INTER-URBAN VARIATIONS IN ATTITUDES TOWARD COMMUNITY MENTAL HEALTH AND CORRECTIONAL FACILITIES

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ABSTRACT

This research paper allows a comparison of attitudes towards two types of residential group homes in three cities. The main objective of the study is to examine variation in attitudes among the three cities, Toronto, Ottawa and London. The second objective is to determine whether attitudes differ by type of facility, the mental health facility which serves psychiatric patients and the correctional facility which serves criminal offenders. Information for the study was obtained from a questionnaire conducted by the Canadian Training Institute (CTI) in 1983. Respondents were asked to indicate their attitudes towards the mental health and correctional facility in terms of their impacts on the neighbourhood and their desirability at different distances to home. Sample characteristics of the three cities were evaluated to test the effects of demographic variables on attitudes. The results show that attitudes vary by city with the London sample expressing the most supportive attitude and the Ottawa sample, the least supportive. The level of opposition to the correctional facility is much greater for all facility impacts, distance locations and for each of the three city samples, Toronto, Ottawa and London.

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CHAPTER 1 : INTRODUCTION

In the field of medical geography, a major focus of study has been public attitudes towards residential-based facilities. Since the policy of deinstitutionalization was implemented in the 1960s and 1970s, a large proportion of psychiatric patients have been discharged to the community. Residential-based facilities have been established in many communities and often are a source of public opposition. Consequently, the success of deinstitutionalization is significantly affected by public attitudes towards the entrance of residential-based facilities into their neighbourhoods.

The research objective is basically twofold. The first is to analyze if attitudes towards community mental health and correctional facilities varies spatially. In order to test this hypothesis, relevant data from three cities, Toronto, Ottawa and London, will be used. The second objective is to analyze whether attitudes differ towards different types of facilities. In order to test the second hypothesis, the mental health and the correctional facility will be compared in each city in terms of different facility impacts to see whether attitudes differ due to facility type.

To clarify the research objective, it is necessary to define a few key terms. The term 'community mental

health facilities', include residential care facilities, outpatient services, social and therapeutic programmes and vocational services (Dear & Taylor, 1982). Residential care facilities involve ex-psychiatric patients living in the residential neighbourhood on a semi to full-time basis. The term 'correctional facilities' refers to the residential-based homes of ex-offenders such as half-way houses. Correctional facilities are expected to generate more negative attitudes than any other type of residential-based home because of the clientele they serve. Therefore, the research paper will focus on the attitudes of respondents in three cities, Toronto, Ottawa and London, in order to test whether these attitudes differ spatially as well as by type of facility.

Research of this nature can contribute to the study of health-care planning. Since the advent of deinstitutionalization, planners and politicians have needed to formulate plans and policies which provide support services for this population in the community environment. Hence, in order to reduce opposition of facilities from the public, it is important that planners are knowledgeable of the characteristics of the host neighbourhood and the type of facility that is being introduced. The comparative study between different cities allows the opportunity to determine whether some cities are more supportive than others. If one particular city emerges as very rejecting of the different

facilities, planners have the opportunity to educate that population before introducing the facility to lessen the opposition that might be generated. In terms of different facility types, in this case, mental health and correctional, the study will determine which facility generates the greater opposition in the three cities. Again, this is essential information for the planner when deciding on the location and how to introduce such a facility. Therefore, the practical aspect of this study is to determine the planning implications of locating mental health and correctional facilities in different neighbourhoods of different cities.

CHAPTER 2 : LITERATURE REVIEW

2.1 Introduction

One recent topic of research in the field of medical geography has been the study of community attitudes towards facilities for the service-dependent population. As a result of deinstitutionalized mental health care, these facilities are often located in residential communities and are a source of conflict and opposition. The purpose of this chapter is to review literature on community attitudes towards mental health and correctional facilities.

2.2 History

Public policy on the form and location of mental health care has changed dramatically since the 1960's. The emphasis has changed from large scale institutions to community oriented mental health care. There are many important factors which gave rise to this movement. The most significant were the development of psychotropic drugs, the Civil Rights Movement and cost containment. During this period, there was a growing belief that large state hospitals had isolated the patient from society. Community based-care seemed to offer a more effective and humane treatment alternative. As a result, the total number of

patients in Ontario mental hospitals dropped by 75 per cent between 1965 and 1976 and admission rates doubled and discharges almost tripled during the same time period (Elliott, 1987).

One of the major goals behind deinstitutionalization was to provide an environment where rehabilitation could occur in a "normal" community setting. However, deinstitutionalization requires a comprehensive community support network. Unfortunately, this policy was implemented prior to the development of adequate social service networks and community-based mental health facilities. Regardless of the objectives of this policy, deinstitutionalization has forced the community to play "host" to a service-dependent population. Consequently, the success of deinstitutionalization is significantly affected by public attitudes towards the entrance of community mental health facilities into their neighbourhoods.

2.3 Theoretical Framework

Community attitudes toward mental health and correctional facilities are grounded in two main theories: public facility location theory and theory of attitude formation. The basis for a distinctively public facility location theory is based upon the fact that decisions regarding public facilities are political decisions since they involve

public spending (Dear, 1978). Mental health and correctional facilities are part of a larger class of public facilities that often create community opposition due to the negative "externalities" that are generated with the opening of such a facility. Many neighbourhoods express concerns about safety, crime and decline in property values. However unsubstantiated these claims are, the negative externalities seem to persist in many studies found in the literature.

The theory of attitude formation is fundamental in understanding the attitudes formed towards mental health and correctional facilities. The basic assumption of this theory is that social behaviour is the product of a rational thought process rather than a random one (Dear & Taylor, 1982). According to Fishbein & Ajzen (1975), an attitude represents an individual's feeling of favourableness or unfavourableness toward some object. Consequently, the relationship between attitudes and behaviour is an important one. Individuals form attitudes towards the facilities that are located into their neighbourhoods. These attitudes, either positive or negative, will determine the acceptance or rejection of these facilities and their service-dependent populations.

The two theories were integrated in a conceptual framework in which community attitudes towards mental health and correctional facilities can be explained. A model which enables us to achieve this goal was developed by Dear &

Taylor (1982) in their study of community response to neighbourhood mental health facilities . The model has six major components: external variables, beliefs, attitudes, behaviourial intentions, behaviour and outcomes. The external variables are divided into three separate sets. The first set consists of characteristics of the facility and of the facility users. The second set of external variables includes personal characteristics which divides further into four subsets. These variables describe the characteristics of the people living in the neighbourhood. Finally, the third set of external variables includes neighbourhood characteristics differentiated between the physical and social structure. Several studies have focused on these external variables in order to explain the formation of community attitudes towards mental health facilities. Therefore, according to the model, the formation of beliefs and attitudes with respect to mental health facilities, vary as a function of several broad factors which include facility and patient characteristics, the characteristics of the individual and the characteristics of the neighbourhood as a potential site for a facility.

