Census Tract Predictors and the Social Integration of Sheltered Care Residents*

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Summary. It would appear that social-environmental circumstances surrounding the place of residence of patients discharged to sheltered care facilities are crucial to their adjustment to and involvement in, community life. Census tract indicators of environmental circumstance were found to be strongly related to an individual's level of social integration. Mental health workers should carefully consider the immediate environmental situation in accepting a residence for the placement of discharged psychiatric clients. Just as emphasis has been placed on the "therapeutic milieu" within the sheltered care facility, attention should be similarly directed to the attributes of the community immediately surrounding potential residential facilities.

Researchers within the mental health field have analyzed census tract data in several ways. One may identify two general approaches. One approach taken by a number of investigators has been to identify distinctive residential sub-areas associated with high rates of mental dysfunctions and/or a high incidence of social disorganization. Such social area analyses direct mental health resources to high risk areas as priority locations for intervention and offer loci for preventive measures aimed at the roots of social disintegration. These research efforts largely focus on the residential origins of new found psychiatric cases. The census characteristics of these "residential origins" are studied to find geographic centers and area circumstances which may be linked to psychiatric morbidity and admission rates.

This is the "ecological approach". Studies with this orientation have focused on place of occurrence of psychiatric pathology, rather than on the personal characteristics of the individuals displaying the psychiatric pathology. Gruenberg (1954) identified census characteristics of tracts in which unusually high rates of cerebral arteriosclerosis and senile psychosis could be found. Bodian et al. (1963) considered the relationship between socio-economic indicators from census tract data and the rate of schizophrenia. Bloom (1966, 1968) considered cluster scores of census information in a Colorado community in terms of psychiatric in-patient care patterns and the identification of ecological correlates of various forms of social disequilibrium. Klee et al. (1967) linked psychiatric episodes found through the Maryland Psychiatric Case Register with census tracts in Baltimore City. Such research endeavors have employed census data as an epidemiological tool.

Some researchers (Pollach, 1965, Redick and Goldsmith, 1972, Rosen, 1974) have sought more refined ecological indicators which may be employed in the prediction of psychiatric pathology. These efforts have largely been directed at developing composite indices which may be used to systematically review the impact of community characteristics on occurrence of psychiatric pathology.

Critics of the ecological approach have

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warned that the properties of a residential area are not necessarily the properties of the individuals who become socially deviant in those residential areas (Clausen and Kohn, 1954). Further, there is a likelihood that the findings reflect a "selective migration" of deviant persons and this would confound hypotheses relating to the etiology of mental dysfunctions based on evidence of residential area characteristics (Wechsler and Pugh, 1967). As well, ecological studies employing census materials at the tract level, assume that there is satisfactory homogeneity within the tracts to justify their use as a basic unit of residential description (Bloom, 1966).

An alternate research approach to the "ecological", has been the consideration of the attributes of the individual patient as they relate to the characteristic of his home locale. This is a "socio-ecological approach". Pollack et al. (1968) have traced census material that is linked to individual subject's place of residence in an attempt to avoid the "ecological fallacy." That is, the independent measures involving community attributes are based on individual level records rather than composite group level records. These researchers found imposing methodological difficulties in securing adequate data at the individual case level from census sources. Employing a different strategy, Wechsler and Pugh (1967) used patient characteristics, as found in individual case records, in comparison with community characteristics as reflected in census data.

This present research endeavor follows in the tradition of "socio-ecological" studies. We wished to consider the community circumstances of individuals who had a history of psychiatric care and who were residing in sheltered care facilities. The study explored the impact of environmental situation, reflected in census information, on the individually assessed level of social integration of people who required psychiatric care and supportive housing in the community.

The intent of this study was not one of understanding the etiology or course of psychiatric dysfunction, but less ambitiously, to assess each subject's present level of functioning while in the community. Could different communities, with differential social environmental attributes, support differing levels of social integration in their respective populations of residents who were living in psychiatric sheltered care facilities? In response to this question, we completed a cross-national comparison between the Province of Saskatchewan and a comparable section of the State of California.

