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Community Organizational Aspects of Establishing and Maintaining a Local Program

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COMMUNITY[1] ORGANIZATIONAL ASPECTS OF ESTABLISHING AND MAINTAINING A LOCAL PROGRAM

TO ESTABLISH A FOUNDATION On which a broad comprehensive mental health program can be established, the professional must leave the walls of the clinic and enter the community "turf." Here he will be confronted with a complex situation, consisting of many dynamic components with which he is unfamiliar and for which his prior training and modes of thinking have not prepared him.st,12,i4,46 This chapter will address itself to the issues with which he will need to deal. Although there are no scientifically specified modes of proceeding, sets of phenomena that occur on a regular basis offer an opportunity to abstract conceptual principles, which provide guidelines for procedures in organizing a mental health program.

Participation on a proactive basis in community organization and action to effect health-promoting changes requires joint planning and operation with individuals affected by these efforts in ways that would have been unheard of and unacceptable a few years ago to most classically trained mental health professionals. The psychiatrist will need to critically reexamine assumptions, experiences, traditions, and models that guided him in the past and to explore new pathways and develop innovative solutions to longstanding, long-neglected problems, aided by the findings of other

disciplines, ranging from the political and managerial to the biological sciences, which are now just beginning to be integrated into the field of community psychiatry.

Primary Aspects of Organizing the Community Mental Health Program

As the mental health professional exercises leadership in organizing a local program he should attempt to accomplish the following.

1. Investigate as many aspects of the community as possible, including the type of community he is entering and the group that may participate with him in his endeavors.

2. Determine the degree of accord between his program interests and the interests of the community so that a basic equilibrium between his professional concerns and the expressed needs of the community—the consumer of his future services—is established.

3. Determine the actual and potential sources of conflict between different groups, which is often marked by issues involving personal ambitions, hidden agendas, and external needs and demands. While assessing these factors it is important to remember that any assessment will not remain static; people change, individuals come and go, political parties shift. Dynamic changes over time will therefore occur and should be considered when

making decisions.

4. Organize elements perceived as salient into a gestalt, realizing that each element will modify the other, that is, what people think is important to them will be influenced by broader and possibly more powerful forces emanating from different levels of government and community leadership, which, in turn, may reflect national trends. The mental health professional should give continuous attention to the interaction and influence of each component with and on the other to minimize the possibilities of error and the statistical probabilities of failure.

5. Find ways and develop techniques of helping different groups to compromise around community issues as the program starts. It is therefore important for the mental health professional to know about and assess the relevant factors comprising the human dynamics operating on local as well as broader levels in relation to his place and possibilities as a mental health leader in the community and, at the same time, to help groups relate to each other. This needs apportionment of time which must become a refined technique. While remaining quite close to the grass roots of the community, the mental health professional should also be able to spend some time in informal meetings at national, state, and city governmental levels. There he will acquire information from policy decision-makers, who are in the position to radically influence programs in which a great amount of energy has been

invested. This activity becomes crucial when we note that such programs can be truncated with the flourish of a signature which could very easily occur in the case of model cities and antipoverty programs.

6. Acquaint and attempt to involve community members with his own aims through program planning and development. Here the priorities of citizens and representatives of other human services should be respected at the same time that the mental health professional seeks to incorporate his own interests and approaches.

As the mental health professional participates in the community he will relate to members of area boards, executives, and consumers who serve as advisors, representatives, and “samplers” in their own districts and who can be a source of alliance about community activities; they are able to collect information because of their broad contact and can be extremely helpful to a program that is interested in permeating and participating in community affairs. Coordinating committees often bring together large numbers of directors of agencies, who in turn will be closely allied in the delivery of services.

7. Attempt to find ways of developing a proactive mechanism, a modus operandi whereby the mental health professional avoids, on the one hand, being manipulated or becoming a passive acceptor of community wishes or,

on the other, exerting rigid authoritative approaches. He therefore strives to anticipate certain problem areas, but always reacts to the felt needs of the consumer by recognizing sources of potential conflict, to achieve a balance between the expressed basic needs of community members and his own ideas and perceived options and to make decisions on what he feels will both benefit the community and be feasible for him to accomplish.

8. Set realistic limits to what he can accomplish and find ways of dealing with the sense of frustration experienced by community members when they are not able to obtain everything they want.