2.4 Attitudes Towards Facilities

A number of different studies have focused on the issue of community attitudes towards mental health faciliti-

es. For example, Dear & Taylor (1982), undertook a systematic investigation of community response to the location of mental health facilities in residential neighbourhoods within Metropolitan Toronto. With the use of the theoretical model, they were able to test relationships between external variables, beliefs, attitudes and behaviourial outcomes. The result of their analysis showed that residents' behaviourial intentions towards mental health facilities are a product of their attitudes. Also, their study showed that attitudes are a function of different types of beliefs such as beliefs about facility impacts, the mentally ill and the suitability of the neighbourhood as a facility location. In the study, Dear and Taylor also found that the closer the potential location is to home, the more likely it would be rated as undesirable. This is often referred to in the literature as the "distance-decay" function. As distance decreases from the facility, the relationship between attitudes and behaviourial intentions strengthens (Dear & Taylor, 1982).

Since the implementation of deinstitutionalization, the location of community mental health and correctional facilities in residential neighbourhoods has generated considerable public opposition in many cities. A study conducted by Smith and Hanham (1981) tried to uncover some of the reasons why the rejection of these types of facilities is so prevalent. Ninety students from the University of Oklahoma were

asked to evaluate a list of twenty-eight public facilities which consisted of five types of mental health and three types of correctional facilities. Analysis of the data resulted in the consensus opinion that mental health facilities are thought to be the most noxious of all urban facilities. However, there was a slight variation among the different types of mental health facilities. The mental hospital was the least desirable while the smaller mental health facilities such as half-way houses, mental health centers were considered slightly less noxious. Correctional facilities were approximately equivalent in noxiousness as the mental health facilities.

2.5 Neighbourhood Characteristics

It is evident that several neighbourhood factors affect attitudes towards mental health facilities. In the theoretical model, the third set of external variables include the social and physical attributes of the neighbourhood that affect the integration of community mental health facilities. In a study conducted by Taylor et al. (1984), a model was developed in order to test community reaction to mental health facilities which included these important characteristics of the neighbourhood. The information for the study was obtained from census and land use data for Metropolitan Toronto. The survey respondents rated the desirabil-

ity of having a small mental health facility located within three different distances of their homes: seven to twelve blocks, two to six blocks and one block (Taylor et al., 1984). After a preliminary factor analysis, the neighbourhood factors were labelled as the following: neighbourhood transience; scarcity of children; economic status; ethnic heterogeneity; sex ratio; residential land use; and institutional land use. Based on the seven neighbourhood characteristics, the results of the study were categorized into two types of neighbourhoods: accepting and rejecting. According to the results, Taylor et al. classified accepting neighbourhoods as having relatively transient populations, high population density, mixed housing stock, few family-based households and lower income. In the same regard, rejecting neighbourhoods were categorized as having stable populations, low population density, predominately single-family housing, higher proportion of families and higher income levels. Also, it was clear in the study that the degree of opposition to mental health facilities was the most predictable when the proposed location was within one block of the place of residence. Cluster analysis was used to determine if facility acceptance or rejection conformed to a spatial pattern. The census tracts were mapped by five groups which exhibited a trend of increasing opposition to facilities with increasing distance from the inner city of Toronto. From this study two major conclusions can be

drawn. First, the three neighbourhood factors, transience, scarcity of children and economic status, are the most important determinates in predicting the reaction of the community as either accepting or rejecting the mental health facilities. Secondly, the inner-city neighbourhoods continue to accept the entrance of the mental health facilities with little opposition while the suburban locations continue to reject these facilities with greater opposition.

The external effects of mental health and correctional facilities generate locational conflict in many neighbourhoods. These external effects are intangible and include factors such as invasion of privacy and decrease in property values. In order to examine these external effects, Dear et al. (1977), analyzed nonuser attitudes toward twelve mental health facilities in Philadephia. Community attitudes towards external effects were summarized along three major dimensions: design, activity, and visibility of the facility. The overall profile of the facilities resulted in a neutral response to the design of the facility, an impression of inactivity, and the facilities were regarded as not very visible in their neighbourhoods (Dear et al., 1977). Therefore, it is evident from the above studies that external variables play a significant role in determining the public's attitudes towards community mental and correctional facilities.

Community resistance to mental health facilities is

often the result of a perceived notion of community burden due to the facility. Rabkin et al.(1984) assessed the impact of spatial proximity to psychiatric facilities on attitudes towards mental illness as well as the degree of perceived community burden associated with the presence of local psychiatric facilities in three boroughs of New York City. The results of the study revealed seventy-seven of the respondents were totally unaware of any program serving mentally ill patients in their neighbourhood. Also, more of the "unaware" respondents complained about the presence of "crazy people in the streets" than the "aware" group. In terms of locating a facility near one's home, seventy-five percent of the respondents would not object. Therefore, this study determined that community services do not result in a recognizable community burden or a decrease in the quality of life in the neighbourhood (Rabkin et al., 1984).

It is quite evident from the literature that the attitudes formed about mental health facilities are due to a number of significant demographic variables. In the study conducted by Smith and Hanham (1981), a theoretical model was devised which included a list of different socio-demographic variables thought to be causally related to attitudes towards mental illness. Smith and Hanham examined the effects of a public mental hospital on the attitudes of local residents. The mental hospital was located in Oklahoma, bounded on two sides by residential streets. The

respondents' attitudes towards mental illness were measured by a "social rejection index." The two vignettes, serious and moderate characteristics, were used to describe behaviours associated with different degrees of mental illness. Analysis of the data showed that people living immediately adjacent to the facility were slightly less accepting than those living further away. A significant relationship between tenure and both income and length of residence was also evident suggesting home owners in higher income brackets are more likely to reject the mentally ill. In the case of the serious and moderate mental illness, more positive attitudes toward serious mental illness were reported by residents living in the neighbourhood close to a mental hospital. Smith and Hanham explain this result by the fact that residents close to the mental hospital are more likely to encounter mental patients who are seriously ill.

2.7 Conclusion

As the deintitutionalization continues of psychiatric patients and criminal offenders their acceptance into different neighbourhoods within different cities is a serious concern for planners and health-care professionals. The literature contains a number of major issues which this research paper will address. Past studies have classified neighbourhoods into accepting or rejecting based on demogra-

phic variables. This paper will examine the demographic characteristics of the city in order to determine whether this pattern of accepting and rejecting neighbourhoods occurs in the three cities. The distance-decay function has been tested and proven in many past studies and consequently, will be tested in this research study in order to determine whether this actually occurs in the three major cities. Finally, a few studies have shown that negative attitudes are stronger for the correctional facility than for other types of facility such as mental health facilities; therefore, the research paper will focus on this issue.

CHAPTER 3 : RESEARCH METHODOLOGY

3.1 Research Hypotheses

This study addresses two main research hypotheses. The hypotheses are as follows: first, attitudes towards mental health and correctional facilities differ spatially at an inter-urban scale. Second, attitudes towards residential group homes vary by type of facility. The first hypothesis focuses on city differences in attitudes and the second, facility differences.

3.2 Data Source

The data used in this research is based on a 1983 study conducted by the Canadian Training Institute (CTI). The aim of the study was to examine public attitudes toward group homes for criminal offenders in residential neighbourhoods. The CTI survey was conducted in three cities: Toronto, London and Ottawa. A questionnaire was designed for telephone interviewing which addressed the attitudes towards both correctional and psychiatric facilities. The total sample size was 1696, and for the three cities was Toronto, 978, Ottawa, 334, and London, 384.