Social Integration: A Community Mental Health Issue

There has been some consensus as to the fundamental aspects of a program of "community mental health". One principal factor is the availability of services within the community setting. Treatment should be available to community members close to their homes. This policy emphasizes treatment procedures for the mentally ill which will result in minimal social dislocation. It differs from the previous policy of removing the mentally ill from the community and placing them in an isolated hospital setting.

The level of functioning in community life that a mentally ill individual maintains provides an indicator of his or her social well being. A successful application of community mental health treatment principles would therefore tend to minimize the severing of relationships between the mentally ill and their geographic and social environments. In this respect, an identified goal of treatment is the community inclusion or social integration of those who had a history of psychiatric care.

While levels of social integration (given an initial baseline) may serve as an indication of the effectiveness of a community mental health program, in this paper we will attempt to show that area characteristics also strongly affect social integration levels. Different areas will support different levels of social integration. Thus, evaluative comparisons between such areas require some method of controlling for significant area differences. Also, of underlying importance to this evaluative goal is the operational definition of "social integration".

Methodology

Our research used the criterion variable: "social integration", as operationalized by Segal and Aviram (in press) in their survey of California Sheltered Care residents. Their measure of social integration was used as our principal measure of differences in the level of functioning of residents in sheltered care. Individuals between the ages of eighteen and sixty-five, who had been diagnosed as having psychiatric dysfunctions and who were mentally incapacitated to the extent that they could not maintain themselves in independent housing, were included in the study.

Considering the social integration of those individuals living in California sheltered care facilities, Segal and Aviram (in press) identified five levels of social involvement:
1. Presence
2. Access
3. Participation
4. Production
5. Consumption

They obtained an index of the amount of time an individual spent within the physical surroundings of his residential facility (presence), his access to goods and services, places, and social contacts available to community members (access), his participation in community, family and social activities (participation), his contributions to the community through work or study (production), and his use of the community's goods and services (consumption). Through this procedure, the concept "social integration" is described and gauged.

In the California Study, the state was divided into three strata:

(1) Los Angeles County
(2) The Bay Area
(3) All other counties in the State

For a cross-national comparison, between the State of California and the Province of Saskatchewan, only the third California strata was selected. That is, the Bay Area and Los Angeles County were dropped from the California data pool. The primary rationale for this procedure was to increase the two areas comparability. It was felt that Los Angeles and the Bay Area represented special cases as they contain large urban areas with high population densities, a highly heterogeneous cultural mix, and are "mini-states" within the larger state of California. When these two areas were "removed" from California, the state held characteristics that more closely paralleled those of Saskatchewan. Urbanization in California became of an order that was more appropriate in comparison with Saskatchewan. The sample became largely white and English speaking which further established homogeneity in the two comparative units. Therefore, for the purposes of this study, "California" was considered as the State of California minus the Bay Area and Los Angeles County.

This "California" sample was drawn from four counties (Mendocino, Sacramento, San Diego and Ventura) selected probability in proportion to the size of their estimated resident bed capacity. These counties are representative of the State of California excluding the Bay Area and Los Angeles County. Though it would have been more desirable to have more counties in this stratum, financial constraints made this an impossibility. A 1/36 sampling ratio was employed resulting in a study sample size of 129 which represented 4,648 individuals in sheltered care in "California".

The steps in the California Social Integration Study, were replicated over the summer of 1974 in Saskatchewan. Saskatchewan is subdivided into eight psychiatric regions. Four of the eight regions were selected randomly with each region being weighted according to the number of beds that were available in that region. Regions selected as representative of Saskatchewan were: North Battleford, Prince Albert, Regina and Saskatoon. A sampling ratio of 1:9 was employed resulting in a study sample size of 98 residents in Saskatchewan. This study sample represented 916 residents in Saskatchewan.

