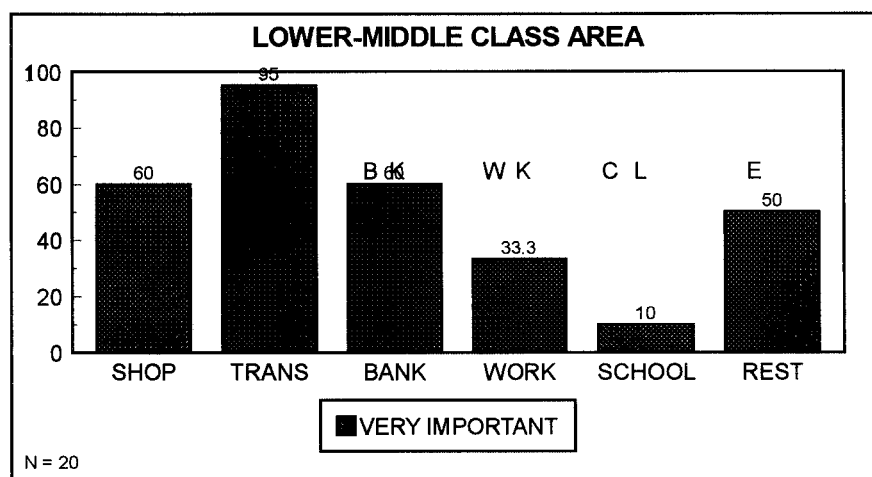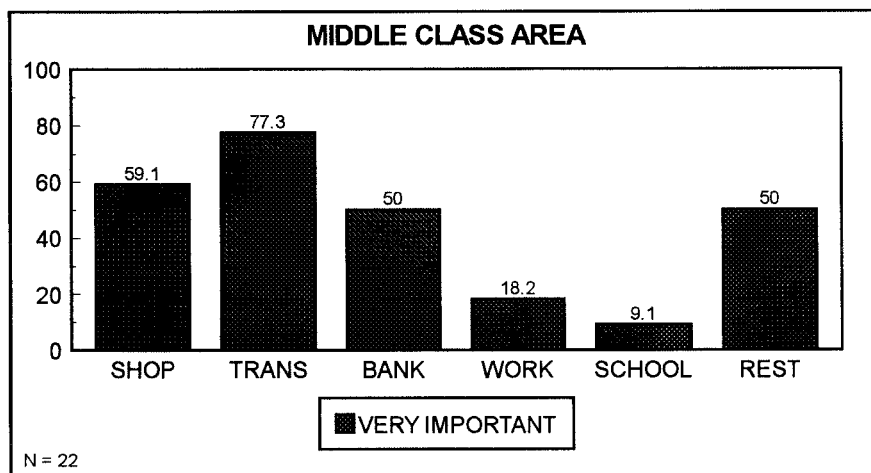
important (a score of 7 on our 7-point Likert-type scale). Transportation was clearly the single most important service within each of the areas. This was followed by shopping, banking and the availability of cheap restaurants and coffee shops. The presence of schools and having the workplace close to their home was not rated as important. This is not surprising given that the majority of tenants do not go to school, have children, or work and are on social assistance.

LOWER CLASS AREA

SHOP	TRANS	BANK	WORK	SCHOOL	REST
66.6	72.2	50	27.3	16.7	55.6

■ VERY IMPORTANT

N = 18
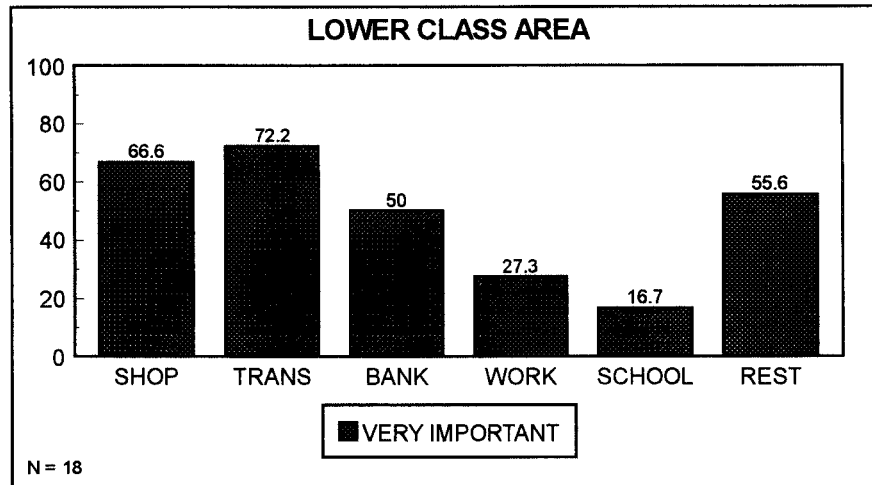
Community Supports

There were differences, however, in how tenants rated the importance of formal and informal community supports. Those in the Middle Class area rated friends as being the most important form of support to be located in their neighbourhood followed by mental health services and medical services. The Lower-Middle Class area tenants rated friends and medical services as equally important, more so than mental health services. In the Lower Class area, medical services were ranked as most important, substantially more than mental health services and friends. In all areas, the importance of family located in the neighbourhood was ranked last.

