

Original Paper

Living in sheltered Accommodation

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Sheltered accommodation has a vital role to play as you move through the mental health system. It is the first step for getting back into the community and out of the asylum. Then once supported it can help with independent living. It is important to know how this works and the strengths of this.

When I got first admitted to hospital I was fortunate to have had a good experience of the ward. I enjoyed talking to the nurse assigned individually and there were activities on offer. My mental health improved with being a patient and I came to regard myself as a service user.

One question remained at the back of my mind during my stay in hospital. That was what would happen to me when I was discharged. I was only going to see the community nurse once a month so with the constant nursing on the ward I didn't know how I would cope.

It was explained to me that there was secondary care available and I wasn't just going to be dumped by the system when released. I needed to know how this would work without the intensive support that I had had through the hospital stay and what was going to happen.

I was hearing voices frequently and getting frightening paranoid beliefs. So as in hospital there had to be someone to talk to and some activities to keep me busy. I was relieved to find these were still possible through sheltered accommodation and day centres.

The set up was just the same so the transition out of hospital was going to be eased as the support I had was working. I had become dependent on it for coping strategies. So, I could reassure myself that there were still ways of dealing with the symptoms even with the loss of being nursed.

One worry with such a long admission of two years was that I had been institutionalised by the system. Once again, I was frightened of being released. This is where a mental project came in as the set up was like another institution. Yet I had one foot in the mental health system and another in the society.

It needed another 24/7 environment and just as you were living with people in hospital there were other residents around you all the time. Again, there were intelligent people to talk to and the social environment was very stimulating, as it had been with the nurses when on the ward.

Yet there were many improvements once discharged which was not possible in hospital. The link worker was able to support you in getting out and about which was never possible on the ward. That meant having company to go shopping or for exercise until you made friends to go with instead.

It was vital to phasing in to being in sheltered accommodation that you could also go to a day centre at the same time. As in hospital you had to keep busy. This was needed for first moving into the project and helped with the stress of moving house again.

My first impressions of the place were very reassuring after the time I had spent in hospital. The staff like the nurses were welcoming but the residents didn't act like patients. Instead of people staring into space as on the ward I was struck how lively they were. The place seemed to be working.

So, the place had a friendly atmosphere was more in evidence compared to the hospital feel on the ward. The staff were interacting with the residents in a way which didn't happen with the nurses who had so many patients to look after.

Instead of being confined in the hospital there was a sense of freedom about the place. There was no sense of pressure amongst the residents again unlike on the ward. Instead of feeling bored they were socialising with each other and enjoying the contact.

Looking at where I was going to be living it proved to have a great release from the ward. I realised for the first time I could get out of the hospital environment. It was going to be therapeutic to have people around me again. Then I knew it would have a positive impact on my mood with the schizophrenia.

Sheltered accommodation was going to be a place for life so I had the security of not being moved on and the stresses of that. Whatever else would happen in life you had the reassurance that the place and the group would always be there for you. You could look ahead in life with some confidence.

Sheltered accommodation initially meant my level one and two Maslow needs were being met. I wasn't now wandering the roads to get away from the spying neighbours. I was living with the neighbours 24/7 and as I got to know them. So, there was some insight then I calmed down. I got to be functional with self-care. That was a motivating experience for me.

After the experience of living independently and problems this created there was the worry of living on your own again. This made me appreciate everything I had when living in the project. Despite the restrictions I realised how lucky I was to live in there.

Like a hospital it makes you feel safe from stigma which should open up the Maslow emotional Tier. After that there was ready made social contact. Life then is not all doom and gloom. Having calmed down and cheered up I got back into academia as I could now concentrate to read.

It was only when stabilised on medication that I began to calm down. That allowed me to enjoy life gain. This depended on sheltered accommodation. In addition to the medication the place kept me stable with the symptoms of both schizophrenia and depression.

When I got to sheltered accommodation, I felt life begin again. First it had proper material conditions and social contact. This was in comparison compared to the isolation and slum that had drove me mad in

the first place. Unlike being on your own I could live it up in between episodes. That improved my mental health from start and allowed an immediate rest between the symptoms.

Having lost my friends through stigma and finding new friends to live with meant sheltered accommodation was very important. This given it is difficult to meet new people in our large impersonal society. I realised again and only then the value of living in the system emotionally here.

We were all lost in life when we got into the project but through friendship, we found some meaning again. That meant putting up with the confines and I was able to formulate goals in life even inside the project. I was further able to get back into education at the day centre.

With the intensity and frequency of symptoms the continual social contact is much needed. This could be provided outside of hospital and medical care. Instead of the need to be nursed you this had been replaced by social contact with a housing worker. Medical supervision was reduced to having it once per month when my community psychiatric nurse came visiting.

