

Research In Focus: A Weekly Digest of New Research from the NIDILRR Community

For People with Psychiatric Disabilities, Neighborhood Factors May Affect Acceptance and Community Involvement

People with psychiatric disabilities have conditions like schizophrenia, bipolar disorder, or depression. These individuals may encounter stigmatizing attitudes or behaviors from people around them. Forms of such stigma may be overt, such as denying a job to a candidate with a psychiatric disability, or they may be less obvious, like moving away from a person with a psychiatric disability on a bus. These forms of stigma may discourage people with psychiatric disabilities from getting out and doing things in their communities. Past research has found that people with psychiatric disabilities may encounter forms of stigma more often if they live in lower income neighborhoods or among people with more conservative political beliefs. In a recent NIDILRR-funded study, researchers looked at the connections between neighborhood factors, forms of stigma, and community participation of people with psychiatric disabilities. The researchers wanted to find out whether stigma against people with psychiatric disabilities was more common in some types of neighborhoods than others. They also wanted to find out whether people with psychiatric disabilities who felt they encountered more frequent stigma were more or less involved in their communities than people who encountered less frequent stigma, and if this frequency depended at all on the type of housing where the individuals lived.

Researchers at the project on [Examining Determinants of Community Participation Among Persons with Psychiatric Disabilities](#) conducted interviews and surveys with two groups of people. The researchers interviewed 343 adults with psychiatric disabilities who lived in 3 neighborhoods in different parts of the New York City metro area (participants with psychiatric disabilities). They conducted surveys with 608 adults without psychiatric disabilities living in these same neighborhoods (community members). The participants with psychiatric disabilities were receiving housing services from the New York State Office of Mental Health, and they either lived in “congregate housing” (apartment buildings with shared common areas) or “scattered-site housing” (living in separate homes or apartments throughout the neighborhood). In addition, the researchers looked at data from the 2010 Census to learn about the poverty rates in each ZIP code where the participants lived, as well as the housing density and the political leanings of residents in each ZIP code.

The participants with psychiatric disabilities answered questions about their experiences with various forms of stigmatizing attitudes and behaviors, such as how often they felt that others shamed them, avoided them, or treated them poorly because of their psychiatric disability. The participants also rated the severity of their psychiatric symptoms. Finally, the participants with psychiatric disabilities answered questions

about how often they participated in activities in the community, such as socializing with family, friends, and neighbors; going to religious services or other group activities outside the home; and involvement in work-related activities.

The community members answered questions about their attitudes and behaviors toward people with psychiatric disabilities, including stereotypes they held about people with psychiatric disabilities; their openness to including people with psychiatric disabilities in activities; and how often they acted or behaved in a negative manner toward someone with a psychiatric disability such as avoiding, fearing, or speaking differently to a person with a psychiatric disability.

The census data for each ZIP code included such characteristics as the median income; the percentage who received public assistance; the number of homes per square mile; the percentage of female-headed households; the percentage of vacant housing units; and the percentage of residents who voted for a conservative presidential candidate in the most recent election.

The researchers found that:

- Stigmatizing attitudes and behaviors toward people with psychiatric disabilities were more common in some types of neighborhoods than others. The community members living in areas with fewer socioeconomic resources (e.g., lower income, more families receiving public assistance, and higher proportion of female-headed households) reported more stigmatizing attitudes and behaviors against people with psychiatric disabilities than the community members living in areas with more socioeconomic resources. In addition, the community members living in neighborhoods that were less densely populated, with a higher proportion of vacant housing units, and those with more conservative political leanings, also reported more stigmatizing attitudes and behaviors.
- Experiences of stigma had an impact on community participation. The participants with psychiatric disabilities who reported experiencing more stigmatizing interactions with community members reported less participation outside their home and less socialization with friends and family than the participants with psychiatric disabilities who reported experiencing less stigma. This pattern held up even after accounting for the severity of psychiatric symptoms that the participants reported experiencing.
- Housing, stigma, and work participation were related: The participants with psychiatric disabilities who lived in scattered-site housing were less active in work-related pursuits if they lived in communities where their fellow community members reported more stigmatizing attitudes and behaviors. The opposite was true for those participants with psychiatric disabilities who lived in congregate housing. For those participants, higher stigma in their communities was linked to higher levels of work-related involvement.

- Individuals with psychiatric disabilities may have felt stigmatized in their community, even if community members reported fewer stigmatizing attitudes and behaviors. The extent of stigmatizing attitudes and behaviors that the participants with psychiatric disabilities reported experiencing was unrelated to the extent of such attitudes and behaviors reported by community members living in their ZIP codes.

The authors noted that attitudes and behaviors toward people with psychiatric disabilities can vary between communities, and they may depend on multiple factors including the socioeconomic status, political beliefs, and housing type of community residents. Developers of stigma reduction programs may wish to especially target communities that are lower socioeconomic status, more suburban, or more conservative to address misconceptions or fears that may be more prevalent in those communities. For people with psychiatric disabilities, perceptions of stigma can impact their participation in their communities, regardless of the severity of their symptoms. Addressing perceived stigma may be as important as addressing community-level stigmatizing attitudes and behaviors in influencing community participation. In addition, the impact of stigma on work-related activities may be different for individuals who live in more a communal setting compared to those who live in separate housing with no shared spaces. Future research may be useful to better understand how housing situations and neighborhood factors may interact with the attitudes and behaviors of community members to influence community involvement for people with psychiatric disabilities.

[To Learn More](#)

The Rehabilitation Research and Training Center on Community Living and Participation of Individuals with Psychiatric Disabilities offers a diverse collection of resources to [reduce discrimination against people with psychiatric disabilities](#) and [build welcoming communities](#), including workplaces and places of worship.

The Department of Health and Human Services offers a [Toolkit for Community Conversations about Mental Health](#) to help communities and groups plan and facilitate dialogue about mental health.

[To Learn More About this Study](#)

Gonzales, L., Yanos, P.T., Stefancic, A., Alexander, M.J., and Harney-Delehanty, B. (2018) [The role of neighborhood factors and community stigma in predicting community participation among persons with psychiatric disabilities](#). *Psychiatric Services*, 69(1), 76-83. This article is indexed in the NARIC collection under Accession Number J77923.

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