MIDDLE CLASS AREA

MED SERVICES 36.4
MH SERVICES 40.9
FAMILY 25
FRIENDS 50

■ VERY IMPORTANT

N = 22

LOWER-MIDDLE CLASS AREA

MED SERVICES 55
MH SERVICES 47.4
FAMILY 31.6
FRIENDS 55

■ VERY IMPORTANT

N = 20

LOWER CLASS AREA

MED SERVICES 72.2
MH SERVICES 50
FAMILY 37.5
FRIENDS 44.4

■ VERY IMPORTANT

N = 18
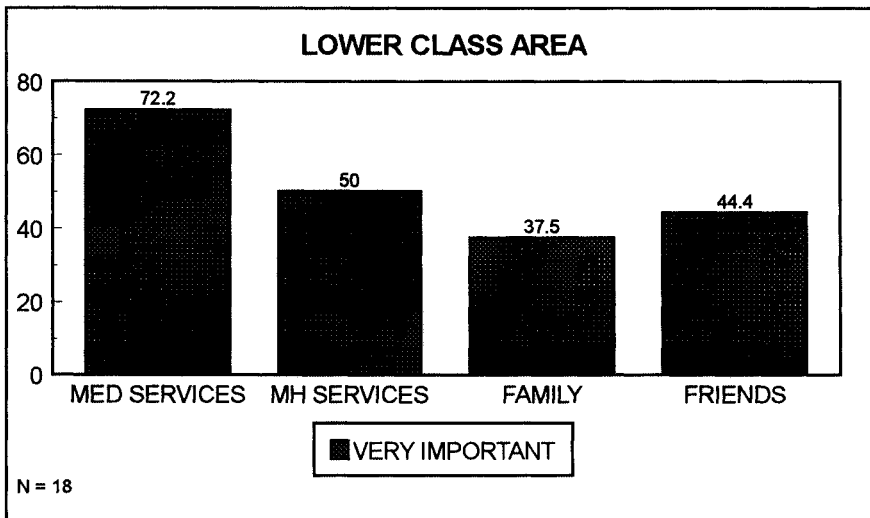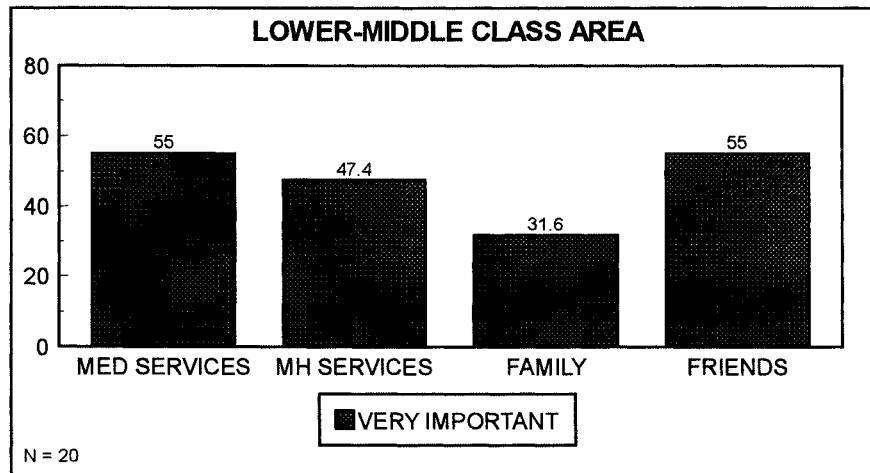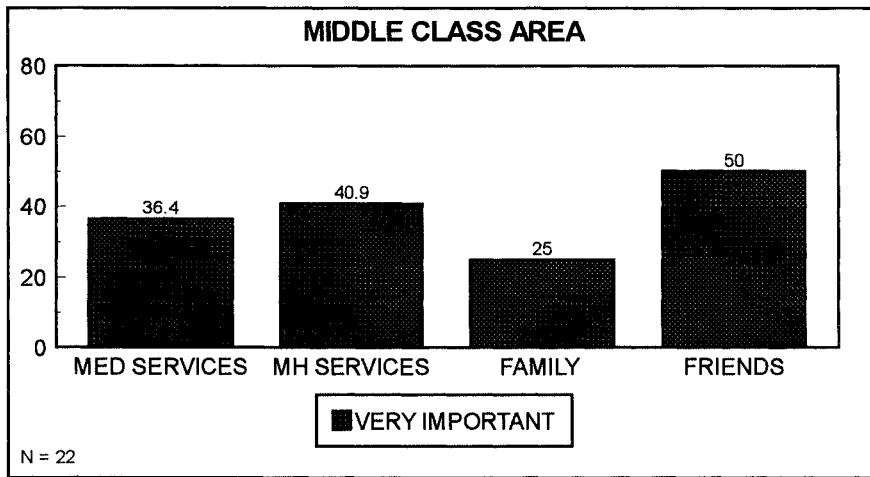
viii) Ideal Neighbourhood

Towards the end of the interview, tenants were asked to describe their ideal neighbourhood, what it would look like and where it would be. Interestingly, respondents gave similar types of answers and there were no differences between the three areas in rating of ideal neighbourhood. Across all three neighbourhood types, Middle Class, Lower-Middle Class and Lower Class, four categories of ideal neighbourhood emerged; i) a well known upscale neighbourhood, ii) the respondent's current neighbourhood, iii) a neighbourhood the respondent had lived in previously and, iv) a neighbourhood in an exotic location. As a result, the three neighbourhood areas are not separated out in this section.

The majority of tenants who identified a specific upper class area in Toronto focused upon the physical features of the neighbourhood such as the beautiful homes, the trees, the parks, the proximity to the lake and the quietness. They also mentioned that it was "where the rich live" and that it was "one of the best spots in Toronto." A number of tenants cited the neighbourhood they were currently living in was their ideal neighbourhood. A few of the respondents who reside in the area classified as "Lower" added that they would prefer, "the druggies and pimps and prostitutes taken out". Other tenants named an area where they had lived previously. Usually, it was the neighbourhood they had grown up in or had resided in before they became ill. Familiarity seemed to be one of the motivating factors, however as one tenant conceded, ".... sometimes you feel that way when you leave a place

(laughs)... so maybe I'll feel this way about (current neighbourhood) when I leave here..."

Lastly, a few tenants indicated, usually in a jestful manner, that a vacation place such as

Hawaii, Barbados or Bermuda would be their ideal neighbourhood.   Regardless of which

area was specifically identified as being "ideal", certain elements were common in most of

the tenants' descriptions, including safety, quietness, closeness to resources and

transportation. Attractive and nice homes, trees and parks were also important.