Sheltered accommodation was out of hospital but not fully in the community. It felt like living somewhere in between so there were influences from both. There was much freedom compared to being on the ward all of the time but was restrictive in other ways.

The set up was very supportive with your link worker in there. They could settle you into the group but need to provide social support first before this can happen. They will have more contact with you than with day centre staff so you will integrate with the other residents more quickly.

After that you will get to know the residents faster and better. Unlike members of the day centre as you are living with them 24/7. This is vital when first released out of hospital and into community care. The link worker can introduce you to the other residents and help you break the ice with them.

Moving house is one of the most stressful things you can do and the move out of the hospital into the project was done at a time when I had severe symptoms. To ease this transition, you need to settle in as quickly as it could in case of another relapse.

There was help that didn't require nurses and as in hospital there was entertainment provided. You could go with the day centre in the company of the other residents. This was another step in getting to know them. Doing courses together meant a way of starting to share things with each other.

So instead of being on a ward watching the television all day you could get out and about whenever you liked. You didn't have to do this on your own. Then it was possible to begin to create a pleasure diary with overcoming the isolation and the sense of freedom involved.

There was educational contact in the way that was never provided in the old asylum. This meant care in the community was much more therapeutic for me. Again, all the benefits of going to the day centre meant the dependency of the project didn't matter.

When the staff were off duty there was no support. So if you were frightened you had to rely on each other to calm you down. This created a therapeutic sense of community. Then the compassion involved in the support allowed for connectedness with each other, so we formed a group.

The downside is despite the group feel was that you didn't have your own place. Yet you still have your own personal space when you want to be on your own. Being at home in your room also solved this problem so far but didn't completely answer it.

I began to identify with being a service user living there and with being a mental health patient when in hospital. I became part of the system also when at day centres. So up to the point I still felt I was living in the system despite the normal lives people have outside of it. I could put up with this when I started to see things in this way.

Moving house is one of the most stressful things you can do and the move out of the hospital into the project was done at a time when I had severe symptoms. To ease this transition, you need to settle in as quickly as it could in case of another relapse.

Despite becoming dependent I could make a group of friends and best friend. This meant I could put up with being reliant too. Then having formed this support from the staff and residents meant you could get out and about despite the institutionalised feelings. There was proper financing to do this.

As there was nothing left in life outside I came to regard it as home. Mental illness means starting again with life and finding somewhere you feel at home is a necessary first step. The system can make you seem like you have been cast adrift but in a project there is a strong sense of identity.

Once these feelings of starting out again have begun and these parts of your life are sorted out you can begin to formulate what else you want to do with life. You won't be completely on your own so you can progress to other things like day centre courses and other leisure opportunities.

You have to put down roots in there. This is possible even when institutionalised though it might take a number of years as your friendships deepen and grow organically over time. So, while I was still institutionalised but came to regard the place as home.

There was more of a sense of space with the shared corridor compared to the house I had lived in on my own. We could wander out of each other's rooms as we liked, and no one would shut themselves away. That felt like collective living could be made to work.

It was the corridor that helped with the group feel which helped the place grow organically. There was always contact going on all the time and the staff in the office were part of this too. The more I became part of things the more I felt at home there.

I found I could cope with life on these terms with both the finances and the social contact. I began to be a bit happier even though I had an illness. Overtime you will build up happy memories and having a long history of having lived somewhere adds to the pleasure diary you need to keep.

The supportive talk with residents meant you could confide in each other emotionally. This again allowed the friendships to deepen and the group feeling to grow. We began to esteem each other which was a powerful way of feeling happy again once the voices stopped criticizing.

Having a place for life meant you would be living with your friend's long term. That meant you would develop friends for life. There were many ways you could get closer to your friends by sharing things. It

was possible to go shopping or eat out. Yet it was also possible to go travelling which was the best part for getting out of the project home for a while.

I was fortunate that I had a lot of family input while living at the project. I could many of the same things with my mother. The emotional support from my family was deeper than the long-standing friendships which added to feelings of being happy with my new life.

Living at the project was not bedlam but was calming and soothing. The group atmosphere it created allowed some quiet rest from the symptoms. This was soothing of the nervous symptoms and settled you down enough to concentrate to do other things.

I began to reflect on my life and what to do with it. Once rested in this way I had the energy to do other things. That meant picking up on things in life I had given up on during my stay in hospital. Living at the project meant getting some parts of my life back that I thought were no longer possible.

That really helped with living there as I began to have another life outside the project and also the mental health system. I joined an archery club and a target rifle range which had been my first love. I could now bring some more of the things I had always identified with in my life back again.

There were also things I could do around the house as well. Having settled in I also started to formulate my goals in life. Having given up academic study with the illness I started to write about mental health instead. The helped pass the long hours I still had to spend at home in there.