Developing and Maintaining Sanction with All Operating Levels

Once the mental health professional has accepted the leadership to organize the local mental health program, successive approximations and explorations of and with the community are needed to establish priority of approaches and types of intervention. It is at this point that the professional must continue to review and clarify for himself the salient issues within the population for which he now is responsible. He must decide what approaches he has at his disposal to intervene at either primary, secondary, or tertiary preventive and rehabilitative levels and what manpower is available to implement any chosen intervention.

When he ascertains what the felt needs of the significant groups in the

community are, he must analyze their priority possibilities, the reality issues of community climate, and his own approaches and plans, which he attempts to keep flexible. He must enter into negotiations with representative groups to firm up these priorities and begin implementing the primary aspects of his program. As he negotiates with the different groups, who will be asking for disparate programs relating to vested interest in children, retardation, or drugs, he must realize that no group per se is homogeneous; ascertaining the different subgroups with respect to their ethnic, religious, and socioeconomic characteristics is therefore important. Each subgroup will need and want different things and many times will not have the type of verbal spokesman who will bring this to the attention of the professional. Kellarn has delineated the various representative groups that are emerging as negotiators within mental health community programs. It is essential to pay particular attention to the silent subgroups, children, immigrants, and the sick and try to develop spokesmen or ombudsmen to give voice to their unexpressed needs and put them on a par with the powerful voices.

Once he has obtained enough knowledge on these issues, the mental health specialist should set up a priority order and weigh the items in relation to the size of the group affected and how an established priority will benefit the community as a whole. He should also try to ascertain what the needs of the middle class silent majority—the traditional community—are as compared to those of the lower socioeconomic groups, heretofore the silent

community, which has emerged in the past decade as more voluble and often in conflict with traditional establishment sectors.

With the data obtained he should be able to answer some of the following questions:

1. What are the crucial, emergent topical issues?

2. What are the felt needs of the population?

3. What are the crucial unmet problems as professionally defined?

4. Which and where are the populations at high risk? These are the vulnerable subpopulations susceptible to fall prey to trouble, due to the fact that they live under undesirable living conditions.

5. Where are the most noxious and violent areas in the community where deprivation, poor housing, cramped surroundings, and pollution exist in their most acute states?

Even though the mental health professional realizes that he cannot deal with all levels of psychopathology, he should be aware of the fact that for every patient treated in the community there also exist a considerable percentage of untreated and unknown cases, in addition to individuals who have a high potential for developing manifest psychopathology. Continuous feedback material from such caregivers in the community as policemen,

welfare workers, nurses, and general practitioners should be accumulated in order to eventually develop a community epidemiological profile, which would include the factors that cause stress as documented by research findings, as well as the psychopathological symptoms and disturbances of that stress.

Finding Community Allies

The mental health professional in the community must find out who the salient caregivers are, in order to identify potential allies, who by their daily responsibilities and activities might be able to help in revealing and caring for high risk populations in the community. The mental health professional should find out who is actually doing something about which problems, what approaches they are using, and the degree to which they are accomplishing the task of reducing some of the counterproductivity engendered by the social system, with special attention to rigidified bureaucracies that are unable to adapt to the multifaceted needs of multiproblem families. As the professional becomes better acquainted with the ways in which some of these agencies or institutions perform their tasks, he should be tempered in his criticisms and ways in which he confronts them with their apparent insensitivity to the needs of the individual. The gap between adequate services and mobilization of resources within bureaucracies has a tradition and history that cannot be geared rapidly to meet individual needs. Needed

change requires continuous efforts and inputs from many professionals, including the mental health worker, within a realistic, evolutionary climate. This challenge is also being met by a large number of multidisciplinary professionals especially interested in the quality of life for populations at high risk, who are intervening with a variety of techniques developed by their own disciplines.

How does the mental health worker decide where to put his energies when working with caregivers and other social change agents? What helpful guidelines can he use in working with agencies having a direct impact on citizen well-being?

The criteria on which he will base his choice for collaborating with a care-giving system involves estimating two characteristics: (1) salience and (2) feasibility. A system that would have high salience for the mental health professional would have among other characteristics (1) a high rank order relative to other systems in regard to its potential in satisfying current feelings of need in the community; and (2) a prognosis of serious consequences to the general mental health picture of the community if these needs are not satisfied. It must be recognized that a judgment on the salience of the system is relatively arbitrary, involving a complicated array of factors. It is particularly susceptible to influence by the spirit and value system of the times, in our time by the movement toward increasingly comprehensive

human service systems.