While it might have been desirable, the study populations - i.e., former mental hospital patients living in sheltered care facilities - in our two comparative geographic locales were not compared to "normal" populations in their home areas.

**Predicting Levels of Social Integration with Social Census Tract Information**

As indicated, our study explored whether differences in social-environmental characteristics, as reflected in census tract information between specified areas influenced levels of social integration. We further explored the use of census tract data in predicting the social inclusion of mentally incapacitated individuals into community life. Census variables were analyzed in two geographic locales, the Province of Saskatchewan (Census of Canada - Population and Housing Characteristics: 1971), and the State of California (U.S. Census of Population and Housing: 1970). The census indicators tested for a relationship with the social integration levels of the sheltered care resident were:

**General Population and Area Characteristics**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td></td>
</tr>
<tr>
<td>Number of Males</td>
<td></td>
</tr>
<tr>
<td>Number of Females</td>
<td></td>
</tr>
<tr>
<td>Sex Ratio: Males per 100 Females</td>
<td></td>
</tr>
<tr>
<td>Proportion of Individuals</td>
<td>0 to 14 yrs.</td>
</tr>
<tr>
<td></td>
<td>15 to 24</td>
</tr>
<tr>
<td></td>
<td>25 to 34</td>
</tr>
<tr>
<td></td>
<td>35 to 54</td>
</tr>
<tr>
<td></td>
<td>55 to 64</td>
</tr>
<tr>
<td></td>
<td>65 years and older</td>
</tr>
</tbody>
</table>
(11) Proportion of single marital status
(12) " married "
(13) " widowed "
(14) Urban or rural location
(15) Land Area in square miles
(16) Population density

Income Levels (Socioeconomic Indicator)

Urban
(1) Families with income less $1000 (Pro-
(2) " 1000 - 1999 portions)
(3) " 2000 - 2999
(4) " 3000 - 3999
(5) " 5000 - 6999
(6) " 7000 - 9999
(7) " 10000 - 14999
(8) " 15000 and over

Rural
(1) Families with income $2999
(2) " 3000 - 5999
(3) " 6000 - 9999
(4) " 10000 and over

Ethnic Homogeneity

California: Population white
Proportion white

Saskatchewan: Population English speaking
Proportion English speaking

Household Composition and Family Structure

(1) Youth dependency ratio: persons and under
15 years of age per 100 persons 15-64
years of age
(2) Aged dependency ratio: persons 65 years
of age and over per 100 persons 15-64
years of age
(3) Proportion of non-family persons in
households
(4) Proportion of persons per household
(5) Proportion of persons per family
(6) Proportion of children per family

Type of Housing

(1) Number of occupied dwellings
(2) Number of rented occupied dwellings
(3) Number of owner occupied dwellings
(4) Proportion of occupied dwellings
(5) Average rooms per dwelling
(6) Proportion of persons per room

(7) Proportion of one person households
(8) Proportion of two person households
(9) Proportion of three person households
(10) Proportion of four and five person households
(11) Proportion of six or more person households
(12) Number of households with lodgers
(13) Proportion of households with lodgers
(14) Number of one person households
(15) Number of six or more persons households

Census Tract Indicators and Social Integration:
Data Analyses and Study Results

In comparing the "California" and Saskatchewan
groups, two non-environmental factors related
to social integration were noted as being
distinctly different. Saskatchewan's population
had higher levels of psychopathology (as
assessed on Overall and Gorham's (1962)
Brief Psychiatric Rating Scale) and lower levels
of education than those characterizing the
"California" population. Since resident level
of psychopathology was negatively related to
social integration (r = -.26; p < .05) and educa-
tional achievement was positively associated
with the criterion (r = .24; p < .05), these
variables were controlled for in an analysis
of variance comparing levels of social integra-
tion in "California" and Saskatchewan. Given
these controls, Saskatchewan residents were
found to be significantly more integrated into
their home communities than were their
counterparts in "California" (F = 3.85, df = 205, p < .05). 1 Saskatchewan was significantly
higher in controlled social integration in both
rural (F = 5.47, df = 83, p < .02) and urban
(F = 37.04, df = 123, p < .001) settings.

