Building up safe havens all around the world': users' experiences of living in the community with mental health problems.

Abstract

Deinstitutionalisation moved the focus of psychiatric care away from hospital institutions to community settings. Mental health services are no longer driven by a policy of illness containment, although detention and coercion retain legislative and cultural legitimacy, because the conceptual and practical focus of caring for people in the 1990s is built around journeys to(wards) ordinary â€˜independentâ€™ living. This paper draws upon the experiences of people with enduring mental health problems to explore the positions, roles and therapeutic benefits established by socio-spatial networking in the community. Social isolation and community integration are polar extremes, two very different â€˜locationsâ€™ on a â€˜theoreticalâ€™ rehabilitation pathway shaping mental health policy and community care practices. The paper assesses these two locations and
health policy and community care practices. The paper assesses these two locations and searches for the middle-ground in practice. It draws on the concept of normality to compare service user and professional perspectives on the rehabilitation process. The paper argues, with optimism, that spaces of rehabilitation are being found ‘in the community’ but notes that until mental illness is de-stigmatised and society celebrates difference, creating space for ‘Mad Pride’, the post-asylum landscape must continue to evolve in search of models of good community care practice and potential landscapes of caring. The research presented in the paper was carried out with Rehabilitation and Community Care Services (RCCS) in Nottingham (1994–1997), and is based upon fieldwork observations and in-depth interviews with RCCS staff and 25 service users.

Keywords
Mental health; Social isolation; Community integration; Independent living

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