THE PATIENTS RIGHTS REPRESENTATIVE PROGRAM:
DESIGN OF AN OMBUDSMAN SERVICE
FOR MENTAL PATIENTS

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The article describes an experimental rights program operating in mental hospitals in one state's department of public welfare. The presentation of the program's internal/external design includes information on goals and objectives, structure, work activities, and reviews of the program to date. The program is linked to the general trend toward developing ombudsman services; several additional research needs are identified.

INTRODUCTION

The issues of mental patient rights and mental patient grievances are very current, having particularly developed in the last ten to fifteen years. There are now a number of books available to assist staff in aligning their behavior with patients rights guidelines (see, e.g., Annas, et al., 1981; Schwitzgebel and Schwitzgebel, 1980; Ziegenfuss, 1983a). Some of this material is derived from attitude and knowledge surveys indicating both resistance to rights and a need for additional knowledge (see, e.g., Laves and Cohen, 1973; Kahle and Sales, 1978; Swoboda, et al., 1978; Freddolino, 1982; Perry, 1982). Although there has been considerable attention paid to patient-staff behavior, little work has been done in the design and development of rights consistent organizational processes. Stone (1976) noted that relations between law and psychiatry/psychology are in a transitional period. At the organizational level, this national systems problem converts to one of program model design (Ziegenfuss, 1983b).

There has been some work in that direction over the past ten years. Baltimore and Ziegenfuss (1973) reported on a program design consistent with rights. Ziegenfuss and Lasky (1975-76; 1980) incorporated rights requirements into program evaluations and used organization development strategies as a means of attacking the rights attitude problem (Ziegenfuss and Lasky, 1975). More recently, there has been some work regarding the therapeutic community model as the most rights consistent due to its democratic processes (Ziegenfuss, 1977; Ziegenfuss, 1983b; Ziegenfuss, 1983d).

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Yet, while recognition of the problem and the literature on patients' rights has been growing rapidly (see Ziegenfuss and Zigenfuss, 1980; Ziegenfuss, 1981), there has been little work on either of two organizational tasks: (1) the design of rights consistent organizations and (2) the design of patient complaint programs that allow patients to complain themselves about rights problems and other difficulties.

The second task is the topic of this paper. That is, how do we design patient complaint programs that simultaneously insure that patients' rights are protected in individual cases and help the organization as a whole to become more rights consistent? The task is closely related to the development of ombudsman programs in government circles (see Gelhorn, 1966), to the patient representative program movement in general hospitals (see, e.g., American Hospital Association, 1978), and to the more recent corporate ombudsman movement in business and industry circles (see, e.g., Silver, 1967; Ewing, 1982, 1983). This paper reports on the design of one pilot program operating in Pennsylvania for some three years.

**HISTORY AND DESIGN**

During the 1970s, Pennsylvania tested a variety of patient advocate programs. The Office of Client Rights (hereafter OCR) was created in the Pennsylvania Department of Public Welfare (hereafter, DPW) as a result of years of advocacy program experiments. It is a comprehensive internal advocacy and complaint program for mental patients. This paper reports on the design of the pilot program which has been described in a series of working papers (see Ziegenfuss, 1981a; 1981b; 1982c). First, some DPW organizational background is helpful to understanding the program's position within the larger system.

The administration of hospital and community-based programs for the mentally ill, mentally retarded, developmentally disabled, and juvenile systems in Pennsylvania is the responsibility of separate program offices. The Offices of Mental Health, Mental Retardation, and Social Services all report to the Secretary of the Department of Public Welfare. The agencies which provide the services are Offices within the Department of Public Welfare. To provide complete client advocacy services, DPW needed to provide systems level advocacy, individual advocacy, and educational advocacy services involving patients, staff, administrators, and community.

In 1979, the Department of Public Welfare developed an experimental internal advocacy unit, the Office of Client Rights, to serve mental health, mental retardation, and the children and youth systems. The program was established independently of the service offices to allow for and to support objective oversight in the rights area. Consequently, OCR is independent but has direct relationship to the Department of Public Welfare's decision and power structure. The program's first task was to develop advocacy services for hospitalized mental health patients.

Recognition of the need for an internal advocacy office originated with the Department of Public Welfare's experience with several outside (external) agen-