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ECOLOGICAL CONSTRAINTS ON MENTAL HEALTH SERVICES

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The concept of ecology is particularly relevant for defining a community mental health program. While the Federal legislation for the construction of community health centers implicitly approaches a conceptual statement, the legal language of the legislation does not make explicit reference to public health principles or an ecological thesis (Community Mental Health Centers Act, 1964). In this paper I will review community mental health programs as a problem for human ecology.

An ecological analysis of mental health services refers to at least three different types of problems. One type of problem is essentially an analysis of social or organizational systems such as a study of the relationship between mental health services and other community services. The assumption for this type of problem is that any change in the operation of one service unit will affect the operation of all other service units. An increase in admissions to one local mental health facility, for example, can be attributed to a decrease in service opportunities at another facility or may indicate changes in stress tolerance for the social structure of the local population. This type of problem is often defined as operations research.

A second type of ecological problem is the study of the relationship between the physical environment and individual behavior. Studies of population density, response of local population groups to public housing, or effects of urban renewal upon styles of living are examples for evaluating the effects of nonpersonal structures upon behavior (Calhoun, 1963; Fried, 1963; Wilner, Walkley, Pinkerton, & Tayback, 1962). The assumption for this type of problem is that urban design has observable constraining or unfolding effects upon social behavior (Lynch, 1958, 1960).

A third type of problem is the study of the relationship of the individual to his immediate social environment (French, 1963). Here emphasis is

upon interrelations between individuals in specific behavior settings (Raush, Dittrman, & Taylor, 1959; Raush, Farberman, & Llewellyn, 1960; Sells, 1963a, 1963b). The most apt example of this type of work is Barker's taxonomic studies of a midwest town (Barker, 1960, 1963, 1965) as well as the work of naturalists and animal ecologists in their investigations of the social behavior of animals (Etkin, 1964; Klopfer, 1962; Lorenz, 1952). The most well-documented and replicated finding of this wide range of work is that group size has significant effects upon individual behavior in such diverse units as high schools and be colonies (Barker & Gump, 1964; Forehand & Gilmer, 1964; Thomas & Fink, 1963). The small social group has fewer status differentials, fewer expressions of maladaptive behavior, and a higher work output per unit than larger social groups. For this last type of problem the assumption is that social structure and individual behavior are reciprocal. It is this premise that is most provocative for considering community mental health programs.

Each of these three types of problems defines a specific social environment, examines the discrete psychological activities within that environment, and then studies the behavior of individuals who are members of the particular social environment. The ecological thesis is that there are predictable patterns of individual behavior which are characteristic of any one social situation and that the expressive behavior of individuals changes in a newly defined social setting.

The Federal legislation with the opportunity to construct approximately 500 mental health centers over the next 3 fiscal years will definitely affect the visibility and, it is hoped, the effectiveness of mental health services in most metropolitan areas. Unless there is a clear conception of programming that is independent of brick and mortar these centers may perpetuate treatment methods which are increasingly outmoded, rather than initiating a new conception of psychological service. While I recognize that the National Institute of Mental Health is actively supporting changes in treatment concepts, we who can benefit from the legislative pro-
gram are not always ready for the challenge of innovation unless the philosophy for the social change is readily apparent (LaPiere, 1965; Vickers, 1964).

As an initial attempt to express a point of view, I will offer four principles for community mental health programming that are consistent with an ecological thesis.

**Principle One: The Community as the Client**

The first principle is that assessment methods are focused on the total population rather than on those persons who presently receive a mental health service. Special attention is given to changes in the quantity and form of maladaptive behavior in the population. Under this principle the staff of the community mental health program in cooperation with other community resources is concerned with predicting the effects of the physical and social structure of the community upon persons who have different styles of living. The community mental health staff also is concerned with anticipating the effects of services upon the adaptive behavior of the population. It is an assumption of an ecological analysis that the expression of adaptive behavior will vary from place to place. Hence services should also be designed to be multiple and varied. In order to implement this principle new kinds of basic data will be needed, such as analyses of population movement and knowledge of how persons in the local community manage crises (Klein & Lindemann, 1961). The primary research task is to accurately assess the type of behavior which will be adaptive in one situation and maladaptive in another.