Data was obtained from nine matched pairs of neighbourhoods. Nine neighbourhoods with correctional group

homes comprised the experimental group. Nine neighbourhoods were selected as controls and were matched in terms of population density, mother tongue, number in households, percentage of households rented or owned, and average household income. The neighbourhood pairs were distributed among the three cities as follows: Toronto, 5, London, 2, and Ottawa, 2.

The questionnaire was divided into two sections: questions on mental health group homes and questions concerning correctional facilities (See Appendix for copy of questionnaire). The original survey consisted of forty questions, however, for the purposes of this research study, not all these questions are included in the analysis. The questionnaire addressed three main issues for both the mental health and correctional facilities. The first concerned the support of residential-based homes in general. The second dealt with the perceived facility impacts, and the third concerned the desirability of having either facility located at three different distances from home as a basis for testing the validity of a distance-decay function.

3.3 Methods of Analysis

The two main statistical tests used in the analysis were the Krustal-Wallis, a nonparametric one-way analysis of variance between different groups and the Kendall, a rank

order correlation. In order to test the two hypotheses, they were broken down into three sets of relationships. The first dealt with facility impacts on each city and facility type. The Krustal-Wallis test provided a level of significance which showed whether attitudes differed between cities for each facility impact.

The second relationship tested desirability ratings with each city and facility type. The Krustal-Wallis test was used to test for differences among cities in ratings of the desirability of a facility location.

The third relationship tested was between socio-demographic variables and facility impacts. The four variables, education, income, tenure status and gender, were crosstabulated with facility impacts. Education and income were subjected to the Kendall test and tenure status and gender were subjected to the Mann-Whitney test.

CHAPTER 4 : DATA ANALYSIS AND RESULTS

4.1 Introduction

This chapter will focus on the results of the data analysis. The purpose of the analysis was to test whether attitudes towards residential-based facilities differed spatially among the three cities of Toronto, Ottawa and London and whether the attitudes differed by type of facility. The two types of facilities compared in the analysis were the mental health and correctional facility. In order to fulfil the research objective, the data analysis focused on attitudes towards facility impacts such as property values, crime rate, residential character, children's safety, vehicle traffic, noise levels and visual appearance. In addition, facility desirability ratings were tested for three different distances within a neighbourhood to see whether a distance-decay function actually occurred in the three cities for both facilities. Finally, the analysis tested the effects of the sample characteristics on the ratings of facility impacts.

4.2 Sample Characteristics

In the analysis, it is important to be aware of the characteristics of the sample population in order to derive

accurate conclusions. The sample characteristics were based on education level, tenure status, income level and gender for each of the three cities and are summarized in Table 4.1. The majority of the sample in all three cities had an education beyond high school graduation. London had the largest proportion (35.7%) of education levels below high school among the three cities. In Toronto, 20.8% of the sample population had an education level below the high school level and Ottawa had only a small percentage of 8.2% below the high school level. The percentage of University/-College graduate is highest in Ottawa (33.3%) and lowest in London (18.0%) with Toronto in between the two extremes (19.8%). Therefore, Ottawa has the most educated sample population while London had the least educated among the three cities.

In terms of tenure status, Ottawa had the largest proportion of renters (60.0%) than the other two cities. In Toronto, the majority of the sample were owners (54.6%) as well as London (51.5%).

The income levels were divided into four main categories. Differences in income levels were found between all three cities. Ottawa, with the highest education level, also had the highest percentage in the income level over $35,000 and the lowest in the income level below $14,900. The opposite was true of London where the highest percentage fell in the income level below $14,999 (35.5%) and the low-

Table 4.1 : Sample Characteristics

DEMOGRAPHIC VARIABLES	TORONTO	OTTAWA	LONDON
Education (%)			
< High School	20.8	8.2	35.7
High School Grad.	31.3	25.8	21.2
Technical Training	3.8	4.3	5.3
Some Univ./College	18.1	16.9	17.7
Univ./College Grad.	19.8	33.3	18.0
Post Graduate Work	6.2	10.4	3.7
Tenure Status(%)			
% Rent	44.6	60.1	48.5
% Own	54.6	39.1	51.5
Income (%)			
< 14999	11.1	9.7	35.5
14999-24999	20.4	20.3	26.1
24999-35000	24.9	28.0	17.4
> 35000	28.3	28.7	11.7
Gender(%)			
% Male	45.8	44.2	40.6
% Female	54.1	55.8	59.4

est percentage in the income level over $35,000 (11.7%). Toronto was quite similar to Ottawa with the largest percentage in the over $35,000 income level and the lowest (11.1%) in the income level below $14,999.

In all three cities, the gender division was quite similar. The majority was female. In Toronto, the percentage of female respondents was 54.1% in Ottawa, 55.8%, and in London, 59.4%.

Therefore, according to the sample characteristics, a few conclusions can be drawn. The Ottawa sample was generally more highly educated, had higher incomes and had a

large rental population. By comparison, the London sample was lower educated, had the lowest income and was fairly evenly split in tenure status and gender. This demographic profile is expected to have an effect on the attitudes towards the different facilities. The work of Taylor et al's (1982) study on community attitudes in Toronto summarized some major implications of the demographic profile of a neighbourhood. In their study they classified communities into two groups, rejecting and accepting. Communities that consist of a homogeneous and non-transient population, middle to higher socioeconomic status with predominance of families with young children will exhibit the strongest rejection of community mental health facilities. On the other hand, communities that are more heterogeneous, densely settled and of relatively lower socioeconomic status will be less rejecting of community mental health facilities. Therefore, in the context of this data analysis, it is evident that Ottawa displays characteristics of a rejecting community and London, an accepting community. The Toronto sample fell in between the two cities leaning more towards the London group.

4.3 Attitudes Towards Facilities

Attitudes towards facilities were broken down into three principal categories: attitudes towards residential

care, attitudes towards facility impacts and facility desirability ratings. Statistical tests were performed for each category in order to fulfil the objectives of the study.

4.3.1 Attitudes Towards Residential Care

Residential care institutions include both the mental health and correctional facilities. Respondents in each city were asked their general attitudes towards residential-based institutions. According to Table 4.2, the attitudes towards residential care were significantly different between the three cities. Ottawa's sample population was the most supportive (88%) of all three cities towards residential care. Toronto's respondents were also supportive of residential based care (79.6%), but not as strong as Ottawa. The sample population of London was the least supportive (71.9%) of the three cities and the most negative (13.6%) compared with Ottawa and Toronto.

4.3.2 Attitudes Towards Facility Types

The attitudes towards the mental health and correctional facilities were tested for all three cities. The respondents in each city selected the facility type they most preferred to be located in their neighbourhood. The more preferred facility type in all three cities was the

Table 4.2 : Attitudes Towards Residential Care

ATTITUDES TOWARDS	TORONTO	OTTAWA	LONDON
Residential Care			
% Positive	79.6	88.0	71.9
% Neutral	12.6	9.3	14.5
% Negative	7.8	2.7	13.6
Chi Square 43.62	**Level of Significance**		0.0001

mental health facility while the least desirable was the correctional facility (Table 4.3). For example in Ottawa, 62% of the sample preferred the mental health facility and only 2.1% preferred the correctional facility. The remainder of the sample preferred either both (19.6%) or neither (16.4%). It is evident that a large gap exists between acceptance of the mental health facility and the correctional facility. Respondents in all three cities strongly prefer the mental health facility to the correctional. The chi-square results showed that differences in attitudes between the three cities for different facility types was not significant.