Considering these different levels of
social integration between the two comparative
locales, the question may be raised as to the
influence of ecological factors. Would income
levels, family size, population density, and
other socio-environmental circumstances ac-
count for levels of social integration?

To pursue this question a multiple re-
gression analysis was employed using

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1 All significance tests were computed
assuming a simple random sample. If, how-
ever, we take design effects into account by
reducing the effective degrees of freedom in
each test to one-fourth of the actual number,
the results do not change substantially. All
significant results remain significant at the
.10 level or better.
Saskatchewan and California census tract information. To account for the influence of the intervening factors of resident pathology and resident education, the variance related to these two factors was controlled in all regression analyses of social integration with the census tract variables.

Each census variable found to account for some variance in social integration was viewed on a scatterplot to ensure linearity in the relationship and consistency in the scatter of scores. All variables included in the final multiple regression analysis were significantly correlated to social integration (p < .001). Any census indicators highly correlated (r > .80) with other census indicators were excluded from the analysis to prevent the intrusion of multicollinearity.

Regressions were calculated separately for urban and rural areas from the combined "California"/Saskatchewan sample. The results of the final multiple regression analysis for rural areas are described in Table 1. Table 2 lists the results of the final multiple regression analysis for urban areas.

In summation, socio-environmental circumstances as indicated by census tract information accounted for 42% of the variance in the social integration levels of residents in urban areas of California and Saskatchewan, and accounted for 98% of the variance in the rural areas.

The Relationship of Cross-National Differences to Levels of Social Integration

To test the hypothesis that level of social integration differences between California and Saskatchewan could be explained by environmental differences in the two locales, comparisons were made of those indicators found to predict variance in social integration. If those positively related to social integration were more characteristic of Saskatchewan, it would support the contention that the environmental differences between California and Saskatchewan accounted for their overall differences in resident levels of social integration.

A one-way analysis of variance to assess cross-national differences was completed between "California" and Saskatchewan urban and California and Saskatchewan rural indicators, respectively. Differences between Saskatchewan and "California" were found to be significant at the p < .001 level for every significant urban and rural predictor census variable.

Table 1. Predictors of social integration in rural areas

<table>
<thead>
<tr>
<th>Census Variable</th>
<th>Multiple &quot;R&quot;</th>
<th>R Squared</th>
<th>Simple &quot;R&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of individuals 15 to 24 years old</td>
<td>0.3363</td>
<td>0.1131</td>
<td>-0.3363</td>
</tr>
<tr>
<td>Proportion of married marital status</td>
<td>0.6328</td>
<td>0.4005</td>
<td>-0.32108</td>
</tr>
<tr>
<td>Proportion of rented occupied dwellings</td>
<td>0.7736</td>
<td>0.5985</td>
<td>0.1391</td>
</tr>
<tr>
<td>Proportion of non-family members in households</td>
<td>0.7989</td>
<td>0.6383</td>
<td>0.3212</td>
</tr>
<tr>
<td>Youth dependency ratio</td>
<td>0.9919</td>
<td>0.9840</td>
<td>0.1715</td>
</tr>
</tbody>
</table>