The model for such a program is not clinical psychiatry, psychiatric social work, or even clinical psychology. Instead, it is community development. Mental health services become one part of a total array of services dealing with the emergent behavior of a local population. The generation of new services is closely linked with a continuous evaluation of behavior perceived by representative segments of the local population as problem behavior. In addition to the linkage of mental health services with other community services there are other alterations in the assessment process. The psychologist active in community mental health work is equally concerned with the analysis of behavior settings as he is with the individual motivations of a client, and he spends as much time in the community as he spends when he is insulated from the community in his private office. In sum, the program is sufficiently accessible to the population so that adequate analysis can precede intervention (Caplan, 1964).

**Principle Two: Reducing the Use of Community Services**

One of the advantages of such an approach is that persons who have demonstrated a high risk for service can be identified in their natural setting. The second principle that I am proposing is that mental health services are designed to reduce a high risk for community service. In some communities high-risk groups consist of persons who have demonstrated that they are chronic recipients of multiple community services. In other localities, or for other groups of population a high-risk status may consist of persons who have had multiple contacts but with only one type of service. In both instances failure to respond to therapeutic efforts may represent multiple factors, including the provision of professional help which is divergent from the client's culture. A client's apparent maladaptive behavior also may indicate attempts to attain an adaptive solution to an anticipated new role. Deficiencies in mental health services to persons in lower-class cultures can be attributed to inaccessible professionals, which has reduced the creation of workable interventions (Phillips, 1963; Reissman, Cohen, & Pearl, 1964). Another basis for proposing as a fundamental principle of community programming services to high-risk groups is that mental health services should focus on negatively valued behaviors that are visible but are unserviced. Commitment to the community's unsolved problems helps acquire knowledge that is necessary for effective prevention. The administration of community health programs has indicated that prevention services that reduce the incidence of maladaptive behavior require changes in the social structure of the local population. Before recommendations for change can be considered, knowledge of the current ineffective social structure is essential.

**Principle Three: Strengthening Community Resources**

In addition to a preference for the continuous analysis of community behavior and a commitment to services for the high-risk populations, a third
principle for community mental health program-
ing is the creation of professional and research
services to local community resources. By init-
iating the informal coordination of current services,
the community mental health program helps to
create specific new community services as needed.
The range of such new services is open. Consulta-
tion programs and educational services have been
identified in the Federal legislation, but these are
not exhaustive. Collaboration activities, the cre-
ation of staff development institutes, and provision
of multiple research services are other examples.
To the extent that mental health programming is
participating as a community resource, the mental
health program takes the leadership in creating
a valid basis for problem solving. Implementing
this principle has direct effects on professional
training. In addition to competence in psycho-
therapeutic techniques, this new professional also
acquires competence in other methods for pro-
ducing change (Albee, 1964). Knowledge of con-
sultation concepts, collaboration methods, com-

munity organization skills, as well as basic methods
for community development becomes essential
(Gelfand & Kelly, 1960; Kelly, 1965). As the
mental health professions acquire these skills, they
also become more familiar with the role of the
layman and the indigenous leader as effective
change agents (Kelly, 1964b). Active participa-
tion in community programming not only has the
advantage of developing effective services, but it
increases the chances of the mental health profes-
sions becoming more closely aware of the conse-
quences of any particular intervention upon the
client's behavior. In this way programming helps
to clarify the relative effectiveness with which ser-
VICES are responding to the expression of community
problems.