4.3.3 Attitudes Towards Facility Impacts

In Table 4.4, a summary of seven important facility impact indicators for all three cities and both types of facility are provided. This analysis focused on how attitudes towards each facility impact differed between cities

Table 4.3 : Attitudes Towards Facility Types
(Measured by Positive Percent)

FACILITY TYPES	TORONTO	OTTAWA	LONDON
Mental Health	44.6	62.0	50.5
Correctional	9.2	2.1	8.2
Both	24.4	19.6	34.2
Neither	11.1	16.4	7.1

Chi Square 2.67 **Level of Significance** 0.7505

and between the two facility types, mental health and correctional.

The facility impact that was perceived as the most negative in all three cities was property values. The respondents in each city reported their attitudes towards how the presence of a facility in their neighbourhood would affect the property values of their home. The attitudes towards the mental health facility vary significantly between the three cities. A majority of Toronto respondents (50.7%) feel property values will decrease due to the presence of a mental health facility. In Ottawa this figure is lower at 41.5% and in London even lower at 38.1%. In the case of the correctional facility, attitudes also differ significantly between cities. Again, we see the same pattern as the mental health facility. The Toronto sample represents the most negative group (70.3%), followed by Ottawa (61.1%) and then London (41.2%). For both the mental health and correctional facility, more of Toronto's respondents feel property values will decrease than in Ottawa and

Table 4.4 : Attitudes Towards Facility Impacts

FACILITY IMPACT	TORONTO		OTTAWA		LONDON	
	MH*	COR*	MH	COR	MH	COR
Vehicle Traffic						
% Positive	3.1	3.4	0.9	0.9	1.0	0.6
% Neutral	81.1	76.8	82.5	78.4	85.8	83.9
% Negative	15.8	19.8	16.6	20.7	13.2	15.5
Chi Square			MH 6.34		COR 14.2	
Level of Significance			MH 0.2749		COR 0.0144	
Property Values						
% Positive	2.1	1.5	2.1	2.0	6.9	1.3
% Neutral	46.6	27.4	57.5	36.4	65.5	40.0
% Negative	50.7	70.3	41.5	61.6	38.1	41.2
Chi Square			MH 42.4		COR 22.89	
Level of Significance			MH 0.0001		COR 0.0004	
Noise Levels						
% Positive	2.8	2.2	1.4	0.8	0.9	1.0
% Neutral	86.8	73.0	77.3	60.4	90.3	75.4
% Negative	10.4	24.8	21.3	38.8	8.8	23.6
Chi Square			MH 35.0		COR 40.4	
Level of Significance			MH 0.0001		COR 0.0001	
Crime Rate						
% Positive	3.8	5.4	1.9	3.9	3.1	3.3
% Neutral	79.4	50.7	70.2	44.9	89.8	64.8
% Negative	16.8	43.9	27.8	51.2	7.1	31.9
Chi Square			MH 31.7		COR 40.12	
Level of Significance			MH 0.0001		COR 0.0001	
Residential Character						
% Positive	10.6	7.1	11.4	4.5	13.8	7.1
% Neutral	60.4	48.9	61.5	61.5	67.3	29.5
% Negative	29.0	44.0	27.1	34.0	18.9	63.4
Chi Square			MH 15.98		COR 82.82	
Level of Significance			MH 0.0069		COR 0.0001	
Visual Appearance						
% Positive	29.2	35.0	15.3	11.1	33.3	28.4
% Neutral	44.7	21.4	53.8	34.3	45.3	7.5
% Negative	26.1	43.6	30.9	54.6	21.4	64.1

Table 4.4 : Continued

FACILITY IMPACT	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
Chi Square		**MH** 23.77		**COR** 78.94		
Level of Significance		**MH** 0.0002		**COR** 0.0001		
Children's Safety						
% Positive	8.3	9.0	6.8	6.1	10.9	8.0
% Neutral	61.6	45.1	59.2	43.1	74.9	29.1
% Negative	30.1	45.9	34.0	50.8	14.2	62.9
Chi Square		**MH** 47.64		**COR** 49.25		
Level of Significance		**MH** 0.0001		**COR** 0.0001		

*MH means Mental Health Facility
*COR means Correctional Facility

London. Overall, respondents in all three cities feel property values will decrease much more due to the presence of a correctional rather than a mental health facility.

The next facility impact tested was crime levels. The respondents were asked if they felt crime would either increase or decrease due to the presence of a specific residential-based facility in their neighbourhood. For the mental health facility, the results showed that attitudes vary significantly between the three cities. Ottawa's respondents had the most negative attitude (27.1%) of the three cities. London was significantly lower at only 7.1%. Toronto fell in between the two cities at 16.8%. The above results reflect the demographic profile of the city since Ottawa displays characteristics of a rejecting community while London demonstrates an accepting community. The

attitudes towards correctional facilities in terms of crime rate were also significantly different between the three cities. Once again, the Ottawa sample (51.2%) felt the strongest that crime would increase due to a correctional facility while the London sample was the weakest at 31.9%. Toronto fell in between the two groups at 43.9%.

Residential character was the next facility impact to be tested in the analysis. The respondents were asked if they felt the residential character would either increase, decrease or stay the same due to the presence of a mental health or correctional facility. The attitudes towards the mental health facility varies significantly between the three cities. Although the negative attitudes are not high, differences between cities can be found. In terms of negative attitudes, Toronto's respondents had the highest percentage (29%), Ottawa second (27.1%) and London third (18.9%). The percentage reporting negative attitudes towards the correctional facility was higher for all three cities with London's respondents the highest (63.4%) and Ottawa's the lowest (34.0%).

Ratings of facility impact on children's safety differed significantly for both the mental health and correctional facility between the three cities. Ottawa's respondents expressed the most negative attitudes (34.0%) and London's the lowest (14.2%) for the mental health facility. For the correctional facility, London's respondents express-

ed the highest percentage of negative attitudes (62.9%) and Toronto's the least (45.9%).

Vehicle traffic was the next facility impact to be tested. Respondents were asked if they felt vehicle traffic would increase or decrease due to a facility. The analysis showed that attitudes did not vary significantly between the three cities for the mental health facility. In terms of the correctional facility, attitudes were significantly different for the three cities. Ottawa's respondents once again had the highest percentage of negative attitudes (20.7%) while London's expressed the least (15.5%).

Respondents were asked if they felt noise levels would change with the introduction of a residential-based facility. The chi-square test shows that attitudes vary significantly between the three cities for both types of facilities. For the mental health facility, Ottawa's respondents expressed the highest percentage of negative attitudes (21.3%) and London, the least (8.8%). In terms of the correctional facility, the Ottawa sample had the highest percentage of negative attitudes (38.8%) and the London sample only 23.6%.