A system that offers the feasibility of collaboration with the mental health professional has the following characteristics:

1. Openness to the entry of the mental health professional so that he can accomplish his task. There are various levels of openness, lack of defensiveness, flexibility, and degree of acceptability within our institutions. The mental health professional has to gauge within what institution it is feasible to promote change, what the inherent capacities are that lend themselves to effect change necessary for continually dealing with the problems in a sensitive and flexible manner. The following items must be looked at to ascertain the potential for gradual change: the structure of the agency; the type of leadership; the quality of the staff and staff relationships to administrative units within the government structure; the type of resources; and the source and steadiness of funding.

2. The climate of the times in terms of national priorities and the feelings of the community about the particular agency.

3. The permeating attitude within the agency toward the whole range of mental health issues.

4. Investigation of these items will elicit the data necessary to choose

the target systems, agencies and institutions to organize and establish a local program.

By what methods can the mental health professional garner the data to accomplish his objectives?

1. The mental health professional can gather information by reading, talking, walking in the community, visiting with citizens from all walks of life, making lists of people who know and are active in different areas and systematically meeting with them to exchange information.

2. He can collect statistics gathered by others (U.S. census, antipoverty groups, health insurance programs) and monitor his own statistics so that he can find out who is using his facilities and for what purposes. This will give him data to develop many evaluations to feed back to his own program within short time periods in order to narrow the gap between relevant services and community needs.

3. He can use students and volunteers in spot surveys to gather data that provide the mental health professional with information about what people are thinking and feeling about specific problems in order to stimulate citizens to study their own problems; citizen involvement and expressed needs might then be fed back to community leaders to help obtain their support for future mental health programs. They can also ascertain how

people are using the mental health facilities and what changes or additions citizens could suggest about ongoing programs.

4. As data are accumulated, priority planning on the use of resources to achieve goals is determined. For example, collaborative planning with the general practitioners who will be affected by the specific program should be instituted. Subcommittees of these physicians will then develop their own ideas and present them to the director of the mental health program with suggestions and formulations concerning scope, directions, and goals.

It is obvious to any professional who has tried to develop a program that there will never be enough manpower to meet the needs indicated both by professional knowledge and by the expressed wishes of community leaders. The task then becomes one of designing a program to produce the most effective, durable, and economical intervention. Community organization work by sociologists has delineated modes of stimulating changes by linking the community representatives in such a way that the effect of a particular program on one institution or one group of individuals will start a ripple effect through the community. That is, successful intervention in a highly visible or prestigious organization or institution will facilitate intervention in other community institutions. The converse is also possible: Unsuccessful intervention is followed by disastrous effects in the community.

Implementation of Methods and Procedures to Organize the Program

1. The mental professional must be physically located in or near enough to the community to talk with citizens, caregivers, agency executives, and so on. Innumerable opportunities are available for participation in meetings, task forces, councils, and representative citizens' groups. Whenever possible the mental health professional should, therefore, express his wish to offer his expertise in order to afford members of a community the opportunity to find out what he does and how he may be helpful. Whenever the opportunity arises, the mental health professional should capitalize on the multiple items on the agenda offered by almost any problem situation and use these as vehicles to make himself better known and to learn of and investigate the institutional components of the specific problem case. Information should be gathered about the agency and personnel involved and efforts made to meet as many people in the agency as possible to learn of their needs, problems, goals, and interests.

2. Establishing a reputation. When participating in and collaborating with community groups, a reputation of reliability is necessary. The community's fear that a newcomer will be a disruptive factor in the system is seen and felt in the reception given to mental health professionals. Suspicions and fears can arise when the mental health professional is insensitive to areas of conflict in any particular agency, and, for example, gives his attention and

prestige to marginal or unpopular groups within an agency, or aligns himself with only one faction of the groups in conflict. To effect change within agencies or institutions which will be conducive to better community mental health programs, participation within some broad parameters of an agency's structure is imperative. Institutions need their own defenses in order to perform efficiently just as individuals do. A reputation for usefulness as opposed to meddling is very rapidly established and will influence the degree of help that the mental health worker will be able to offer within a particular community.