C) Thematic Analysis

The following composite thematic analysis is based on all open-ended responses from

the interview schedule. The purpose of thematic analysis is to search for meaning and is

intended to be broad and inclusive.   Many of the following themes will be familiar to the

reader and can be evidenced in the previous sections of this report. Following from the

process of theme identification in qualitative research (Benner, 1985), all "cases" are read

and reread several times and coded for themes.

Making Do

Making do refers to the common practice of tenants accommodating to their

environment/neighbourhood. Analysis of data revealed recurrent descriptions of the degree

to which tenants evidenced *tolerance* as they lived day-to-day in their neighbourhood.

Tolerance was evident in two realms: (1) *tolerance of other tenants* in the immediate environment, i.e. building, and, (2) *tolerance of the noxious elements* in the larger area surrounding the building itself.

Tolerance of other tenants was related to the extraordinary capacity of respondents to endure such unusual behaviours as screaming and repeated knocking on doors at all hours of the day and night. In addition, there were tenant accounts of firesetting and illegal activities. People clearly attributed much of their tolerant attitude in this area to the fact that they could understand and relate to someone whose behaviour resulted from mental illness.

> *Because I've had psychiatric problems and I*
> *relate to when somebody's not well. I can*
> *understand what's going on and it doesn't*
> *bother me as much. We've had quite a few*
> *things happen around here like a fire and*
> *people getting ill and stuff. So, I kind of*
> *take it in my stride.*

> *[He] is a really nice guy, except he goes*
> *drinking every night...and he gets out of*
> *hand. But, it's not bad.*

> *And I know we put up with shit like the*
> *crack users and all that, you know.*

When tenants described the behaviours of their fellow tenants, phrases such as 'I put up with it', 'those things happen', 'I don't mind' and 'I accept it' were used repeatedly to reflect the process of accommodation. Tenants unquestionably described an inordinate

amount of flexibility and tolerance in the face of disruptive and difficult behaviours.

Tolerance of the noxious factors in the neighbourhood surrounding the building was

an unmistakable factor found in many tenant descriptions of their neighbourhood. These

unsavoury factors included noise, crime, poverty, unappealing environment and distasteful

people.   The following tenant excerpts reflect the myriad of elements in their

neighbourhood that respondents in the study 'got used to':

> *Well, I hear mostly outdoors here. Um,*
> *there's a lot of brawls and type of things,*
> *you know, like...uh...people yelling and*
> *screaming and carrying on...but, I've*
> *become accustomed to that.*

> *They walk from the laneway to the main*
> *street and none of our doors lock up*
> *because they keep breaking our doors...*
> *so, sometimes that, uh...is a little*
> *irritating. But, I still accept it.*

> *Well, I guess that's about the noisiest*
> *thing (firetrucks) that really bothers me.*
> *But, like I said, you get used to it after*
> *awhile...*

> *[The neighbourhood] is just sort of*
> *rough...a little tough, you know. But,*
> *uh, after awhile, you notice that things*
> *are nice, that are different, and you get*
> *used to it.*

Why are People Tolerant?

Why do these tenants display such acceptance and tolerance of their environment?

The consideration of choice is one explanatory factor that can be postulated. Do people with severe and persistent mental illness have a choice? A real choice? Where would they go should they decide to leave their subsidized and supported housing? Is accommodation one way of dealing with their lack of choice?

Prevalent throughout the text were relationships to neighbourhoods where tenants had lived in the past. Their reflections on previous living situations explicitly indicated that people had experienced far worse neighbourhoods and living conditions, and that, 'all things considered', there was little to complain about.

When I lived in...there was a factory right on the corner...it's gone downhill that street to the warehouse...lots of boarding homes.

...it's not like some places I've lived where there have been trucks all over the place, everyday, you know...it's better than where I've lived before, you know...I lived down-town before...and there was a lot of shit happening...it's the best I've been in.

I stayed about 5 years in rooming houses. And there was always trouble, there was always trouble and you couldn't get away from people and just sit in your room and ...just be quiet or just listen to the tv or radio. There was always something going on. Somebody was flipping out or some-thing.

It's an improvement over where I was living.

*Compared to the other building I was in...
I feel very safe here.*

One tenant explicitly linked her living in the current environment as a contributing factor to her mental well being:

> *It's much more healing than to be surrounded*
> *by concrete and sirens.*

In spite of the preponderance of tenant narratives dealing with elements of crime and poverty, respondents exhibited an inordinate tolerance of these elements in their neighbourhoods as illustrated above. A partial explanation may be that tenants lack alternative housing choices and, additionally, that their current housing and surrounding neighbourhoods were far superior to those they had lived in previously. There was an apparent theme of *gratitude* that was visible throughout the transcripts as indicated in the following passages:

> *Overall, I enjoy it. I'm very thankful*
> *to the government that they do have*
> *this program of existed housing. So,*
> *I feel very fortunate to be here.*
>
> *I thought that in my older years,*
> *I'd retire here. That's how I really*
> *enjoy it.*
>
> *This is one of my favourite buildings*
> *I've lived in my whole life.*
>
> *I'm happy because I have my own place.*
> *I can't complain, no.*

I'm very happy to be here. It's like...
a safety net...So, I'm very relieved to
be here, relieved.

I think what they're doing in providing
homes for people to live in is wonderful,
excellent, very essential, important thing
because in all my life as a psychiatric
patient...I've always depended on others
in order to live independently...I've also
lived on the streets...the street population
that are homeless suffer terribly...it's a
crime to leave them just to die because
I almost died that way. And I think it's
one of the most important things the city
has ever come up with...I feel fortunate.