The last facility impact to be tested was that of visual appearance. The respondents expressed their attitudes of how the appearance of their neighbourhood would change with the presence of a facility. For the mental health facility, attitudes were found to vary significantly between

the three cities with Ottawa's respondents expressing the highest percentage of negative attitudes (30.9%) and London the least (21.4%). In terms of the correctional facility, the attitudes were found to vary significantly between the three cities with the London respondents expressing the highest percentage of negative attitudes (64.1%) and Toronto the least (43.6).

For a number of the facility impact indicators, Ottawa is the city which expresses a higher percentage of negative attitudes. This is expected since Ottawa's respondents have the highest socioeconomic status and therefore, will exhibit the strongest rejection of the community facilities, while London's respondents have the lowest socioeconomic status and are the most supportive of the majority of the facility impacts.

4.3.4 Facility Desirability Ratings

An important objective of the research was to test whether attitudes followed a distance-decay function. This essentially means that facility locations closer to home will generate more negative attitudes. Hence, as distance decreases from the facility to home, negative attitudes increase. The results of the analysis confirmed this hypothesis for both the mental health and correctional facility.

Table 4.5 shows the attitudes of the respondents to

a facility in three different locations , 7-12 blocks, 2-6 blocks and within one block, from home for both the mental health and correctional facility. The first distance tested for the mental health facility, 7-12 blocks showed Toronto's respondents expressed the highest percentage of negative attitudes (11.2%). For the correctional facility, the attitudes do not vary significantly between the three cities. The results show that the percentage of negative attitudes increased overall for the correctional facility compared to the mental health facility.

The 2-6 blocks distance showed a general increase in negative attitudes for both the mental health and correctional facility in all three cities. The chi-square results showed that attitudes do not vary significantly by city for either the mental health or correctional facility. The responses were highest with the Ottawa sample for the correctional facility.

When attitudes were tested within one block of the facility, there was again a general increase in negative attitudes for both the mental health and correctional facility in all three cities. Significant differences resulted for the correctional facility. The Ottawa group had the most negative attitudes (58.8%), followed by Toronto (52.6%) and London (42.9%). Generally, the results showed that as distance to a facility from home decreases, negative attitudes increase for both facility types in all three cit-

Table 4.5 : Facility Desirability Ratings

DISTANCE	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
7-12 Blocks						
% Positive	32.3	16.1	23.6	10.7	14.2	6.4
% Neutral	56.5	53.3	71.2	67.9	81.7	75.7
% Negative	11.2	28.2	5.2	21.4	4.1	17.9
Chi Square		MH	12.7	COR	1.44	
Level of Significance		MH	0.0263	COR	0.9196	
2-6 Blocks						
% Positive	28.1	28.4	18.4	10.9	14.2	6.2
% Neutral	53.5	43.4	67.8	45.3	75.6	62.6
% Negative	18.4	28.2	13.8	43.8	10.2	31.3
Chi Square		MH	9.6	COR	11.4	
Level of Significance		MH	0.0872	COR	0.0961	
> 1 Block						
% Positive	22.3	11.8	15.8	8.6	13.0	5.9
% Neutral	50.5	35.6	62.3	32.6	67.9	51.2
% Negative	27.2	52.6	21.9	58.8	19.1	42.9
Chi Square		MH	8.27	COR	18.80	
Level of Significance		MH	0.1417	COR	0.0021	

ies.

4.4 Effects of Personal Characteristics On Facility Attitudes

The effects of education, tenure status, income and gender were tested for each facility impact such as property values and crime levels for the mental health and correctional facility in the three cities. These demographic variables were crosstabulated with the facility impacts.

4.4.1 Education

Education was crosstabulated with the facility impacts for the mental health and correctional facilities in each city in Table 4.6. It is important to highlight some of the results. Property values for both facilities received the highest percentage of negative attitudes in the six educational classes. Overall, percentages of negative attitudes increased with education level. In terms of responses to the correctional facility, percentages of negative attitudes increased for all educational levels in the three cities. Additional tests did not show a strong relationship between education and the facility impacts. These results were likely due to the fact that the data had a larger number of respondents in the neutral category which affected the strength of the test (Table 4.10).

4.4.2 Tenure Status

Tenure status was also cross-tabulated with the facility impacts in Table 4.7. In general, there was a higher percentage in negative attitudes among owners towards both facility types in the three cities. This difference in attitudes is exemplified clearly with the facility impact of

Table 4.6 : Effects of Education on Facility Impacts

EDUCATION	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
Vehicle Traffic						
< High School						
% Negative	20.1	21.7	25.0	27.9	22.2	25.7
High School Grad.						
% Negative	16.8	19.3	11.6	23.6	16.4	19.2
Technical Training						
% Negative	13.3	19.5	3.3	24.6	9.0	17.6
Some Univ/College						
% Negative	13.4	31.3	22.0	29.8	9.8	17.8
Univ/College Grad.						
% Negative	17.1	17.3	8.6	23.5	4.6	12.2
Post Grad. Work						
% Negative	9.0	15.0	31.4	20.9	7.1	7.7
Property Values						
< High School						
% Negative	42.5	55.8	23.3	28.5	32.0	55.0
High School Grad.						
% Negative	52.3	68.1	27.5	51.3	36.2	53.5
Technical Training						
% Negative	43.2	71.7	57.1	71.4	25.0	58.3
Some Univ/College						
% Negative	51.8	73.1	35.2	62.5	33.3	66.2
Univ/College Grad.						
% Negative	52.7	75.4	30.0	67.3	30.5	66.7
Post Grad. Work						
% Negative	52.9	67.9	52.9	56.7	41.6	50.0
Noise Levels						
< High School						
% Negative	7.6	22.2	0.0	16.7	10.5	17.8
High School Grad.						
% Negative	13.5	27.9	26.4	52.9	15.7	30.4

Table 4.6 : Continued

EDUCATION	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
Technical Training						
% Negative	6.8	33.3	25.0	42.8	23.0	28.6
Some Univ/College						
% Negative	11.5	24.2	9.8	34.7	4.9	30.8
Univ/College Grad.						
% Negative	10.1	24.3	26.8	35.8	6.6	16.1
Post Grad. Work						
% Negative	1.8	12.7	20.5	32.4	8.3	8.9
Crime Levels						
< High School						
% Negative	19.8	34.4	35.0	45.5	1.8	23.2
High School Grad.						
% Negative	17.1	42.5	32.8	66.1	14.4	36.6
Technical Training						
% Negative	18.1	50.0	25.0	42.8	0.0	30.8
Some Univ/College						
% Negative	17.3	47.1	6.6	48.9	1.6	35.1
Univ/College Grad.						
% Negative	13.4	44.1	26.0	50.5	3.0	27.4
Post Grad. Work						
% Negative	13.2	40.3	8.8	45.1	0.0	8.3
Residential Character						
< High School						
% Negative	25.6	40.0	0.0	33.3	15.6	47.1
High School Grad.						
% Negative	31.9	46.5	35.5	27.6	20.0	62.7
Technical Training						
% Negative	28.7	41.7	37.5	14.3	28.7	66.7
Some Univ/College						
% Negative	25.0	40.1	22.0	52.2	14.0	61.7
Univ/College Grad.						
% Negative	26.9	43.1	27.2	34.3	9.3	66.1