3. Usefulness. During the mental health professional's initiation period, his ability to demonstrate that he can be useful is the crucial test of his *rites de passage,* and is therefore of primary importance. It is obvious that his particular expertise is needed and wanted in the community. But this must be demonstrated in such a way that other professionals do not feel either inferior by their lack of knowledge or threatened by having to deal with mysteries they feel are known only to professionals in the mental health field. The mental health professional's task of earning a reputation of usefulness before he is known and asked to participate in community affairs is one of the delicate techniques that must be developed. Here an attitude demonstrating concern for the history of the problem at hand and a desire and ability to open options for community representatives when trying to understand the dimensions of their problems is helpful. It is imperative that the mental

health professional's attitude and mode of communication impart to community members that "I" and "you" face the problems together and that collaboration can increase the possibility of solving them through the presentation and examination of views of dimensions of the problems as well as alternatives for their solution. The mental health professional must be cognizant of and sensitive to the differing, and often contradictory, expectations and fantasies regarding his capacities and abilities. On the one hand he will be viewed as a total healer capable of solving all dilemmas; on the other, he will be viewed with caution, perhaps suspicion, as an interloper. He must therefore help community members become aware of his actual limitations and capacities and act with regard to them. That is, if they want help that does not fall within the mental health professional's scope he should be prepared to help them plan and get the type of resources that will meet the needs of the problem. In addition, whenever the mental health professional actively collaborates with the community, he should be aware that he is exposed to critical appraisal and be able to accept this in a comfortable and non-defensive manner, the same way he has learned to deal with his feelings in the one-to-one clinical relationship. It is at this point that the mental health professional has an opportunity to change the classical stereotypes and anxieties based on irrational expectations that both lay persons and professionals have about psychiatry and mental health professionals. At this juncture the relationship between the community and the mental health

worker becomes meaningful, enlarging the possibilities for enlisting the support of diversely oriented groups indigenous to or involved with the community; this is a crucial factor among the many that are conducive for successful community mental health programs.

Maintenance of the Program

Once the mental health professional has acquired knowledge about his community and its salient needs, gained entry, developed ways of obtaining and maintaining sanction with all operating levels of the system, overcome negative stereotyped expectations, oriented himself to the social system of the community, investigated the administrative structure and functioning of the agency, started to plan and implement programs for change, developed and negotiated successive roles in conformity with the unfolding needs of the program, and learned to time interventions in relation to situational conflicts, how does he proceed to promote and maintain ongoing aspects of his program? How does the professional move from intelligence, reconnaissance activities, program planning and design, and program implementation to program maintenance, evaluation, and further development?

During this stage of his activities he must continue to relate usefully to those groups and forces in the community that sanctioned his program, but also to the differing and often conflicting groups essential to the development

of the particular program in which he is involved. Even though he may have earned a welcome from citizen leaders and individuals who collaborated with him, who guided and supported him to ascertain what the needed activities were, he must continually monitor the quality of his endeavors in the community. Obtaining appropriate sanction from influential power structure representatives—both lay and professional—leads to continuation and growth of a program and also calls for additional knowledge and techniques from the mental health professional.

He should continue with an open approach, flexible and sensitive to the continuous messages obtained from helpful resource groups, and, at the same time, he must be able to organize them within an operational framework that allows for the gradual implementation of parts of the program rather than presenting or suggesting implementation worked out in advance of reactions and unforeseeable contingencies. With the passage of time he will develop clearer and more concrete plans to implement with and for the community, with established objectives that could be developed, set, and evaluated by both professionals and community representatives.

During this second phase of establishing the program and maintaining it at a level at which it has a good chance of being accepted by community leaders, flexibility and careful deployment of resources to aspects of the specific program are necessary. The broad outlines may be set by what are

considered by professionals to be sound principles, capable of being adapted to the specific needs of the community; the more concrete and binding principles or program outlines should be still left for a future date. This is the time when the mental health program can start trying to define its own parameters along lines that will be harmonious with services in the community, with the aim of eventual participation without too much strain and stress, with ongoing community plans for the coming decade. As the program advances, this type of open-ended organization can be extremely helpful for linking other systems and institutions and for emerging as the model for collaboration and implementation of comprehensive health or human services advocated by national leaders. Federal forces have been able to influence mental health programs in the last ten years, and it is evident that they are pointing toward integration of services in the foreseeable future.