There was also the chance to study at the local further education college. I wasn't strong enough with the support to go back to university. The illness made this too much pressure. Yet a night class was possible once a week which added some further variety in life.

Having been paranoid with thinking I was being talked about on the television there was a need to fill the gap when living in sheltered. That meant keeping busy and with the social support available in there became many ways of getting life back to normal.

That feeling was the best thing that could have happened for the pleasure diary. There was such a lot going on in my life. Having reformulated my goals and leisure interests in life meant I didn't feel I was missing out in any way. That meant the feelings of dependency could also be normalised.

There was a feeling of safety living in there as I had some insight into the other residents. If I had been paranoid about them there would be no group contact or new friendships. I couldn't have moved in and would be living alone. That would mean there was no answer to the suffering.

There were feelings of being somewhere where you feel at home and also part of a group at the same time. These together will help you enjoy life more. They are the keys for knowing that once the symptoms of the psychoses were off these feelings of attachment and belonging will return. This along with all the other things the help from the mental health system made possible.

It was the social contact that first got me interested in other things in life and what was available at a day centre. This was not available in hospital where everyone was drugged and withdrawn. Like the day centre the project felt there was much life about place.

With living in a group, the place was never boring as there was always someone to talk to. This helped with life as when you start making friends you can get out and about. This reduced these feelings of having time on your hands.

If I needed to be on my own to reflect on life with the symptoms there was enough personal space if I closed the door for a while. I had to think about all my years with the illness and being at home in there reminded me in situ of some of the therapeutic things which helped.

You could come and go as you pleased but it was still institutionalising. You learn to go out in the way leaving the grounds of the asylum was never possible. All the same sheltered accommodation was not confinement and despite the dependency.

Again, you could put up with the dependency if you feel safe and had social contact which the stigma denies you. With this there is some emotional feel about where you live which had not been shut down with fear. To further develop this safe place imagery and compassion can help with forming these attachments.

In between episodes there is a chance for the feelings of belonging to form. You will have the feel of the place which will help you get through episodes of psychoses. You will know that once the paranoia wears off you can enjoy the feelings of being at home with your group.

Without work and partners the project has a vital role. There were other things in life especially the 24/7 friendships. This could keep you busy with life, so you don't feel you are missing out. I have seen people get married in mental health projects who moved out to live together.

Something else which helped me with identifying with living there was I could personalise my own room with furniture and electronic. That allowed some feeling the room was mine and again helped with my supported life in the system despite being confined in there by the illness.

One thing that does stand out with the freedom I had experienced was the ability to go on holiday with my new friends at the project. This provided a total break from the place. Doing this I didn't get sick of having to be there all the time and helped with the confines.

I could go home overnight which also helped living there 24/7. Until I settled in and got adapted to the new arrangements, I could rely on the attachment formed in my family's house and the place I grew up in. This eased the transition to living somewhere new until I put down roots there.

I had to make a life inside the project as I was still paranoid about the neighbours. That meant not going out. Yet there was so much going on inside the place I could make a life inside. I adapted to doing this but first it took a lot of getting out of the place to settle into living there.

The pleasure diary continued with being trapped in there and in contrast to being out in the community the organic feel added to this greatly. Being part of a group at these times was better than frequent visits from friends and family as I was not on my own as 24/7.

This is where the shared corridor came into its own as it created a sense of space during the incarceration. The four walls weren't closing in around me and there were no confines to concentrate your mind on the voices. There was enough social contact to get through this.

Once the therapeutic feel of the place had soothed the fear and emotional pain of the schizophrenia other things came into play. That meant I could overcome the symptoms so far which allowed for much distraction in my room. I was able to enjoy electronic media to further take my mind off things during the time I was locked in there.

If the confinement meant going back into hospital you then had the reassurance that your home at the project will still be there for you when you get let out. That eased the time on the ward knowing there was somewhere to go this time and you could look forward to discharge.

When on leave from the ward the project provided somewhere to go to which had the therapeutic feeling of home. You can go back and see the group of residents you belonged to. This when the hospital was full of people too ill to form a community group.

I was grateful for the help from the project staff. So I put up with not having my own place and the restrictions of living there. The link worker helped with a whole variety of needs but like being in hospital I became to rely on to stay functional with life. The same worries of what I would do without it began to resurface.

Having a place for life became very important as I had been in the system so long, I couldn't imagine life without it. It became all I knew about and had been at the project for so long anywhere else was not going to be as meaningful. This because of the fifteen years I spent in there.

The reason getting out of the old asylum worked was because there was the same set up in the community. Yet you were institutionalised in the same way by both. So, it was thought just because you could live in a project the next step was to become more independent still.