Table 2. Predictors of social integration in urban areas

<table>
<thead>
<tr>
<th>Census Variable</th>
<th>Multiple &quot;R&quot;</th>
<th>R Squared</th>
<th>Simple &quot;R&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals 65 years and older</td>
<td>0.4527</td>
<td>0.2050</td>
<td>0.4527</td>
</tr>
<tr>
<td>Proportion of families with income $15,000 and over</td>
<td>0.5721</td>
<td>0.3273</td>
<td>-0.4021</td>
</tr>
<tr>
<td>Proportion of individuals 15 to 24 years old</td>
<td>0.5953</td>
<td>0.3544</td>
<td>0.3666</td>
</tr>
<tr>
<td>Sex ratio: Males per 100 females</td>
<td>0.6138</td>
<td>0.3768</td>
<td>-0.4044</td>
</tr>
<tr>
<td>Number of rented occupied dwellings</td>
<td>0.6242</td>
<td>0.3896</td>
<td>0.4136</td>
</tr>
<tr>
<td>Proportion of individuals 35 or 54 years old</td>
<td>0.6359</td>
<td>0.4044</td>
<td>-0.3431</td>
</tr>
<tr>
<td>Proportion of six or more person households</td>
<td>0.6450</td>
<td>0.4161</td>
<td>0.2428</td>
</tr>
</tbody>
</table>
Table 3. Locale most characteristic of greater social integration

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Direction of the Correlation with Social Integration</th>
<th>Direction of Scores Predictive of Positive Social Integration</th>
<th>Locale Most Characteristic of Positive Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. 65 yrs. +</td>
<td>positive</td>
<td>high range</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>Prop. 15,000 per year +</td>
<td>negative</td>
<td>low range</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>Prop. 15 to 24 yrs.</td>
<td>positive</td>
<td>high range</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>Sex ratio</td>
<td>negative</td>
<td>low range</td>
<td>California</td>
</tr>
<tr>
<td>No. of renter occupied dwellings</td>
<td>positive</td>
<td>high range</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>Prop. 35 to 54 yrs.</td>
<td>negative</td>
<td>low range</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>Prop. of 6+ person households</td>
<td>positive</td>
<td>high range</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>Rural</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prop. 15 to 24 yrs.</td>
<td>negative</td>
<td>low range</td>
<td>California</td>
</tr>
<tr>
<td>Prop. married</td>
<td>negative</td>
<td>low range</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>Prop. dwellings rented</td>
<td>positive</td>
<td>high range</td>
<td>California</td>
</tr>
<tr>
<td>Non-family in households</td>
<td>positive</td>
<td>high range</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>Youth dependency</td>
<td>positive</td>
<td>high range</td>
<td>Saskatchewan</td>
</tr>
</tbody>
</table>

Table 4. Proportions of variance characteristic of the positive indicators in the Saskatchewan environment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>R²</th>
<th>Change (Proportion of Variance Accounted For)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Indicator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Dependency Ratio</td>
<td>0.34565</td>
<td>(Total rural variance accounted for by all indicators)</td>
</tr>
<tr>
<td>Proportion Married</td>
<td>0.28737</td>
<td>0.03981</td>
</tr>
<tr>
<td>Non-family persons in households</td>
<td>0.67283</td>
<td>0.98402)</td>
</tr>
<tr>
<td>Urban Indicator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number 65 yrs. and over</td>
<td>0.20501</td>
<td></td>
</tr>
<tr>
<td>Prop. 15,000 + per yr.</td>
<td>0.12229</td>
<td>(Total urban variance accounted for by all indicators)</td>
</tr>
<tr>
<td>Prop. 15 to 24 yrs. old</td>
<td>0.02720</td>
<td>0.01273</td>
</tr>
<tr>
<td>No. of renter occupied dwellings</td>
<td>0.41606)</td>
<td>0.01484</td>
</tr>
<tr>
<td>Prop. 35 to 54 yrs. old</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prop. 6+ persons in households</td>
<td>0.01165</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.39372</td>
<td></td>
</tr>
</tbody>
</table>
three of the five census predictors which were related to higher levels of social integration were more characteristic of the Saskatchewan environment.

When those indicators that were characteristic of Saskatchewan were analyzed, it was found that they did account for major proportions of the total variance explained in social integration scores. This held in both urban and rural environments. These findings are outlined in Table 4.

