8. Community Support Services

ISSUES:
The concept of community support systems began in the 1960s, when President Kennedy enacted the Community Mental Health Center Act. Over the years, many authors, researchers, and advocates have expounded on various community support system models. Some have developed flow charts, pie graphs, and even wheels to better illustrate community supports and how they tie into a network of overall care. Unfortunately, these illustrations do not accurately emphasize the importance of housing and employment in our recovery process.

It appears that we are reaching a point in the consumer/survivor movement where we must reflect on our responsibility to advocate for better housing and employment opportunities. As a movement, have we minimized the importance of community support systems by not verbalizing an organized message? Perhaps we have been ignoring these issues because we find ourselves embattled in more controversial issues like outpatient commitment, ECT, involuntary commitment and abuse. But now is the time for the consumer/ survivor movement to make a statement that clarifies our community support systems needs and that upgrades issues like housing and employment opportunities in our overall agenda.

• Housing

BACKGROUND:
Surveys — as well as common sense — indicate that consumers prefer to live in decent, safe and affordable housing in the community, rather than in institutions. Unfortunately, many of our peers are living on the streets or are packed into group homes or are living in other undesirable conditions, while others remain on long waiting lists, with no place to live.

Recently, the *Olmstead* decision clearly established the right of people with mental illness to live in the community, and supported the continuing move away from institutionalization. However, the 6-3 deci-

sion by the Supreme Court cannot be considered an unqualified victory. Although the Court held that, under the integration mandate of the Americans with Disabilities Act (ADA), states may have to release people from state institutions and find placements for them in the community, it also found that such placements may be contingent on a variety of factors, including professional opinions and the state's resources.

What is needed is a range of residential alternatives in the community — with an emphasis on the most mainstream options — that offer different levels of support and assistance to people, depending on their preferences and needs.

• Employment

BACKGROUND:
Research has increasingly shown that work is central to the recovery of people with mental illness. Work helps define people — whether or not they have a mental illness — and allows them to make a contribution, as well as providing social supports, structure, and a paycheck.

One barrier that often discourages consumers from seeking competitive employment is their fear of losing their disability benefits. For this reason, people should educate themselves about the effect of part- or full-time employment on their benefits, and about work-incentive programs that exist through public assistance, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

The Americans with Disabilities Act helps protect people with disabilities, including mental illness, against workplace discrimination, and includes a provision that the employee must be given reasonable accommodation, which might include a quiet work station, more frequent breaks for water or to use the bathroom, and time off to see a therapist. However, the stigma of mental illness is such that, unless a psychiatric history is an asset — such as in many jobs in the mental health arena —job applicants are usually better off concealing their disability, since it is extremely difficult for unsuccessful candidates to prove discrimination.

Employers in the public mental health arena may be expected to make accommodations in order to hire consumers of mental health services. However, it has been much more difficult for people with mental disabilities to find work in the private sector, or to return to such jobs after an acute episode of mental illness.

Another problem is that, when people with mental illness seek jobs with the help of vocational rehabilitation agencies, their talents, skills and preferences may not be taken into account. Instead, they may be offered jobs in the three Fs — "food, filth, and filing." However, there are now many consumer-/survivor-run services around the country that are offering people something other than the three Fs. Besides volunteer and employment opportunities and job training and placement services, the programs offer role models, and hope.

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FACILITATOR:
Joel Slack, a member of the senior management of the Alabama Department of Mental Health, is president of Respect International, a non-profit organization dedicated to influencing the development of consumer advocacy worldwide. This past year, Joel lived in Sweden and served as a consultant and trainer throughout Western and Eastern Europe. Joel is a board member of the Geneva Initiative on Psychiatry Reform, which is mandated to reform psychiatric practices in post-totalitarian countries. Joel is a former member of the National Advisory Council to the Center for Mental Health Services.

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