PRINCIPLE FOUR: PLANNING FOR CHANGE

As the community mental health program par-
ticipates in a continuous assessment of adaptive
behavior of the local population, and as services
are provided to high-risk groups as well as selected
community resources, the program achieves a
fourth important function: planning for change
(Kelly, 1964a). I do not mean scheming for
change, or proclaiming utopias, but I refer to
mobilizing anticipatory problem solving not only
for clients but for professionals as well (Perlloff,
1963; Seeley, 1962). This principle also refers to

a responsible caution for the outcome of programs,
and considers the effects of valid as well as invalid
outcomes upon the organization of services or the
structure of the community. I would hypothesize
that as the planning function accelerates in a
community the local area will become more effi-
cient and productive but less comfortable. While
the planning function can facilitate economic de-
velopment and more effective use of resources—the
planning process itself changes the social structure
and can lead to temporary disruption of the
regulation of normative behavior.

The planning function becomes particularly
salient in large metropolitan areas where mental
health services are increasingly a part of govern-
ment operations along with other health and wel-
fare services. As funds for mental health services
become a major budget item, closer attention will
be given to the clarity of program objectives as
well as the criteria for program evaluation. Estab-
lishing this type of planning function should help
to manage an increasing problem for public mental
health services, namely distinguishing political ob-
jectives from professional objectives prior to pro-
gram development. For the ecologist who is in-
volved in the analysis of community structure and
the development of services, the planning orienta-
tion is basic. The elements of the planning cycle
include data sources which provide continuous
input of the interdependent and reciprocal effects
of three elements: the plan, community services,
and the population at risk.

THE ECOLOGY OF THE INDIVIDUAL: ASSERTIONS

The above comments have been presented as one
alternative conception of community mental health
work based upon the ecological thesis that adaptive
programs change (Dubos, 1959, 1962). The con-
cept of ecology is also particularly valid for the
assessment of individual behavior in social situa-
tions and provides a redefinition of clinical practice.
The client is viewed as an individual in a specific
social situation with the consequence that expres-
sive behavior is assessed in terms of the structure
and function of the social setting in contrast to
an analysis of intrapsychic motivations. In the
same way explanations of behavior change are not
restricted to the interaction between an expert and
a client but are viewed as taking place in multiple
settings. A change agent becomes a person who
alters behavior independent of formally designated helping roles. The social effectiveness of indigenous leaders under this model becomes as relevant a research topic as the efficacy of treatment institutions or treatment techniques.

One of the primary features of an ecological conception of behavior is the redefinition of pathology. Behavior is not viewed as sick or well but is defined as transactional—an outcome of reciprocal interactions between specific social situations and the individual. Adaptive behavior then can be expressed by any individual in a restricted number of social settings or in a variety of environments, and can vary from time to time as well as from place to place. The research task is to clarify the precise relationships between individual behavior and social structure that differentially affect various forms of adaptive behavior. The work of Orth (1963) in his studies of the Harvard Business School, Mechanic (1962) in his analysis of a graduate department in the behavioral sciences, Becker's analysis of the socialization of medical school students (Becker, Blanche, Hunger, & Strauss, 1961), and Barker and Gump's (1964) pioneering analysis of a midwestern high school illustrate the potential for studying adaptation to social structures.

The present writer is presently conducting a study of teenagers' social adaptation to high schools. The study is concerned with the response of socially and geographically mobile youths to the life of a high school environment. The purpose of this research is to clarify the socialization process of high school youths that is relevant for understanding the variability of adaptation in different high schools, changes in adaptation over time and across situations, as well as the effects of various patterns of mobility history upon adaptation. To date pilot work and scattered impressions from the literature suggest that the social structure of the high school is a primary setting for the learning of subsequent adaptations (Kantor, 1965). This study is another example of research that I consider relevant for understanding individual behavior in large social units and the type of work that is basic for an ecological conception of community mental health programs. This type of study, and the point of view that has generated this research, I hope may contribute to a psychological understanding of the social environment and help to grasp a clearer sense of man's versatility.

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