In rural areas, five census tract indicators accounted for 98.4% of the total variance in social integration scores (while this proportion of explained variance seemed extremely high, it has been checked several times and found valid). The three indicators associated with positive social integration and characteristic of Saskatchewan contributed 67.28% of the total variance in rural areas. Therefore, some two-thirds (0.67283/0.98402 = 68.37%) of the variance explained in rural areas is comprised by indicators reflective of the positive environmental circumstances more particular to the Saskatchewan rural locales. This would support the hypothesis that differences in social integration between Saskatchewan and "California" rural areas, can be attributed to their differing environmental circumstances as reflected in census tract indicators.

In urban areas, seven census tract indicators accounted for 41.61% of the total variance in social integration scores. The six indicators associated with positive social integration scores and characteristic of Saskatchewan contributed 39.37% of the total urban variance. Therefore, almost all of the variance explained (0.39372/0.41606 = 94.63%) is comprised by indicators reflective of the positive environmental circumstances more particular to the Saskatchewan urban locales. This would strongly support the hypothesis that differences between Saskatchewan and "California" in social integration in urban areas, can be attributed to their differing environmental circumstances as reflected in census tract indicators.

Identifying Supportive Communities for the Severely Mentally Incapacitated

Because we are limited in the number of socio-environmental factors that were employed in this analysis, it would seem premature to build comprehensive conceptual models relating to the community integration of mentally incapacitated individuals who reside in rural and urban areas. Factors such as area educational levels, occupational characteristics, migration, and cultural dynamics would surely be indicated in such sociological models. However, from the predictors which have emerged in the rural and urban settings, one may identify a general pattern characteristic of community circumstances related to higher levels of community involvement for the residents of psychiatric sheltered care facilities. Communities conducive to the reintegration of individuals with a history of psychiatric care, concurrently appear to be characterized by moderate social disorganization.

The "supportive communities" appear to be those in which there exists neither strong social cohesion (high social organization) nor severe social disintegration (low social organization). Socially cohesive communities may be described as high in intact (mother-father-child) family units, and homogenous in terms of race, class, and educational characteristics. Individuals living in these areas would more frequently participate in community clubs and civic organizations, and would maintain regular religious affiliation. They would own, rather than rent their dwellings, and would constitute a largely non-transient group. Many suburban areas would correspond to this description of social cohesion. Communities with social disintegration or low social organization, would be those marked with disruption and deviancy. Those locales are high in crime rates, delinquency, drug consumption, and suicide. Residents in the highly disorganized community would be largely male, and of single marital status. Many "slum areas" and "skid rows" would correspond to such a community setting.

Our census tract predictors positively related to social integration described community characteristics that would fall between social cohesion and social disintegration. They describe less cohesive communities in that in rural settings, low proportions of married couples, higher rates of single parent families, never married, and divorced individuals were characteristic of positive social integration. There were also many individuals living with non-family persons, and a high proportion of rented dwellings suggestive of transience. Similarly, the urban locales conducive to the social integration of the sheltered care resident had many aged who also constitute a socially detached minority. These urban areas had many overcrowded dwellings with six or more persons living in them. There were low proportions of middle aged individuals (35 to
54 years of age) who would constitute family heads. There were many rented dwellings suggesting transiency. The urban locales had very few families earning 15,000 annually. In both the urban and the rural settings characterized by high levels of social integration, the community circumstances work against strong social cohesion.

However, both urban and rural settings characterized by achievement of high social integration differed from communities characterized by high social disintegration. In the rural settings, there were high proportions of children (individuals under 15 years of age). In the urban settings, there was a lower proportion of males than females. These circumstances are not characteristic of highly socially disintegrated locales, and tend to suggest that the areas in which research subjects achieved high levels of social integration were of low social organization but not to a severe degree.