Encountering and Accommodating Stigma

There has been substantial documentation of the fact that mental illness is generally

viewed unfavourably by the general public (see Wahl and Harman, 1989). Beginning with

Goffman's (1963) ground-breaking formulation of the problem of stigma, social scientists

have studied how stigmatized groups manage information and adopt behavioural strategies

that afford maximum protection of already tainted identities. People with mental illness fall

into a category with a range of others who have what Goffman terms *blemishes of individual*

character.

The consumer/client experience of stigma has often been neglected in the current

literature (Vellenga and Christenson, 1994). The experience of stigma was an insistent

theme in this study, and pervaded tenant accounts of neighbourhood appeal, integration and

feelings of safety.

*Well, it's the way they look at you when you
go outside the building, when you're going
out the front door. They call you names
and stuff like that. Loony or something like
that, you know.*

*When we first moved in, I got the feeling,
groups of women would gather and say
'There goes another person from that
building.' And I wasn't the only one who
felt that. I asked others and they got those
feelings too. They'd stand and look at each
other and look at you, you know...you got
that feeling that they were talking about us,
you know. I don't think I was mistaken
because others said the same thing.*

*I heard that, uh, people complained about
the...you know, prospect of having us as neighbours.*

*Actually, this is like the sore spot of the
neighbourhood, this building, because they
have a mixture of people here that really
doesn't jive with the neighbourhood.*

*So people will, will turn up their nose and not
talk to you or really smile or walk away or
even tell their children not to smile or speak.
Which has happened with these new neighbours
that just moved in. The children will not speak or
look at you. They actually look away when you
speak to them.*

With the multiple handicaps of structural constraints and devalued social identity,

people with mental illness must struggle to live valued lives and maintain personal meaning

in less than receptive surroundings. The experienced environment clearly shaped the self-definitions of the tenants interviewed in this study.

> *I feel a little bit different. There's not a lot*
> *of people I can identify with.*
>
> *I don't feel I have enough of an identity around*
> *here...probably because I don't associate with*
> *the neighbours...I don't find them friendly.*

The 60 tenants interviewed clearly indicated that their experience of stigma has a very strong and direct effect on the way in which they view and rate their neighbourhood, both in the building and the wider surrounding area. In order to manage their "spoiled identities" (Goffman, 1963) and integrate into their neighbourhoods, they adopted several passing strategies. One such passing strategy was that of blending in, being invisible and minding one's own business. Several tenants talked about 'staying out of trouble' and not drawing any undue attention to themselves.

> *I try not to get into trouble.*
>
> *I usually mind my own business, you know.*
>
> *I keep to myself a lot.*
>
> *I don't perturb anyone...which means I don't*
> *bother anyone.*
>
> *We just don't bother with people, so it isn't really*
> *a problem if you don't bother.*

Analysis of the textual data produced *the dialectic of fitting in.* This term reflects the contradiction in that the very reason that most tenants felt they fit into their building because they were an ex-psychiatric patient, and this, paradoxically, was the very reason they felt they did not generally fit in with the wider surrounding neighbourhood. The following quote illustrates the inner struggle that often ensues as a result of this contradiction:

> *I've struggled...because part of me, uh, identifies*
> *with the people around me because I know I'm in*
> *the same sort of class structure and circumstances.*
> *We all have psychiatric histories. Um...as far as I*
> *know all of them, maybe not all of them. But, uh...*
> *so in that way, identify. Um...but on the other hand,*
> *sometimes I want to break free of psychiatric circles,*
> *sort of socially...like just feel independent, totally*
> *independent of anything to do with mental health or,*
> *or psychiatric or anything. Just go on my way and*
> *don't be, feel that I'm a category separate than anybody*
> *else or that, that I'm different in any way. And between*
> *those two extremes, I kind of struggle.*

IV) SUMMARY AND DISCUSSION

The purpose of this study was to examine the desirability of housing location by people with long-term psychiatric histories. People living in independent apartments in the community were asked to rate the desirability of their neighbourhood as a place to live. The sixty participants indicated that the neighbourhood that they lived in was critical to

their sense of health and well-being. Based on tenant descriptions of their neighbourhood, the seven supported housing sites examined in the investigation were grouped into Middle class, Lower-Middle class and Lower class areas.

GENERAL FINDINGS

i) Neighbourhood Appeal

In general, the vast majority of tenants found their immediate neighbourhood (building) extremely appealing. They found the surrounding area somewhat less appealing and there was variation by the three areas. Tenants in the middle class area rated their surrounding neighbourhood as far more appealing than those in the lower- middle or lower class areas.

ii) Neighbourhood Mix

The majority of tenants preferred residential areas due to the fact that such areas are more 'home-like', without the noise and pollution of more commercial areas. A few tenants preferred a mixed area because then they would also have easy access to business and social services.

iii) Neighbourhood Integration

Tenants were asked to rate the degree to which they felt they integrated with the immediate and surrounding neighbourhood. The majority of tenants indicated that they "fit in" with their immediate neighbourhood, however, those in the middle class and lower class areas felt they fit in with the immediate neighbourhood more than those in the lower-middle class area. Tenants from all three area felt that they were less integrated with the

surrounding area than with the immediate neighbourhood.

Tenants' perception of their integration with the surrounding area decreased from 86.4 percent in the middle class area, to 65 percent in the lower- middle class area, to only 35 percent in the lower class area.

iv) Neighbourhood Safety

Tenant ratings of safety in their buildings were similar across the three areas. Tenants generally felt safe within the confines of their buildings. When rating the safety of the area surrounding their building, tenants living in the middle class area rated their wider neighbourhood as significantly more safe than those in the lower- middle or lower class areas. Tenants who felt unsafe remarked that the criminal element and violence permeating the neighbourhood made them exceedingly uncomfortable.

v) Type of Neighbours

Tenants who lived with the variety of people expressed ambivalent and mixed feelings about the neighbours in their building. Although most people made a negative comment about the other tenants, they were also quick to defend and point out the more positive elements. Overall, there was an underlying sense of acceptance and tolerance.