Just as I had to move out of hospital there was a natural transition to independent living. Having acquired friends for life there was some security for getting through things in the long term. This was the same way as moving into sheltered which was meant to be a place for life.

In addition, the day centre had a long history of support. So, there was going to be some additional support from its members and the staff who worked there. That again provided the opportunity for keeping busy which was part of the therapy on the ward and with group living.

Once settled in at the project it allowed me to go on to do many other things with keeping busy. In contrast when moved on and having been uprooted after so long it meant losing the atmosphere of group living. This may have impacted on my mood impairing the motivation for all the things it helped me be active for.

I had tried independent living after I had first got out of hospital, and I ended up on my own listening to the voices all day. I wasn't financed in the same way and was living in a slum. The place came to feel like a dungeon as I didn't dare leave the house with paranoia.

I had visions of the same thing when being moved on from the project and this worried my community psychiatric nurse. It was thought better to move me to another project with long term support again. That meant being distanced from my friends and starting yet again with life.

The choices were difficult as moving away from the social contact would have made it hard to feel motivated enough to do the day centre courses. Both had been important parts of my care and going somewhere else might have meant I would lose both.

I decided to give up living in the system and to chance living on my own. I thought that the staff only work for some of the time after which we were left with each other. Relying on my friends was still possible in the same way while making use of help of new staff at the day centre.

That left the question of re-establishing a group atmosphere as when we all had our doors open for each other. It turned out there were things that could help with this. My friends still lived close by so we could still see each other in the same way.

Living in the same area which I got used to during my time in sheltered meant there was still having some sense of being at home there. I hadn't completely lost the roots I had put down and there was some remaining identity in my new hometown.

Just as I had settled into the project by personalising my room, I found I could take all my belongings with me when I moved out. That helped with settling into my new place and feeling at home there. I had grown attached to my things and that cushioned the move to a new interior.

As a single person in a new house there was more than enough space for one person. That duplicated the feel of having my door open at the project, so you were less confined in your room. The house was large enough not to feel so closed in which would have concentrated my mind on the voices.

Having my friends round for some music and food gave the place a housewarming feeling. Then with my families input this took the edge of having to get used to somewhere new. I could live it up in there which reduced the stress of the house move.

My mother came to visit me three times a week to check how I was adapting. In many ways that felt like relying on the staff as I had to beforehand. The support was at a deeper emotional level than that with a project worker and this filled the gap here.

In a similar way to having a link worker to take you out all the time my friends and family could support me with keeping busy with this. Often, I could still go for walks, go shopping or eating out which took my mind off the illness that might have interfered with the move.

This worked in the same ways with the leisure and study activities which I was empowered to do with the support of the project. I was still motivated to do this so the sense of returning normality which happened in sheltered was still there in the new house.

All this was important for the new pleasure diary I had to write. Even so I had to hang in there until I got used to the place. That meant trying to do as much as I could to avoid any low mood with the move as now I was on my own with the fear. There were still way of taking my mind off things.

So, there was lots of similarities from living in the system to being moved on. This happened in much the same way as moving out of hospital years before. Then I had to adapt to the new circumstances but there was sufficient continuity for the transition to work. I was able to manage it.

Living independently had never seemed possible after so long in the system but we were given two years to adapt to this. The move could have meant going back into hospital and that was the risk I took instead of moving to another project. This was monitored closely.

Eventually I was able to familiarise myself with it and regard it as home. It took seven years before I started to put down roots. Yet I got there in the end. The feeling of home was amplified by the feeling of having my own place and I could see the philosophy behind what happened.

Again, this feeling proved very therapeutic in the way the atmosphere of the project had been. So, if I was feeling unwell this helped cheer things up a bit. If was getting paranoid about the neighbours all I had to do was draw the blinds and have a few drinks.

I had to find new ways of coping with my new life when getting frightened by voices and delusions which were still very frequent. That is where a little-known therapy called compassionate mind training came in. Then I could soothe the fear and emotional pain with it.

There are tremendous hopes that this therapy could help with independent living. It will help you last out while you establish a new sense of place. It may also avoid being hospitalised with the stress of the move and could be used in combination with all the other strategies outlined here.

The problem with finding a new place is that it takes so long to identify it as being your home. So, you will still be missing out on the therapy of this until you get used to things. The compassion can ease the associations of suffering on your own in there so these feelings of belonging stand more chance until you get settled in.

Conclusion A

The help from mental health projects works so well you become completely dependent on them as ways of coping with a severe mental illness. They can be effective to the point you think you cannot do without them. When being moved on if it handled in a way that can be explained the stress of the move can be lessened as you realise it can be made to work. That should keep you out of hospital and prevent a serious relapse with the illness.