At the same time that the professional leader of the program develops the type of relationships that will allow him to plan with comprehensive health, welfare, and education agencies in the community, there should be a proliferation of small demonstration services within the community to begin implementing useful and responsive approaches to community needs. Within this small and concentrated effort the new staff that may be assembled, or the staff that has been already working in the community, but within the walls of the clinics, can begin learning the new techniques necessary to work in the community, as, for example, consultation to schools, development of

storefront centers, collaboration within drug- or alcohol-abuse control programs. In this way the staff has the opportunity to move out into community activities gradually, progressively, with continuous feedback into their own operations. To choose where and how to establish a specific service, the issues of feasibility and salience should be considered. Setting up small demonstration programs within the areas of primary, secondary, or tertiary prevention, according to the opportunities, will allow mental health professionals to be guided within a smaller limited setting by the same principles that they used in a macroscopic manner when learning about the community and considering broad approaches spanning the breadth and depth of community problems.

As more areas for activities related to mental health problems emerge in the community, the mental health professional will have increasing opportunities to reinforce their importance with community leaders and community representatives. In one community where the psychiatric director was in the stage of maintaining the already established mental health programs, he divided his time between a group of activities that indicated the range necessary for the maintenance of the program. He participated whenever possible in any public and civic activities in which he could be a resource member or an interested participant. This included membership in a community council on drugs, the governor's task force on Spanish-speaking affairs, and a model city subcommittee on education and acting as a

consultant to public agencies in the community, including schools. His activities paralleled the process of growth and the range of interaction necessary to achieve this purpose. The growth of the program appears to be based on the successful engagement of relationships between meaningful members of the mental health program with the appropriate individuals in the community, who could collaborate to implement formally or informally programs for the well-being of the community.

As the community has started to organize self-help groups, grass roots organizations, and volunteer boards, more opportunities are emerging for the mental health professional to come into close contact with these large numbers of community leaders. Functioning as a participant and interactive catalyst in an attempt to link groups with differing points of view on specific issues, distinct vocabularies, or propensities for taking stands that polarize large groups when making decisions on crucial issues makes for a tightrope approach for the mental health professional in trying to aid communication between sparring groups. This is emerging as the antipodal steerage dilemma of mental health program activities.

This type of linking relationship has occurred more easily and frequently in the past because many of these individuals have been professional allies of the mental health worker. But an area of extreme importance and sensitivity, and the locus of community mental health

problems today, is the mental health leader's attempts to relate to the various neglected groups in the community, specifically the minority groups that have emerged during the last few years who are alien, antagonistic, have different concerns, and give very little credence to what mental health represents. Some dramatic examples of difficulties encountered by mental health professionals as they try to relate to these groups emerge from the overlap or simultaneity of roles, for example, when community members participate in board activities and then move on to become paraprofessionals. As the indigenous representative progresses from an interested citizen to an enlightened one, who sees an opportunity to begin climbing the paraprofessional career ladder with hopes of upward movement to employment within the health system, the mental health professional finds it very difficult to negotiate and compromise with some of the demands established by these informed, knowledgeable and often militant individuals. Some demands may be novel and creative, while others, which often come to light in hidden agendas, serve the purpose of ambition of the participating community member inconsonant with specific program aims. Many a community meeting has been a shattering experience for mental health professionals if they are confronted with and accused of racism and discrimination, ascribed to them because they belong to the system or establishment. This may have nothing to do with either their individual predispositions or their activities, but they become the *causes célèbres* for

pent-up expression of hostility and frustration engendered by the stressful living conditions of the very population that mental health workers want to reach. Going through the process of mitigating and neutralizing some of these feelings in order to develop cooperative working relations was one of the most painful learning experiences encountered by the mental health profession during the 1960s.

The issue that cuts across role and function is racism. Any white mental health practitioner working in a system staffed both by whites and blacks should always be aware of concerns about manifest and latent racism. When a member of such a system receives unusually high demands on his productivity and is under considerable tension, the always latent concerns and fantasies about racism (on both sides) can become manifest, with both sides projecting their frustrations and hostilities in a rhetorical barrage of racist epithets and accusations. This can be lessened if the mental health professional is able to participate in informal as well as formal activities within the community so that his knowledge and feeling for dimensions of problems is actualized directly, through interaction, rather than remaining expertise, which is often abstract and can create alienation.