Most tenants commented that they did not know their neighbours in the surrounding area. When they did know their neighbours, it was local shopkeepers that they referred to.

vi) Community Services and Supports

Tenants in all three neighbourhood areas ranked the importance of community services similarly. Transportation was clearly of most importance, followed by shopping, banking and the availability of cheap restaurants and coffee shops. Having schools and the

workplace close to their home was not rated as important.

vii) Ideal Neighbourhood

Tenants were asked to describe their ideal neighbourhood, what it would look like and where it would be. Interestingly, respondents gave similar types of answers that were not distinguishable from the kinds of neighbourhood they lived in. Across the three neighbourhood types, Middle Class, Lower-Middle Class and Lower Class, four categories of ideal neighbourhood emerged; i) a well known upscale neighbourhood, ii) the respondent's current neighbourhood, iii) a neighbourhood the respondent had lived in previously and , iv) a neighbourhood in an exotic location.

Thematic Analysis

Analysis of tenants open-ended responses revealed several theme areas central to this study. They included *making do*, the common practice of accommodating to the neighbourhood. Within this theme were the sub-themes of *tolerance* and *gratitude*. In addition, *encountering and accommodating stigma* was another theme that permeated respondent narratives.

Programme, Policy and Research Implications

There are several practical implications arising from the findings. First and foremost, it should be recognized that consumers of psychiatric services are able to determine and express their own needs and preferences. Furthermore, these perceptions must be acknowledged as being the best predictors of success in housing. Mental health service

providers and housing support workers must recognize the factors that affect satisfaction with living environments. For instance, feeling safe and secure in one's environment is unquestionably critical to mental health and well-being, however, many supportive housing sites are located in neighbourhoods that are less than desirable in terms of safety issues. In fact, Newman (1994) documents that people with mental illness report much higher rates of crime in their neighbourhood. Living in a crime-ridden neighbourhood reduces the ability of any individual to live safely and securely in the community, hence reducing one's independence and quality of life.

All tenants interviewed rated the importance of living in close proximity to public transportation. The reality for these people is that they do not have a car and must rely on other means of transportation. Most respondents indicated their preference for a residential area, primarily because it lacks the noise, pollution and other unappealing characteristics of commercial areas.

When tenants discussed how they fit in with their immediate neighbourhood , the issue of housing dedicated only to people with a mental illness arose. Several tenants indicated that they felt uncomfortable when they were housed with other marginalized people (criminal offenders, abused women for example) and preferred to be among others who had shared a common psychiatric history. There is a need for further research in this area to determine tenant preference for dedicated or integrated housing.

Tenant narratives were characterized by a constant thread of perceived and experienced stigma against themselves as individuals who had experienced the mental health system. Clearly, a great deal remains to be done in the arena of public education

with respect to mental illness. Housing support workers and mental health service providers could help to educate the tenants they support by informing them that local opposition to the siting of buildings for people with psychiatric histories most often consists of a vocal minority only. In fact, the majority of residents in any location do not oppose such buildings. Service providers may also provide support to tenants by acknowledging their experience of stigma and allow them to express themselves in a supportive and non-judgmental atmosphere.

The results of this research are expected to contribute to the knowledge base with respect to neighbourhood factors that are important to tenants with psychiatric histories who live in supported housing. More research is needed which documents the relationship between a person's health and well-being and overall quality of life and the qualities of the neighbourhood where the person lives.

REFERENCES

Aubry, T. D., Tefft, B. and Currie, R. F. (1995). Public Attitudes and Intentions Regarding Tenants of Community Mental Health Residences Who Are Neighbours. Community Mental Health Journal. 31(1):39-52.

Baker, F., and Douglas, C. (1990). Housing Environments and Community Adjustment of of Severely Mentally Ill Persons. Community Mental Health Journal(6), 497-505.

Benner, P. (1985). Quality of life: A phenomenological perspective on explanation, prediction, and understanding in nursing science. Advances in Nursing Science. 8(1):1-14.

Besio, S., and Mahler, J. (1993). Benefits and Challenges of Using Consumer Staff in Supported Housing Services. Hospital and Community Psychiatry 44(5), 490- 491.

Blanch, A.K., Carling, P.J., and Ridgway, P. (1988). Normal Housing with Specialized Supports: A Psychiatric Rehabilitation Approach to Living in the Community. Rehabilitation Psychology,33(1), 47-55.

Boydell, K.M. and Everett, B. (1992). What Makes a House a Home? An Evaluation of a

 Supported Housing Project for Individuals with long-Term Psychiatric backgrounds.

 Canadian Journal of Community Mental Health. 10(1):109-123.

Boydell, K.M., Trainor, J.N. and Pierri, A.M. (1986). The Effect of Group Homes for the

 Mentally Ill on Residential Property Values. Hospital and Community Psychiatry.

 40(9):957-958.

Carling, P.J. (1990). Major Mental Illness, Housing and Supports, The Promise of

 Community Integration. American Psychologist, 45(8), 969-975.

Carling, P.J. (1993). Housing and Supports for Persons with Mental Illness: Emerging

 Approaches to Research and Practice. Hospital and Community Psychiatry, 44(5),

 439-449.

Cournos, F. (1987). The Impact of Environmental Factors on Outcome in Residential

 Progress. Hospital and Community Psychiatry, 38(8), 848-852.

Dear, M.J. and Taylor, S.M. (1982). Not on Our Street: Community Attitudes to Mental

 Health Care. London, Pion.

Diekelman, N.L. (1992). Learning-as-Testing: A Heidiggerian Hermeneutical Analysis of the Lived Experiences of Students and Teachers in Nursing. <u>Advances in Nursing Science</u>. 14(3):72-83.

Earls, M., and Nelson, G. (1988). The Relationship Between Long-Term Psychiatric Clients' Psychological Well Being and Their Perceptions of Housing and Social Support. <u>American Journal of Community Psychology</u>, 16(2), 279-293.