Independent Living and Sheltered Accommodation

In the early days of community care moving into sheltered accommodation was a place for life but now it is thought it is better to use it as a steppingstone to independent living. This involved the idea of individual freedom and reflected an underlying philosophy of social life.

This was one of the ideals of care in the community in that living outside the confines of the asylum you had greater individual freedom. It provided more choice in life than was possible in the institution but to make it a reality sheltered accommodation was needed first.

Realising the ideals of individual freedom need to begin with discharge from the ward. Here the problems of institutionalisation still exist and can creep up on you in a short period of time. You need help to leave but this is more possible with sheltered living.

The same problems exist in sheltered accommodation, so community care has duplicated in many ways the problems it was trying to solve. Yet with the set up in a project allows this more possibilities for practising being independent. So, the steps you need to take stand some chance.

During an acute phase you become supported by the hospital staff which should ease the stress causing the schizophrenia. You will then be worried that leaving the ward will mean you will be exposed to the things in life that drove you mad in the first place.

People with schizophrenia need prompting before they will wash and eat. They need emotional support before they can cope with life. In hospital this is all done for you but once you are let out you will need much the same support to stay functional with your basic needs.

So sheltered accommodation starts as a lifeline and end up as a steppingstone. You cannot always go back to life before your diagnosis as you be too ill to work and may have lost social contact through stigma. You may need to start again if you cannot pick up where you left off.

A mental health project and a day centre can help you find your own way back into the world. This including being able to get your social life back to normal and learn skills to support you in finding employment. Sadly, you may not be free to do this as the illness requires ongoing support.

So much self-determination may not be possible, but you will still be free to enjoy your life as you choose to live it. You can formulate new individual goals and get help with trying to achieve them. You may be more able to life on your own terms such as where you want to live and who you form relationships with. These freedoms all first requires support from the system.

In my case I was not able to go back into research at university as with the schizophrenia it was all too much pressure. So, I had to make the choice of finding something else in life to fill the gap. I was still able to take up writing about mental health and could only do this during my calmer times.

To get to this point I needed to get out of hospital, but I still had to have social support to empower me. I had to be motivated with life again before I felt like writing about it. That then sustained me through the stresses of schizophrenia and independent living.

There is a 24/7 environment in hospital with much more distraction compared to living independently. So, moving on is a terrifying thought at first. This can best be supplemented by group living until you become less dependent on it and get moved on.

You get a better chance to know the people there than in hospital as you are in there longer with 24/7. With the emotional support from the staff there are more social opportunities than on a ward. So you won't feel as isolated as when you are confined to the day room.

Because of the increased social contact, the different people you meet are from all walks of life and provides some interesting conversation. It is much less boring than a hospital ward, but it needs to be complimented by a day centre for this to have enough time to have much distraction.

Then the feelings of freedom when let out of the hospital were striking for me after having been confined in there for two years. This even with the new activities on offer. The hospital wasn't in a position to help with independent living and to do that I needed a specialised community mental health project.

Out of hospital you can drink which makes things go with a bang socially either inside or outside the house. You can have a night out on the town with your friends which is better than simply chatting on the ward over a cup of coffee. The freedom of being out of hospital is very tangible here.

Unlike the hospital I didn't feel confined in the sheltered housing. It had more of a feeling of being at home than the institutional environment. Life there wasn't as restrictive as spending all day on the ward and I didn't have to put up with things to get through my stay in there.

This difference was vital to living in the project as I spent seventeen years in one. It felt like I was free to do what I wanted and could live without any confines. I needed to live there with my illness and with the support I had I was happy to do so for many years.

Over time the group will grow organically in the way day centres do. You will experience some welcoming there as it is always nice for the members to see a new face. Also, the project staff become part of the social group again in the way nurses could never do.

So the project got me interested in life again which was so effective that it kept me out of hospital. That meant I could cope with life on these terms and became more functional again. I didn't find any restrictions living in there, but they came to think it was still restrictive to our individual freedom.

To understand how this feeling was possible with the caring professions we need to see how the project worked so well. There were many factors that made it feel like my own home even though the place wasn't mine. So, I didn't feel the need to leave it.

So, it tries to make it your home and you are encouraged to personalise your room. I had my own furnishings and belongings which helped me live the way I wanted. Again, this had a cheery feel compared to the impersonal feel of the hospital and living in it got me a bit more motivated.

When I had to move out, I could take the things I got attached to with me. This helped me settle in quickly again. Yet the familiar feel of my room at the project took a long time to re-establish as I had lived in the place so long. So there was a great sense of loss in leaving things behind.

It all allows you to put down roots there but creates but the problem here is that the next step means uprooting again. After seventeen years in there this was a major obstacle as I felt so attached to the place and didn't want to have to start again with this.