A contradiction existed in that few individuals between 15 and 24 years of age were found in rural supportive communities, while this was a relatively large group in the supportive urban communities. This age group may have a different social impact in urban and rural environments. The relationship is not clear.

There are significant implications in the finding that individuals with a prior history of psychiatric care achieved higher levels of social integration in communities characterized by lower social cohesion. The frequent placement of ex-patients by mental health professionals into sheltered care facilities in socially cohesive suburban areas may serve to increase the residents' social isolation. The "closed ranks" of the socially cohesive community may be difficult to penetrate leaving the ex-patient anchored to the sheltered care facility for social contact and detached from the surrounding community. It seems that a more traditional type of family community with already established social networks (Bott, 1971) would offer little opportunity for social involvements for the sheltered care residents outside their place of residence. At the other extreme, areas of high social disintegration may provide too chaotic and threatening an environment, thus limiting the occurrence of regular social interaction. Residents in psychiatric out of home care facilities may need an environment that is less cohesive, to the extent that they can make social contacts and be less visible as "outsiders". Yet, they also need an environment that is not so socially disintegrated that they are surrounded by a largely deviant popu-

lation which limits their access to participation in community life. Our census predictors describe residential areas which may meet these requirements.

Census Tract Indicators and Social Integration: A Discussion of Results

The "psychiatric patients" residing in Saskatchewan sheltered care facilities appear to be more favorably housed in the community in respect to their levels of social integration. When controlled for level of pathology and level of educational achievement, it was noted that the Saskatchewan residents scored significantly higher on social integration scales. This finding indicated they had more access to goods and services, more consumption of goods and services, and more participation with family and friends. This would tend to support the position that the Saskatchewan residents were being more actively exposed to social functions within their home communities than were those in California.

The linkages between the level of social integration and the community characteristics are not clear. These community characteristics may be reflective of social groupings whose attitudes toward, and association with, the mentally incapacitated are structurally determined. This in turn may hinder or accelerate the social integration of the sheltered care resident group. Through the testing of census tract data, one may be tapping those socio-economic factors which are the underpinnings of public attitude towards the mentally ill. The census predictors may describe "supportive communities" whose socio-environmental circumstances create a community social structure that enhances integration of the "mentally ill" and provides a neighborhood atmosphere that reduces the exclusion of socially deviant individuals. On the other hand, these census characteristics may be purely temporal, statistical concomitants, identifying communities in which heightened access, consumption, production, and participation may be found for those who require psychiatric care. As noted before, more extensive analysis is required which would employ a wide enough array of environmental variables (such as the housing circumstances, income levels, family characteristics, employment situations, and educational achievement within localities) to test community focused, socio-environmental models and to investigate their utility in forecasting social outcomes for discharged psychiatric patients.
Caution must be exercised in the interpretation of our census predictors. These census factors do not predict the social "re-integration" of the "mentally ill" back into communities to a situation of complete independence in housing. They do predict the levels of social integration which can be achieved by residents who are being housed in sheltered care facilities. The factors which promote high social integration while residing in a sheltered care facility may not be the same as those which would predict accelerated progress to a situation of independent housing. One might assume that these two circumstances would be related but we do not have empirical verification to substantiate this assumption.

The findings offered here permit program planners to select census areas when choosing sites for sheltered care facilities. Those locations which are consistent with the indicators, which predict higher social integration, may offer more hope of successful placement of individuals requiring special housing as a result of psychiatric disabilities (given that supportive treatment and after-care services are maintained at least at their present level). In effect, these predictors may suggest "supportive communities" within specific census tract areas, in which special care facilities may be more productively placed.

References


Redick, R. W., Goldsmith, H. F.: 1970 census data used to indicate areas with different potentials for mental health and related problems. NIMH: Methodology Reports, Series C., No. 3, 1972
Wechsler, H., Pugh, T. F.: Fit of individual and community characteristics and rates of psychiatric hospitalization. Am. J. Sociol. 73, 331-338 (1967)

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