Goering, P., Durbin, J., Trainor, J., and Paduchak, D. (1990). Developing Housing for the Homeless. <u>Psychosocial Rehabilitation Journal</u>, 13(4), 33-42.

Goering, P., Paduchak, D., and Durbin, J. (1990). Housing Homeless Women: A Consumer Preference Study. <u>Hospital and Community Psychiatry</u>, 41(6), 790-794.

Goffman, I. (1963). <u>Stigma: Notes on the Management of Spoiled Identity</u>. Englewood Cliffs, NJ:Prentice Hall.

Goldman, H. H. , Rachusa, L. and Van Tosh, L. (1995). Methods of Assessing Mental Health Consumers' Preferences for Housing and Support Services. <u>Psychiatric Services</u>. 46(2):169-172.

Goldstein, J.M., and Caton, C.L.M. (1983). The Effects of the Community Environment on Chronic Psychiatric Patients. Psychological Medicine, 13, 193-199.

Hall, G.B., Nelson, G., and Smith-Fowler, H. (1987). Housing for the Chronically Mentally Disabled: Part 1- Conceptual Framework and Social Context. Canadian Journal of Community Mental Health, 6(2), 65-77.

Hull, J.T., and Thompson, J.C. (1981). Factors which Contribute to Normalization in Residential Facilities for the Mentally Ill. Community Mental Health Journal, 17(2), 107-113.

Hull, J.T., Keats, J.G. and Thompson, J. (1984). Community Residential Facilities for the Mentally Ill and Mentally Retarded. Environmental Quality and Adaptive Functioning. Canadian Journal of Community Mental Health, 3, 5-14.

Joseph, A.E., and Hall, G.B. (1985). The Locational Concentration of Group Homes in Toronto. The Professional Geographer, 37(2), 143-155.

Kruzich, J.M. (1985). Community Integration of the Mentally Ill in Residential Facilities. American Journal of Community Psychology, 13(5), 553-564.

McCarthy, P., Byrne, D., Harrison, S., and Keithley, J. (1985). Housing Type, Housing Location and Mental Health. Social Psychiatry,20, 125-130.

Minsky, S. Reiser, G. G. and Duffy, M. (1995). The Eye of the Beholder: Housing Preferences of Inpatients and Their Treatment Teams. Psychiatric Services. 46(2):173-176.

Newman, S.J. (1994). The Housing and Neighbourhood Conditions of Persons with Severe Mental Illness. Hospital and Community Psychiatry, 45(4), 338-343.

Randolph, F.L., Zipple, A.M., Rowan, C.A., Ridgway, P., Curtis, L., and Carling, P. (1989). A Survey of Selected Community Residential Programs for People with Psychiatric Disabilities. Monograph Series on Housing and Rehabilitation in Mental Health. Community Residential Rehabilitation Project, Center for Psychiatric Rehabilitation, Boston University and Center for Community Change Through Housing and Supports, University of Vermont.

Richardson, L. (1990). Narrative and Sociology. Journal of Contemporary Ethnography, 19(1), 116-135.

Ridgway, P. (1988). The voice of consumers in mental health systems: A call for change. A literature review. Center for Change through Community Support and Housing, University of Vermont, Burlington, Vermont.

Ridgway, P. and Carling, P. (1987). Strategic Planning in Housing and Mental Health. Boston, Boston University, Center for Psychiatric Rehabilitation, Community Residential Rehabilitation Project, and Burlington, Vt., University of Vermont, Center for Change Through Housing and Community Support.

Segal, S.P., and Aviram, U. (1978). The Mentally Ill in Community-Based Sheltered Care: A Study of Community Care and Social Integration. John Wiley and Sons, New York.

Seidel, J.V., Kjolseth, R., and Seymour, E. (1988). The Ethnograph: A User's Guide, Littleton, Co., Qualis Research Associates.

Solomon, P. Beck, S. and Gordon, B. (1988). A Comparison of Perspectives on Discharge of Extended Care Facility Clients: Views of Families, Hospital Staff, Community Mental Health Workers, and Clients. Administration in Mental Health. 15:166-174.

Tanzman, B., and Yoe, J.T. (1989). Report to the Vermont Department of Mental Health on the Consumer Housing and Supports Preference Survey, The Center for Community Change Through Housing and Support. University of Vermont.

Tanzman, B. (1993). An Overview of Surveys of Mental Health Consumers' Preferences for Housing and Support Services. Hospital and Community Psychiatry, 44(5), 450-455.

Trainor, J.N., Morrell-Bellai, T.L., Ballantyne, R. and Boydell, K.M. (1993). Housing for People with Mental Illness: A Comparison of Models and an Examination of the Growth of Alternative Housing in Canada. Canadian Journal of Psychiatry. 38:494-501.

Trute, B. (1986). Sheltered Housing for the Chronic Psychiatric Patient. The Influence of Operators of Board and Care Facilities on Community Participation of Their Residents. Canadian Journal of Community Mental Health, 5(1), 31-38.

Vellenga, B.A., and Christenson, J. (1994). Persistent and Severely Mentally Ill Clients' Perceptions of their Mental Illness. Issues in Mental Health Nursing, 15, 359-371.

Wahl, O. F., and Harman, C.R. (1989). Family Views of Stigma. Schizophrenia Bulletin. 15(1):131-139.

Wenocur, S., and Belcher, J.R. (1990). Strategies for Overcoming Barriers to Community Based Housing for the Chronically Mentally Ill. Community Mental Health Journal, 26(4), 319-333.