What I was surprised about compared to having not got used to hospital is that you can settle into a project really quickly. The staff had excellent social skills and were very caring. I warmed to them immediately. The residents were also very nice, but it took longer to get to know them.

Sheltered accommodation is a lifeline if you have lost friends and family through stigma, especially if you have also lost your own home in the process of being confined in hospital. The staff contact is vital here to help you settle into your new life. Then the hope is to meet new friends you can hit it off with.

Moving house into it is one of the most stressful things you can do so the move into sheltered accommodation has to be handled carefully in case you relapse. To prevent this, you need to know how the transition can be supported through providing care which can be soothing.

Having been institutionalised in hospital the thought of moving back out into the community was frightening. So, it needed explaining that sheltered accommodation was there and you were not just going to be dumped by the system. It is such a relief knowing you have somewhere to go when out of hospital and that you are safe from stigma in there.

As in hospital there are activities and emotional support, and this will continue after discharge. Day centres and housing projects become very important to secondary care. That should help you take the first step to regaining your independence.

Getting off the ward and back out into the community is going to need help as you will have become very dependent on the nursing help during a lengthy stay. You will have lost your sense of freedom here and to feel like that again is going to take some training and practice.

The move in sheltered accommodation will in a great variety of ways be much more supportive than the care offered in hospital. It will make you feel much more well so you can cope with life with a mental illness much better. You will be much stronger for independent living.

In particular the move will protect you from stigma and once calmed down with this it should help facilitate the social side. Moving out needs anonymity in case anyone see the unusual behaviour. This can be a source of constant anxiety. The project protects you from stigma but eventually you will be exposed to this when living on your own.

What helps with first moving into sheltered housing is that the experience of being on the hospital ward. There is a natural transition from getting into a group living in hospital to living with other people in a project. You will know how supportive this is which is reassuring.

The family atmosphere stands more chance than in a hospital where the nurses must attend to all the patients and not just you alone. Everyone got the same support and there was a higher ratio of residents to staff than on the ward. That helped with the feel of the place.

Yet there are other similarities: in hospital you get a named nurse and in sheltered accommodation you get a link worker assigned to you individually. The idea is the same in that the person can get to know you better, but this can sometimes be disrupted with the turnover of staff.

When you are feeling more ill than usual the link worker could spend a lot more time with you than a named nurse and this would keep you out of hospital. The point of this was to provide emotional support and I became very close to my support worker. So, this worked very well.

Life in sheltered can be very soothing and will help prevent a hospital relapse with the illness. The staff are there whenever you need a chat, and this can help with low mood. Socialising with the other residents is a constant way of keeping busy and again that takes your mind off things.

Being compassionate with the suffering of the other residents will show you care and can heal them. This is a good way of meeting new friends. This happens within social network of all the residents and allows for a group feel of the place. You can then do things as a group like all going out to dinner.

Support workers will take you out until you can do this yourself. They can come with you to the shops or go exercising with you. So again, you don't have to do leisure activities completely on your own. That enjoyment all helps rekindle an interest in life which will stay with you.

They will re-introduce you to the positive sides of life which should help when you move out. Once motivated you can use your rekindled interest to do things that you used to like before the illness, which in my case meant joining a local archery club. This will be there when you have to move on.

The safety of the project will reopen the emotional level of the Maslow tree which may not be supported on moving out. Supported living can have a calming effect on your nerves allowing you to socialise. If this is lost with the house move, you may on your own to face things.

Staff will support you in learning cookery skills and motivate you to do house duties. In independent living I had to coerce myself to do this as I felt less motivated. They can go exercising with you which keeps you motivated to stay fit and improve mood. I felt more motivated for this too.

People with schizophrenia need prompted before they will wash and eat. The system can also make you lazy to the point you cannot look after yourself. Project staff can help with both of these by being active with you, so you learn how to do it yourself.

They can also facilitate you into the group living until you get to know everyone. Then the group living can grow organically over time and the staff members will become part of the group. Day centres work the same way but relations in projects will deepen more quickly.

There will be a reason to get up in the morning instead of just staying in bed with the depressing symptoms. If you do this a lot a staff member will come and check on you and offer social contact that will cheer you up. After that you can overcome the days with very low mood.

What I liked about the place was that it had shared corridor which meant we could wander in and out of each other's rooms. That allowed a sense of space and freedom that was very therapeutic. We had the feeling of living in a shared place which was part of our lives together.

This sort of living was very similar to the halls of resident I had lived in at university. Then going to the day centre with my new friends felt like going to the student union. Then you could do courses similar to being in a university lecture and I found the whole thing very stimulating.

This gave you something to look forward to each day compared to independent living which meant having time on your hands and consequent boredom. That makes you dwell on your problems as there is no one around to distract you.