Table 4.6 : Continued

EDUCATION	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
Post Grad. Work						
% Negative	8.7	55.3	21.6	32.3	9.0	83.3
Visual Appearance						
< High School						
% Negative	6.6	32.3	19.7	34.7	15.8	50.7
High School Grad.						
% Negative	32.6	43.8	35.7	45.9	30.9	40.4
Technical Training						
% Negative	33.3	45.7	40.7	55.6	35.8	68.7
Some Univ/College						
% Negative	34.6	46.7	41.3	57.8	40.5	60.0
Univ/College Grad.						
% Negative	35.6	50.9	45.8	65.9	48.9	65.7
Post Grad. Work						
% Negative	40.6	55.8	48.9	67.9	50.0	66.7
Children's Safety						
< High School						
% Negative	8.7	22.3	23.5	35.8	29.7	37.0
High School Grad.						
% Negative	9.9	25.7	22.6	29.6	21.5	28.9
Technical Training						
% Negative	12.7	29.6	29.8	39.6	40.6	45.7
Some Univ/College						
% Negative	15.7	34.7	30.7	45.6	30.6	45.8
Univ/College Grad.						
% Negative	24.4	35.7	35.8	40.7	39.9	45.6
Post Grad. Work						
% Negative	26.7	40.7	34.7	44.7	43.6	50.7

Table 4.7 : Effects of Tenure Status on Facility Impacts

TENURE STATUS	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
Vehicle Traffic						
Rent						
% Negative	16.0	43.3	14.2	47.3	7.6	36.1
Own						
% Negative	15.8	56.7	16.3	52.7	17.5	63.8
Property Values						
Rent						
% Negative	51.0	67.8	29.6	50.6	32.0	61.7
Own						
% Negative	51.4	69.8	42.8	72.7	31.9	57.7
Noise Levels						
Rent						
% Negative	11.3	42.5	22.0	39.7	7.1	35.2
Own						
% Negative	9.9	57.6	22.3	60.3	10.3	64.8
Crime Levels						
Rent						
% Negative	20.9	30.5	26.9	38.7	19.8	34.5
Own						
% Negative	23.5	34.5	28.9	43.7	22.6	39.8
Residential Character						
Rent						
% Negative	24.6	45.0	22.3	27.9	11.3	64.8
Own						
% Negative	32.7	44.2	34.8	39.3	24.7	63.9
Visual Appearance						
Rent						
% Negative	30.6	44.4	9.6	51.9	31.5	71.9
Own						
% Negative	27.2	42.7	18.6	58.3	34.7	61.7
Children's Safety						
Rent						
% Negative	25.6	44.2	35.2	53.0	10.6	62.0
Own						
% Negative	33.8	47.6	38.6	48.3	16.3	64.9

property values. Once again the percentage of negative attitudes of the respondents was higher in the three cities for the correctional facility. Negative attitudes are higher for the owner group for both facilities in each city. Additional statistical tests showed that the relationship between tenure status and facility impacts was significant in some cases. The results showed that owners were significantly more concerned than renters with regard to the impacts of a mental health facility on vehicular traffic, children's safety and residential character. With reference to correctional facilities, owners reported more negative attitudes than renters regarding property values and vehicular traffic (Table 4.10).

4.4.3 Income

In terms of income levels, the respondents in the higher brackets, $24,999 and over often express a higher percentage of negative attitudes than the respondents in lower income brackets (Table 4.8). Once again, percentage of negative attitudes increase for every income bracket in every city for the correctional facility. Statistical tests were used to determine whether attitudes towards facility impacts were affected by income. The results showed that higher income classes were significantly more concerned than

Table 4.8 : Effects of Income on Facility Impacts

INCOME LEVEL	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
Vehicle Traffic						
< 14999						
% Negative	13.6	14.8	16.9	21.4	9.8	13.1
14999-24999						
% Negative	14.4	17.8	15.3	15.6	16.9	25.2
24999-35000						
% Negative	15.7	18.9	9.8	15.7	10.9	11.5
> 35000						
% Negative	21.2	24.8	20.9	29.8	10.0	7.5
Property Values						
< 14999						
% Negative	50.5	64.0	40.1	61.7	37.9	57.2
14999-24999						
% Negative	41.1	64.3	33.0	54.3	29.5	64.1
24999-35000						
% Negative	57.0	72.0	25.5	49.2	20.9	56.2
> 35000						
% Negative	52.4	75.0	45.3	73.4	30.3	62.2
Noise Levels						
< 14999						
% Negative	13.7	19.9	25.0	29.8	24.3	27.9
14999-24999						
% Negative	30.2	28.5	22.6	27.9	9.2	25.7
24999-35000						
% Negative	21.5	25.5	25.5	42.3	14.7	18.4
> 35000						
% Negative	7.5	23.5	21.3	42.7	2.6	13.6
Crime Levels						
< 14999						
% Negative	19.8	29.3	9.0	42.3	5.8	33.8
14999-24999						
% Negative	20.5	45.0	16.2	46.1	4.5	38.2

Table 4.8 : Continued

INCOME LEVEL	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
24999-35000						
% Negative	12.1	41.9	30.9	52.4	1.8	28.1
> 35000						
% Negative	13.0	45.1	25.0	60.4	2.3	21.6
Residential Character						
> 14999						
% Negative	27.3	46.3	32.7	26.9	18.9	59.9
14999-24999						
% Negative	24.3	45.1	24.7	38.9	18.3	68.6
24999-35000						
% Negative	30.8	40.7	20.4	30.1	15.9	63.3
> 35000						
% Negative	23.4	50.0	34.1	41.6	25.0	60.0
Visual Appearance						
> 14999						
% Negative	8.4	49.4	13.3	50.0	4.6	68.9
14999-24999						
% Negative	4.7	39.5	9.7	54.7	1.3	63.3
24999-35000						
% Negative	7.9	36.7	26.4	56.6	6.3	55.6
> 35000						
% Negative	7.1	48.3	17.9	53.3	2.4	76.3
Children's Safety						
> 14999						
% Negative	13.6	19.6	23.7	26.8	9.5	37.7
14999-24999						
% Negative	15.6	23.5	27.8	40.6	14.7	28.9
24999-35000						
% Negative	22.6	36.7	35.0	45.7	21.7	30.7
> 35000						
% Negative	12.5	19.6	34.7	40.7	19.7	32.7

lower income classes with regard to the impacts of a mental health facility on visual appearance and the impacts of a correctional facility on property values (Table 4.10).

4.4.4 Gender

In Table 4.9, gender was crosstabulated with the facility impacts to test whether differences existed in attitudes between males and females. The strongest percentage of negative attitudes for both males and females was property values. Overall, the females reported higher negative attitudes than males in all facility impacts for the mental health and correctional facility in the three cities. Statistical tests showed that females were more significantly concerned with regard to the impacts of a correctional facility on property values, noise levels and visual appearance (Table 4.9).

