STATE MENTAL HOSPITALS:
An Organizational Analysis

By Kenn Rogers

State mental hospitals are among the most vilified of institutions in our society. They suffer from administrative problems that are deep rooted and defy easy solution. The author presents a composite view of these problems and assesses their impact upon State hospital services.

When discussing organizational problems and hopefully helping to resolve them, it is appropriate to recall the comment of Tolstoy: "All happy families resemble each other, each unhappy family is unhappy in its own way." This analogy is applicable to the socio-analytic approach to organizations (Rogers 1975) in which the organization is viewed much like a family, as an organic entity with internal dynamics, living in a dynamic environment, both constantly affecting and changing one another.

This open system "family" concept, in which input and output flow continuously between organizations and environment, is especially applicable to state-owned and-operated mental hospitals. These state institutions have an extremely critical function to perform in today's complex and tension-filled society, especially in America's urban areas. It is essential that this "family" understand and use most productively its internal relationships and capabilities in order to perform its vital mission.

The exception to this analogy is that unlike a family, an institution has a specific mission to perform. The state mental hospital has a most difficult one—to treat those who are mentally and emotionally ill or handicapped while, at the same time, promoting the general mental health of the community. Failure to succeed fully in treatment, research and educational functions (a virtually impossible task, given the well-known handicaps of manpower, fund shortages and overwhelming demand) has made the state mental hospital one of the most criticized institutions in the nation.

It is ironic that these mental health institutions are unable to analyze, understand and "cure" their own forms of illness.

They carry a reputation, too often deservedly, as warehouses for human rejects that keep sick people from the sight of a "healthy" society. Also well known in the field are the periodic, scandal-promoted public investigations that create a temporary uproar, produce a series of inspiring recommendations, a temporary shake-up of the institution and, ultimately, result in little or no change. A few years hence, the cycle is repeated.

It is ironic that these mental health institu-
tions are unable to analyze, understand and "cure" their own forms of illness. An important reason for this inability to heal themselves is the frequent dichotomy between how the institution and its functions are perceived. The nuts-and-bolts tasks of management and administration are divorced from such "meaningful" activities as treatment, research and delivery of services. Yet, it is precisely the tasks of management that make these organizations able to perform effectively their vital health and social missions.

The author will focus here on a composite of the large, state-owned and operated mental hospitals (to be referred to as "the Hospital") with which he has become familiar over the years through the literature, direct observation, and as a consultant. To the analysis of these hospitals, the writer applies the socio-analytic methods that grew out of many years of affiliation with Elliot Jaques (1964) and with the Tavistock Institute of Human Relations in London.

Problems and Issues: "The Hospital"

The material presented here is based on the assumption that American society demands more equitable mental health care for all its citizens, not only for those who can afford private care. Because it is important to understand the dynamic institutional processes and issues affecting the delivery of mental health care by state owned and operated public institutions, the material covers issues of hospital organization, therapeutic roles, the educational background and qualifications of staff, and the stress of being a patient in such a hospital. It provides an overview of the behavior of staff and patients as well as the constraints of the organizational structure in which this behavior takes place. While this may throw some light on the practices of providing mental health care, the intended focus is on the institution's structure, the manning of its roles, and its relationships with the community.

"The Hospital," in its make-up, conduct and history, evokes many of the features described by Goffman in his classic study Asylum (1968). Goffman examined an institution that had ceased to care for or about its patients and became a huge boarding home for the unwanted. He depicted the institution as operated more to impress the public and to permit the staff to administer it efficiently than to provide its patients with comfort, not to speak of an opportunity for recovery. In short, the true goal was to keep patients alive and out of the way of society.

Mental health must be seen in a broad perspective, as one element in a total open system inextricably intertwined with a host of other important elements-racial, cultural, educational, political, economic. All affect one another and each must be seen in a total societal context beyond the confines of the professional institution.

It would be useful to begin with a commonly accepted definition of mental health but it does not exist at this time. The various definitions include such a broad and thus rather meaningless one as Redlich's (1957), in which a person is mentally ill when in contact with a helping agent. Another is Jahoda's (1958) more sophisticated formulation relating to "inner criteria such as self-acceptance, self-mastery and other criteria, i.e., a realistic posture in interpersonal relations." Smith (1961) contends that "there is no such well defined area of mental health," but offers a description in terms of "human effectiveness as opposed to ineffectiveness..." Perhaps the latter definition best reflects the present state of the discipline. This definition, however, implicitly contains an element that many consider as the basic problem with present-day psychiatry. It sees its task as treating individual maladjustment and trying to make the individual fit for society instead of examining society to see whether it might by its very nature perhaps be harmful to the individual.

This view has considerable persuasive evi-