APPENDIX A

EXPLORING THE DESIRABILITY OF HOUSING LOCATION
BY CONSUMERS OF PSYCHIATRIC SERVICES

TENANT QUESTIONNAIRE

Site

        1 = Riverside
        2 = Kingston
        3 = Dundas
        4 = Osler
        5 = Eastern

I.D. # ___ ___
(1, 2)

Site ___ ___
(3, 4)

1. How long have you lived in the neighbourhood you are in now?   (years, months)

years ___ ___ (5, 6)
months ___ ___ (7, 8)

2. How long have you lived in the apartment you are in now?   (years, months)

years ___ ___ (9, 10)
months ___ ___ (11, 12)

3. Before we begin this questionnaire I would like you to paint a picture of your neighbourhood.

_____
_____
_____
_____
_____
_____
_____

1

Now, I'd like to ask you some specific questions about your neighbourhood and what it is like. I will be referring to your building as your immediate neighbourhood and the surrounding area as your greater neighbourhood.

4. a) When you look around your immediate neighbour-hood, ie. your building, is it appealing to you? Please comment.

_____

_____

_____

_____

_____

_____

b) How appealing is your building, as a neighbourhood on a scale of 1 to 7, where 1 is very appealing and 7 is not appealing at all.

   1   2   3   4   5   6   7
   appealing   unappealing

(13)

5. a) When you look around your greater surrounding neighbourhood (outside, beyond building), is it appealing to you? Please comment.

_____

_____

_____

_____

_____

b) How appealing is your surrounding neighbourhood on a scale of 1 to 7, where 1 is very appealing and 7 is not appealing at all.

   1   2   3   4   5   6   7
   appealing   unappealing

(14)

2

6. a) What is the noise level like in your building? Is it
       too noisy or too quiet? Please explain.

   _____
   _____
   _____
   _____
   _____
   _____

   b) What is the noise level like on your street? Is it
      too noisy or too quiet? Please explain.

   _____
   _____
   _____
   _____
   _____
   _____

7. a) Is the type of neighbourhood you live in residential
      (with houses and apartments) or commercial/
      industrial (with businesses and warehouses), or a bit
      of both?

                 1 = Residential   (15)
                 2 = Commercial
                 3 = Both
                 4 = Don't know

   b) Do you like this type of neighbourhood?
                 1 = Yes
                 2 = No   (16)

   Please comment.

   _____
   _____
   _____
   _____
   _____
   _____

8. a) Do you feel you "fit" in with the building as your
   neighbourhood?

           1 = Yes
           2 = No
           3 = Don 't know   (17)

   Please comment.

   _____
   _____
   _____
   _____
   _____

   b) Do you feel you "fit" in with your surrounding
   neighbourhood?

           1 = Yes
           2 = No
           3 = Don't know   (18)

   Please comment.

   _____
   _____
   _____
   _____
   _____

9. a) What are your neighbours in your building like?

   _____
   _____
   _____
   _____
   _____

4

b) What are your neighbours in your surrounding area like?

_____

_____

_____

_____

_____

_____

10 a) Please rate how you feel about the type of neighbourhood you live in within your building.

1	2	3	4	5	6	7
very good					not so good	

(19)

b) Please rate how you feel about the surrounding area as the type of neighbourhood you live in.

1	2	3	4	5	6	7
very good					not so good	

(20)

11 a) How comfortable and safe do you feel in your building?

_____

_____

_____

_____

_____

_____

b) What things make you comfortable or uncomfortable in your building?

_____

_____

_____

_____

_____

_____

c) Please rate how safe you feel in your building.

1	2	3	4	5	6	7
very safe					very unsafe	

12 a) How comfortable and safe do you feel in the surrounding area?

_____

_____

_____

_____

_____

_____

b) What things make you comfortable or uncomfortable in the surrounding area?

_____

_____

_____

_____

_____

_____

c) Please rate how safe you feel in the surrounding area.

1	2	3	4	5	6	7
very safe					very unsafe	

13. I want to ask you a bit about the kinds of things that people often find conveniently located in their neighbourhood. Are the following available to you?

                    1 = Yes
                    2 = No
1. Shopping   (23) ____
2. Transportation   (24) ____
3. Banks   (25) ____
4. Schools   (26) ____
5. Work   (27) ____
6. Family   (28) ____
7. Friends   (29) ____
8. Places to socialize   (30) ____
9. Recreational places   (31) ____
10. Medical services (non-psychiatric)   (32) ____
11. Mental health services/support   (33) ____
12. Open spaces/parks   (34) ____
13. Restaurants/coffee shops   (35) ____
14. Other   (36) ____

14. Please rate the following services in terms of how important it is for you to find them in your neighbourhood. The scale is from 1 to 7 with 1 being the most important and 7 being the least important.

    1   2   3   4   5   6   7
most important   least important

1. Shopping   (37) ____
2. Transportation   (38) ____
3. Banks   (39) ____
4. Schools   (40) ____
5. Work   (41) ____
6. Family   (42) ____
7. Friends   (43) ____
8. Places to socialize   (44) ____
9. Recreational places   (45) ____
10. Medical services (non-psychiatric)   (46) ____
11. Mental health services/support   (47) ____
12. Open spaces/parks   (48) ____
13. Restaurants/coffee shops   (49) ____
14. Other   (50) ____

7

15 a) Overall, how do you like living in this building, as your neighbourhood?

_____

_____

_____

_____

_____

_____

b) Overall, how do you like living within the surrounding area, as your neighbourhood?