4.5 Summary and Conclusions

The results of the analysis show that attitudes towards residential-based facilities in the three cities of Toronto, Ottawa and London, differ spatially and by type of facility. In general, Ottawa respondents reported the most negative attitudes towards the mental health and correctional facilities while the London sample was the least nega-

Table 4.9 : Effects of Gender on Facility Impacts

SEX STATUS	TORONTO		OTTAWA		LONDON	
	MH	COR	MH	COR	MH	COR
Vehicle Traffic						
Male						
% Negative	14.5	19.4	20.4	21.9	8.6	12.3
Female						
% Negative	16.7	19.9	11.3	20.0	15.9	17.8
Property Values						
Male						
% Negative	50.7	66.1	42.8	62.5	29.1	55.9
Female						
% Negative	52.2	71.8	30.2	60.5	35.1	63.1
Noise Levels						
Male						
% Negative	10.1	23.6	23.7	36.4	5.6	18.0
Female						
% Negative	10.9	26.1	20.4	45.4	11.0	27.8
Crime Levels						
Male						
% Negative	15.8	42.0	23.4	48.0	4.1	30.5
Female						
% Negative	17.9	42.8	21.9	58.9	9.3	36.6
Residential Character						
Male						
% Negative	28.8	43.2	30.4	34.1	13.3	30.8
Female						
% Negative	29.5	45.1	26.3	33.1	21.7	60.0
Visual Appearance						
Male						
% Negative	8.6	40.6	17.7	51.3	3.2	64.4
Female						
% Negative	7.8	45.9	24.2	57.6	4.4	67.3
Children's Safety						
Male						
% Negative	9.8	35.6	12.4	41.2	5.7	45.6
Female						
% Negative	35.6	55.7	40.6	65.7	34.7	54.7

Table 4.10 : Summary of Demographic Variables

FACILITY IMPACTS	EDUCATION[1] MH	EDUCATION[1] COR	INCOME[1] MH	INCOME[1] COR	TENURE[2] MH	TENURE[2] COR	GENDER[2] MH	GENDER[2] COR
Vehicle Traffic	0.016	0.004	-0.030	-0.056	7.33*	6.68*	0.56	0.34
Property Values	0.014	0.044	0.073	0.113	3.25	7.93*	0.02	4.84*
Noise Levels	-0.014	0.044	-0.012	-0.050	0.95	0.24	2.18	6.64*
Crime	0.023	0.006	-0.042	-0.094	2.62	2.50	3.29	1.52
Residential Character	-0.045	0.005	0.084	0.055	34.92*	2.67	1.47	0.00
Visual Appearance	0.001	0.003	0.118	-0.012	5.34	0.28	1.62	4.14*
Children's Safety	-0.010	0.044	0.086	-0.018	9.65*	0.55	1.60	0.37

1. Education and income were tested using Kendall test
2. Tenure and gender tested by Mann-Whitney test
* significant <0.05

tive. In terms of facility types, the correctional facility elicited more negative reaction for all facility impacts for the three cities.

The attitudes towards facility impacts showed the respondents in each city felt the strongest that property values would decrease with the presence of a mental health and correctional facility. In terms of the mental health facility, the London respondents are the most positive about

the facility impacts. The most negative reaction towards the mental health facility was from the Ottawa sample. This observation can be linked to the demographic profile of the city. The London respondents had the lowest socioeconomic status whereas the Ottawa respondents had the highest status. For the correctional facility, the respondents negative attitudes increased in the three cities. The Ottawa and Toronto sample had the most negative reaction towards the correctional facility.

The results of the analysis also showed that there is a distance-decay in negative attitudes. According to the desirability ratings, as the facility approaches within one block of their neighbourhood, negative attitudes increase for both the mental health and the correctional facility. Consistent with the findings of Dear and Taylor's (1982) study of mental health facilities in Toronto, there is a greater acceptance of mental health and correctional facilities at a greater distance such as 7 to 12 blocks from individual homes.

In testing the demographic variables with facility attitudes, the results support those found in the literature. The respondents with stronger negative attitudes are those characterized as having : higher education, higher income, owners and female.

Therefore, the results of the analysis show that attitudes differ between cities towards residential-based

facilities with London the most supportive group and Ottawa the least. Finally, the correctional facility is always perceived as having a higher negative impact on the neighbourhood than the mental health facility.

CHAPTER 5 : CONCLUSIONS

5.1 Summary

In summary, the analysis and results lead to the following conclusions. The first research hypothesis was confirmed. Attitudes towards mental health and correctional facilities differ among the three cities Toronto, Ottawa, and London. The facility impacts and desirability ratings provided strong evidence to show city differences in attitudes. The London sample was identified as the most accepting group and the Ottawa sample, the most rejecting. The Toronto sample fell in between the two extremes leaning more towards the London group.

The second research hypothesis was also confirmed. Attitudes vary by type of facility. The results showed that the correctional facility was considered less acceptable than the mental health facility. Facility impacts and desirability ratings provided strong evidence which showed much higher percentages of negative attitudes for the correctional facility than the mental health facility in all three cities.

The differences in attitudes between the three cities reflect differences in the characteristics of each city sample. The four socio-economic and demographic variables, education, income, tenure status and gender were

different for each city. Consequently, differences in attitudes can be strongly linked to the demographic profile of the city.

5.2 Consistency of Results

The results of the analysis are consistent with the findings of past studies. The analysis showed that several neighbourhood factors affect attitudes towards facilities. Taylor and Dear's (1982) classification of accepting and rejecting neighbourhoods coincided with the research results. The Ottawa sample was categorized as having higher income and education levels, characteristics of a rejecting neighbourhood. The London sample was categorized as having lower income and education levels, characteristics of an accepting neighbourhood.

The results of the analysis also showed that correctional facilities were rated as having more negative facility impacts than the mental health facility. This result is consistent with the findings of Tefft et al. (1987). Tefft et al. dealt with four types of community mental health facilities: two nonresidential, an outpatient clinic and rehabilitation centre, and two residential, a housing cooperative and group home. The results of their analysis showed that residential facilities were expected to decrease personal safety and to encourage residents to move. The respo-

ndents felt residential facilities would have less positive mental health impacts than nonresidential facilities whose negative impacts are short-range and were rated less important. Therefore, the results of the Tefft et al. study also showed that attitudes differed by type of facility. The residential facilities were less acceptable than the nonresidential facilities.

Finally, the results of the desirability ratings of facilities confirmed those of earlier studies. Taylor and Dear's study (1982) on community response to mental health facilities in Toronto showed that as proximity to a potential facility increases, so does the perceived undesirability of that facility. Also, the most negative responses tended to occur within one block of a facility location and more supportive attitudes existed beyond a distance of six blocks. The results of Taylor and Dear were consistent with the research findings in the three cities of Toronto, Ottawa and London for both facility types.

A P P E N D I X

QUESTIONNAIRE: ATTITUDES TO COMMUNITY BASED FACILITIES

QUESTIONS:

1. In dealing with persons who are mentally ill, or in conflict with the law there has been a trend towards treating them in small centres in residential areas instead of in large institutions. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

   Strongly agree----------1
   Somewhat agree----------2
   Somewhat disagree---------3
   Strongly disagree----------4
   Don't Know----------9

detox centre / grp. home

2. How do you feel about having the mental health group home in your neighbourhood? Would you say you strongly favour, somewhat favour, somewhat oppose, or strongly oppose it?