With living independently, you had to balance the social side of group living with the feeling of having your own place. This opportunity meant you would have more personal space than in your room at the project. Yet if you are depressed on your own for long periods this may make no difference.

That leaves the option of trying to find outside social contact to be less isolated. Then having your own home may make you feel it has therapeutic effects. In case I was able to go to an archery club and do a night class but eventually had to drop this because of paranoia.

If you were feeling depressed your friends would rally round you when the staff were off duty. Eventually the people you meet will become friends for life so the emotional care provided will be much better than the socialising with the project workers.

This assurance is very important for moving out. Then just as when the staff are off duty on an evening you can learn to rely on it when you are alone out in the community. It is a vital supplement to having family support as they may be too busy at these times.

Sheltered accommodation is also very important to families once they learn how it works. They will know there is much support there that will provide continuing help and can prevent a relapse with the symptoms. That makes relatives realise you can keep out of hospital.

If you wanted to be on your own, you could shut your door, and no one would bother you. So, you had the best of both worlds. As with independent living you will have your own personal space when you need it as well as being able to socialise when you feel more like it.

The homely atmosphere of the place is a reason to get up in the morning. It motivates you to get out of your room and out of the project. This may not be the same for independent living. Then you will have to coerce yourself to do this but once you are out you will feel better for it.

What makes the difference here with independent living is that this will get you out of the house and allow you to do therapeutic things. When back home you won't feel you have sat around the house all day in that it will provide a break from the monotony.

Yet if you cannot get out of the house you may find that instead of individual freedom you will feel confined once more. That will concentrate your mind on the voices, and you may associate your own home with the suffering. This instead of the happy memories of living in sheltered.

Immersed in the feel of the project my amygdala was constantly clicking forward and this helped open up my frontal lobes. There was always someone compassionate to talk to if you needed some distraction and calming down. That got my brains working as I had been vegetating in hospital and got rusty.

The next step here was going to a day centre and again this helped with the feeling of freedom. Instead of being confined to the project and not going out this provided a change of scenery. Then going back meant I felt I had the freedom to come and go as I pleased.

The staff are not 24/7 and only work nine to five so you are left on your own to ring the emergency line in a crisis. Sometimes if a friend notices you are in distress, they can do this for you. Living on your own prevents this back up which again is another anxiety with the stressful confines.

Much of the stress of being on your own depends on turning your new house into your home. Once you start to settle in there you may feel the therapeutic benefits. This will need a number of housewarming benefits similar to when you first moved into sheltered.

Having your friends and family round will help with the homely feeling of the place in the way the group living helped you move into the project. The effect of this could be added to the place being your own but there may still be problems with isolation.

Going to the day centres means making new friends which could help you with the house move out of sheltered. This is another lifeline at this point as are your friends and family. Again, there is staff support to facilitate you getting into another group feel which allows for the same continuing support outside. This aspect could fill the community feel of the social gap with moving out.

Yet on your own the social contact at day centres may not be enough and in our large impersonal society meeting people under normal conditions is difficult. With mental health problems there are additional difficulties with stigma. You may feel the force of social exclusion.

At this point an anti-depressant become very important for living in your own place. If you are on your own and having problems with the schizophrenia this may affect your mood. Compassion can help with the symptoms of paranoia so moving out will affect you less here.

Moving out required a plan for getting through each day compared to the communal living which provided constant support. The move means uprooting so keeping busy is an important therapy here. You will be trained to look after yourself and get out and about which will help here.

The house move meant staying in the same area as the project I was living in, which I had also come to regard as home having lived there for so long. Again, there was some continuity with the move, so I was not completely uprooted by it. My friends were also still available as they too were local.

You can rely on your friends in the way you did with staff, providing they are not too ill to soothe things for you. If we are all trained with sharing compassion this should ween us off being totally dependent on support workers for everything.

Then as the social contact proceeds the friendship might provide deeper emotional support than what is available with a project worker. You may feel happier with life. Only someone with schizophrenia knows what it is like, and you can compare your experiences with and advise each other.

A group feel as in sheltered accommodation is still possible with independent living. You can live it up by having all your friends around for a party. There should be enough space for this in your own home and as an alternative you can all have a night out together.

You will still need motivating to look after yourself and your house. That requires continuing emotional support. This is where friends and family come in to fill the gap again. Compassion training might give you the strength for this too and can be shared socially.

Alternatively, if you are isolated with independent living and have little emotional contact you may be depressed and unmotivated. This will make life with the illness more difficult to keep active. Having a cleaner could help here but some further training may be necessary as this could be expensive.

Without support in independent living, you may get lazy again particularly with the exercise. There may be no one to go with you and you can quickly get out of shape with it. This is where day centres come in again as they may have a walking group to support you with this.