_____

_____

_____

_____

_____

_____

16. If you could live wherever you like, what would that neighbourhood look like and where would it be?

_____

_____

_____

_____

_____

17. Is there anything else that you would like to say about your neighbourhood?

_____

_____

_____

_____

_____

18. Sex   1 = Male
                   2 = Female   ‾‾‾‾
                                                                 (51)

19. Age
                                                                 ‾‾‾‾ ‾‾‾‾
                                                                 (52) (53)

8

APPENDIX B

Building Characteristics – Middle Class Area

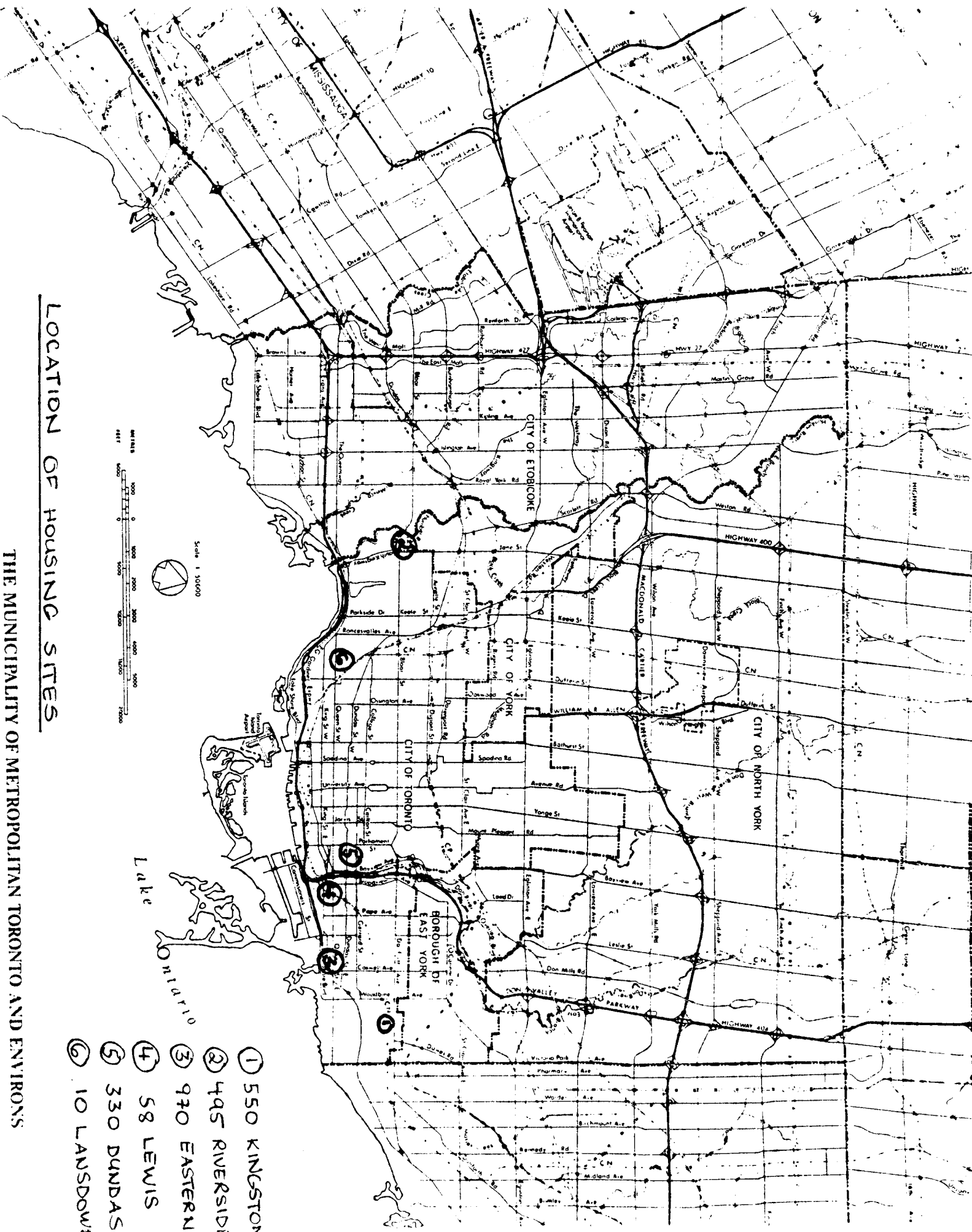|	Total Number of Tenants	Total Number of Apartments	Number of Bachelor Apartments	Number of One Bedroom Apartments	Number of Two Bedroom Apartments	Total Number of Floors	Number of Years Agency Providing Support	Are Tenants Consumer/ Survivors Only?	Number of Tenants Utilizing Other Support Services
Building A (Riverside Avenue)	38-40	25	3	10	12	3	4	No	26 (Including women and children)
Building B (Kingston Road)	140	135	126	9	0	6	4	No	70 (No support services)

Building Characteristics – Lower Middle Class Area

	Total Number of Tenants	Total Number of Apartments	Number of Bachelor Apartments	Number of One Bedroom Apartments	Number of Two Bedroom Apartments	Total Number of Floors	Number of Years Agency Providing Support	Are Tenants Consumer/ Survivors Only?	Number of Tenants Utilizing Other Support Services
Building A (Eastern Avenue)	13	14	14	0	0	3	6	Yes	N/A
Building B (Queen Street)	36	35	31	3 + 1 Handicapped Unit	0	4	7	Yes	N/A
Building C (Lewis Street)	15	15	15	0	0	4	6	Yes	N/A

# Building Characteristics – Lower Class Area

	Total Number of Tenants	Total Number of Apartments	Number of Bachelor Apartments	Number of One Bedroom Apartments	Number of Two Bedroom Apartments	Total Number of Floors	Number of Years Agency Providing Support	Are Tenants Consumer/ Survivors Only?	Number of Tenants Utilizing Other Support Services
Building A (Dundas Street)	29	29	29	0	0	4	3 1/2	No	13
Building B (Lansdowne Avenue)	22	23	20	3	0	3	4	Yes	0

APPENDIX C

LOCATION OF HOUSING SITES

THE MUNICIPALITY OF METROPOLITAN TORONTO AND ENVIRONS

Scale 1:50000
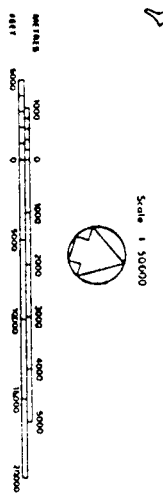
① 550 KINGSTON
② 495 RIVERSIDE
③ 970 EASTERN
④ 58 LEWIS
⑤ 330 DUNDAS
⑥ 10 LANSDOWNE