   Strongly favour----------1
   Somewhat favour----------2
   Somewhat oppose----------3
   Strongly oppose----------4
   Don't Know----------9

For each of the following statements about mental health group homes can you tell me which one most accurately reflects your opinions?

Greatly Increase	Somewhat Increase	Stay Same	Somewhat Decrease	Greatly Decrease	Don't Know
1	2	3	4	5	9

3. Thinking of vehicle traffic, how do you feel the presence of a mental health group home would affect vehicle traffic in your neighbourhood? Would it greatly increase, somewhat increase, somewhat decrease or greatly decrease?

1 2 3 4 5 9

4. Thinking of property values, how do you feel the presence of a mental health group home would affect property values in your neighbourhood? Would they greatly increase, somewhat increase, somewhat decrease, or greatly decrease?

1 2 3 4 5 9

5. Thinking of noise levels, how do you feel the presence of a mental health group home would affect noise levels in your neighbourhood? Would they greatly increase, somewhat increase, somewhat decrease or greatly decrease?

1 2 3 4 5 9

6. Thinking of crime how do you feel the presence of a mental health group home would affect the crime rate in your neighbourhood? Would it greatly increase, somewhat increase, somewhat decrease or greatly decrease?

1 2 3 4 5 9

7. Thinking of the residential character, that is, the quality of your neighbourhood would you say a mental health group home would greatly improve, somewhat improve, somewhat lower or greatly lower the residential character or quality?

Greatly improve---------1
Somewhat improve---------2
Have no effect on---------3
Somewhat lower---------4
Greatly lower---------5
Don't Know---------9

8. Thinking of children's safety would you say a mental health group home in your neighbourhood would greatly increase, somewhat increase, somewhat decrease, or greatly decrease children's safety?

Greatly increase---------1
Somewhat increase---------2
Have no effect on---------3
Somewhat decrease---------4
Greatly decrease---------5
Don't Know---------9

9. How would you rate the desirability of having a mental health group home located 7-12 blocks from your home?

Would you rate it:

Extremely desirable---------1
Moderately desirable----------2
Slightly desirable----------3
Neutral----------4
Slightly undesirable----------5
Moderately undesirable----------6
Extremely undesirability----------7
Don't Know----------9

10. And how would you rate the desirability of having a mental health group home located 2-6 blocks from your home? Would you rate it:

Extremely desirable----------1
Moderately desirable----------2
Slightly desirable----------3
Neutral----------4
Slightly undesirable----------5
Moderately undesirable----------6
Extremely undesirable----------7
Don't Know----------9

11. And how would you rate the desirability of having a mental health group home located 1 block from your home? Would you rate it:

Extremely desirable---------1
Moderately desirable----------2
Slightly desirable----------3
Neutral----------4
Slightly undesirable----------5
Moderately undesirable----------6
Extremely undesirable----------7
Don't Know----------9

Questions concerning Correctional Group Homes:

12. How do you feel about having a correctional group home in your neighbourhood? Would you say you strongly favour, somewhat favour, somewhat oppose, or strongly oppose it?

Strongly favour----------1
Somewhat favour----------2
Somewhat oppose----------3
Strongly oppose----------4
Don't Know----------9

Now for each of the following statements about the correctional group homes can you tell me which one most accurately reflects your opinions?

Greatly Increase	Somewhat Increase	Stay Same	Somewhat Decrease	Greatly Decrease	Don't Know
1	2	3	4	5	9

13. Thinking of vehicle traffic, how do you feel the presence of a correctional group home would affect vehicle traffic in your neighbourhood? Would it greatly increase, somewhat increase, somewhat decrease, or greatly decrease?

    1 2 3 4 5 9

14. Thinking of property values how do you feel the presence of a correctional group home would affect property values in your neighbourhood? Would they greatly increase, somewhat increase, somewhat decrease, or greatly decrease?

    1 2 3 4 5 9

15. Thinking of noise levels how do you feel the presence of a correctional group home would affect noise levels in your neighbourhood? Would they greatly increase, somewhat increase, somewhat decrease, or greatly decrease?

    1 2 3 4 5 9

16. Thinking of crime how do you feel the presence of a correctional home would affect the crime rate in your neighbourhood? Would it greatly increase, somewhat increase, somewhat decrease, or greatly decrease?

    1 2 3 4 5 9

17. Thinking of residential character, that is, the quality of your neighbourhood, would you say a correctional group home would greatly improve, somewhat improve, somewhat lower, or greatly lower the residential character or quality?

    Greatly improve-------1
    Somewhat improve----------2
    Somewhat lower----------3
    Greatly lower----------4
    Don't Know----------9

18. Thinking of the visual appearance of a correctional group home would you say it would be maintained much better, somewhat better, somewhat worse, or much worse than other houses in the neighbourhood?

Much better----------1
Somewhat better----------2
Somewhat worse----------3
Much worse----------4
Don't Know----------9

19. Thinking of children's safety would you say a correctional group home in your neighbourhood would greatly increase, somewhat increase, somewhat decrease or greatly decrease children's safety?

Greatly increase----------1
Somewhat increase----------2
Somewhat decrease----------3
Greatly decrease----------4
Don't Know----------9

20. How would you rate the desirability of having a correctional group home located 7-12 blocks from your home? Would you rate it:

Extremely desirable----------1
Moderately desirable----------2
Slightly desirable----------3
Neutral----------4
Slightly undesirable----------5
Moderately undesirable----------6
Extremely undesirable----------7
Don't Know----------9

21. How would you rate the desirability of having a correctional group home located 2-6 blocks from your home? Would you rate it:

Extremely desirable----------1
Moderately desirable----------2
Slightly desirable----------3
Neutral----------4
Slightly undesirable----------5
Moderately undesirable----------6
Extremely undesirable----------7
Don't Know----------9

22. How would you rate the desirability of having a correctional group home located 1 block from your home? Would you rate it:

Extremely desirable--------1
Moderately desirable----------2
Slightly desirable----------3
Neutral----------4
Slightly undesirable----------5
Moderately undesirable----------6
Extremely undesirable----------7
Don't Know----------9

23. Which would you find most acceptable in your neighbourhood? The presence of a mental health group home or a correctional group home?

Mental health group home---1
Correctional group home--------2
Both equally acceptable----------3
Neither----------4
Don't Know----------9

BASIC PERSONAL DATA:

24. Can you tell me the highest level of education you have completed?

Some public School---1
Public School Graduation----2
Some High School----------3
High School Graduation----------4
Technical Training Beyond Secondary School--5
Some University or College----------6
University or College Graduation----------7
Post Graduate work----------8

25. Do you rent or own your residence?

Rent----------1
Own----------2

26. Can you please tell me which range most closely describes the income before taxes of this household in the past year?

Less than $10,000--1
$10,000 to $14,999----2
$15,000 to $19,999-------3
$20,000 to $24,999----------4

$25,000 to $29,999----------5
$30,000 to $35,000----------6
More than $35,000----------7
Refused----------8
Don't Know----------9

27. Sex of Respondent: Male----------1
Female----------2

28. Address

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