If you cannot leave the house with the paranoia this is another problem with the exercise. It may mean someone has to come with you such a family member. If your relatives are too busy you might be stuck indoors having moved out of the project.

Having a link worker meant support for going places like city centres and shops. They even went on holiday with the group of residents. I was able to continue this with friends as they too could support me with leaving the house which was vital to managing the transition.

So, I didn't feel though I had lost a lot of things in life. Yet I couldn't do them on my own. There was much less input from my friends, so all this activity became less frequent. Often too there was no insight, so this eventually became less and less possible and that meant staying indoors.

This will create a lot of problems for independent living and the project might have been more supportive in many ways. Yet the social gap and being independent might be alleviated by meeting a partner. Yet this too can be difficult in the mental health system.

Without the 24/7 social environment of the project you will have time on your hands and the boredom is stressful. You will need leisure opportunities which are expensive. So, that leaves finding things to do around the house like electronic media. This requires concentration which may be difficult with the illness and might also prevent educational solutions.

If you dare not go out the social environment of the project will become very important, and this is also for people living independently. This will need further training before independent living is possible. Then you can still be very isolated which is not helped by just going to a day centre once per week.

Living in a project can be very distracting which should help take your mind off things. That should help stop the subconscious overload and prevent schizophrenic nightmares. That will allow you to rest more and should make you feel motivated to engage in the help the staff can provide.

Instead of the paranoia going over your head the soothing homely environment of the project should help externalise your thoughts. So, you can begin to deal with them. Then you can develop insight and get further help with the graded supported exposure.

This may be less possible with independent living as the confines may make things feel less homely. That means dealing with the symptoms in there more difficult. Associating the place with the illness will make you less resilient. The calming environment may not be possible.

In the end the ideal of living independently could damage your mental health as the various stresses with mood and anxiety could keep you back in hospital. The impact of being back on the ward will seriously restrict the individual freedom that being on your own was designed to help.

Overtime the happy memories of the new house begin to build and did create some sense of belonging. Yet I feel I was lucky with this since as is often the case with the schizophrenia you may feel the neighbours are spying on you. I was able to avoid this with the house move.

It helped that I didn't come in contact with my neighbours at all during the seven years I moved out. This was because I could leave by the back door unnoticed. If they saw me staring out the window that would have looked unusual and problems with the stigma would reoccur.

I was lucky that the symptoms of being spied on didn't keep me completely housebound. So, I could sneak out for a walk every day. This helped break up the time indoors a bit. Then when my mum came visiting there was enough insight to go the mall for a chance to get out of the house.

At the project coming into contact with the other residents meant I could see they weren't passing information back to the CIA about me. That generated a feeling of safety which did not follow me when I had to move out. So, I had to hide away inside the house.

Even with the family help and being able to get out some of the time I had to find ways of taking my mind off the surveillance. So, most of the time I was left alone indoors. I had to find something to immerse myself in which meant being completely absorbed into the writing.

Again, I was lucky with the house move here as this was the only thing that really captivated my attention. It did distract me from the neighbours most of the time. It helped to have something going on in the background like movies or music which allowed me to switch off better to the spying.

It was these feelings which are common to many schizophrenics that caused the illness and the hospitalisation in the first place. Having been suddenly forced back out in the community risked the same thing happening. The idea of independent living means for many people being exposed to the neighbours again and under conditions of social isolation.

Because I could distract myself from the neighbours, I remained calm enough so my safety needs were not an issue. That as Maslow famously said allows you to open up the emotional tier of personal growth. So, there were distracting possibilities of friendship in my new house.

Even with the house move I still felt dependent on the mental health system in many ways even though I was living on my own. I was still not on the outside of it and needed the day centre and my community psychiatric nurse very much. I was only independent so far.

Again, I had to learn to live with the restrictions in my life whether that meant putting up with being in hospital, living with a group of other people or being confined in my own home. I just had to get on with things despite the limitations to my sense of freedom.

Conclusion

The care of people with mental health problems needs a large variety of ways of being supportive before the ideal of individual freedom can be realised. Living in a project creates dependency so is a major obstacle to moving out. Then once on your own many new difficulties arise for doing this.

With the right support the ideals of individual freedom can be realised despite many problems. These cannot always be righted. So, people may end up isolated and unmotivated in life, on top of those they already have with schizophrenia. This makes independence extremely difficult.

In the end we may not be so alienated by the capitalist values of self-help and self-reliance as care in the community can help with this to live on our own. The social inclusion of sheltered accommodation and day centres will overcome the political alienation of capitalist stigma.

If people can see how the process of individual freedom can be made to work using a caring approach people will feel less to blame that here capitalist values have excluded the mentally ill. As the care can be made to work, they will not question these values, as does the anti-psychiatry movement and there will be less political threat to the system.