Another area of difficulty occurs when the mental health professional works as a collaborator, consultant, or participant in areas in which increasing involvement with different value systems and aims within the

human services agencies in the community is necessary and desirable. Here the professional is faced with the conflicts that arise when the problem-solving approaches of other agencies appear inappropriate to mental health values. However, he must continually remember that there are many valid approaches to the same problems and must continue to have a genuine respect for opinions and approaches that, because of differences in professional background or experience, are foreign to him. Mental health professionals trained in homogeneous, traditional clinical settings in which a given viewpoint and set of professional values tend to prevail, may find heterogeneity of backgrounds, opinions, and approaches which provide much of the substance as well as the form of interaction in working with a variety of professionals and lay groups quite difficult to handle. His impulse to be critical, to want to take over the job because he feels more competent, his wish for efficiency and rapid resolution of problems, will handicap him in allowing for a more evolutionary process of continuous development which will ultimately solidify his program. As the number of professional groups working in the community increases, the need for supportive backups, whether among peers or with consultants who have already resolved dilemmas and learned techniques for successfully negotiating within the community arena, is ever more welcome.

As the mental health professional becomes better known, trusted, and respected, he will very often be assigned the role of linking agency programs

to promote comprehensive approaches to human problems. In most communities, agencies tend to work in isolation and to know relatively little about each other's programs. As the mental health professional moves laterally across agencies and upward across governmental levels, he will be able to identify gaps in the existent agency network and thus has an opportunity to link these agencies or systems, thereby utilizing the total program in order to provide different portions of the population who present problems, such as families, the elderly, or addicts, for example, with optimum care. Here the professional will encounter the divisive forces of power prerogatives, traditions, inertia, political pressures, and turf preservation, which impinge in such a way as to foster compartmentalization of professional efforts in the alleviation of human ills. He will tentatively try to define his own role in the linking activities, approach key agency leaders with the main focus on understanding their general needs and the problems which they are interested in participating. It is important to avoid arousing feelings of defensiveness by first handling in a careful way acute or sensitive areas of conflict and by introducing minimal material that might increase the suspiciousness that agencies manifest toward mental health workers.

As this broad activity of organizing the various components of his program into a comprehensive human services framework continues, many community groups are going to ask the professionals for services that, in most cases, cannot be met, owing to manpower and budget limitations. This means

that many times the mental health worker will have to set realistic limits as to what clinical services can be provided. A clear statement of what type of services are possible at this stage of the program, as well as those that cannot be provided, should be presented. Many times the lack of services engenders disappointment in the community, but this can be partially mitigated by the offer to be helpful in providing alternative means of obtaining some aspects of the needed service and by linking and alerting a community to other agencies that might fulfill other aspects of the service. Here again, whatever help is offered should be accompanied by follow through to see that eventual successful completion of services is accomplished by the other units.

Developing Formal Structures of Functioning with Community Units

As the mental health professional continues to move slowly, step by step, and to be sensitive to the interest and appropriateness of the community's needs, the process of growth of his program continues. The program will progress through several developmental stages, each indicating successful accomplishment of necessary tasks and successful resolution of conflictual and divergent needs. How to ascertain what the needs are, how to find ways of balancing issues of knowledge, manpower, deep and acute problems within differing community groups, comprise the basis of practicing community psychiatry on a local level. Some indications that may be helpful in evaluating how the community organization aspects of the program are

advancing include:

1. Sanction from most of the members of power and influence groups and from agency networks can be obtained in the majority of instances for specific programs.

2. Whether the program continues to unfold and seems to be accepted by a large number of community members.

3. Feedback that indicates a relatively good reputation of being useful.

4. Meaningful relationships with representative groups both in and out of the establishment continue.

5. Participation in the work of the local community agencies, in consultant, collaborator, or educator capacity, increases.

6. Participation as resource members to community boards, governmental agencies boards, and self-help grass roots organizations.

7. Increased demand of educational activities, such as speaking at PTA groups, in panel discussions of such clubs as Rotary or Lions, being invited as members for discussion groups with the clergy or public health nurses; in "rapping" sessions with minority groups, students, or self-help groups.

Much time and effort in interaction and negotiation must be spent in order to ensure an adequate accommodation between what the mental health professional is able and willing to do and what others want of him. These

activities are in continuous evolution, part of a continuing process that will lead him to the clarification and conceptualization of his new roles and modes of functioning in the community as he tries to establish and maintain a mental health program. His relationship with the community will evolve as different facets of the program develop, influenced also by patterns inherent in institutional relationships and spontaneously arising conditions, which will offer him, in turn, new challenges and opportunities to chart the course and outline approaches for the professional of the 1980s.

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Notes

1 The word "community" in this chapter is used to denote the conglomerate of groups living and interacting within the boundaries of the geographical limits of the catchment areas. Mental health professionals are becoming increasingly aware of the variety of uses and

meanings of the term, as noted in numerous reports and publications.