INTER-ORGANIZATIONAL RELATIONS:
A Training Program for Community Mental Health Administrators

By Dail A. Neugarten

With the development of community mental health centers, maintaining good interorganizational relations has become a central task for mental health administrators. The author presents a training program for CMHC directors and others to help them work more effectively in this field.

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Inter-Organizational Relations: 
An Emerging Field

The subject of inter-organizational relations is becoming increasingly important to practitioners as well as theoreticians in the field of community mental health. Mental health centers are growing in numbers as well as in size and their roles are expanding. Because health, education and welfare problems are complex and interrelated, and because resources for problem solution are scarce, mental health agencies are becoming more interdependent and sensitive to other organizations and groups within their environments.

Many administrators now realize that they must combine their efforts to maintain and increase organizational effectiveness. Only by so doing can their programs meet the needs of clients, community residents and funding groups. One method of coordination involves the sharing of personnel, knowledge, equipment and facilities. Mental health administrators need to identify and cooperate with those organizations providing resource inputs and with those toward which outputs are directed. Once this is done, the pooling of resources then becomes a major strategy for providing comprehensive, coordinated and accessible mental health services.

Government officials responsible for funding and monitoring community mental health centers are increasingly concerned about whether existing agencies can provide coordinated services. Some appear to assume that only a single organization can provide effective service; others, that agencies can coordinate efforts when they serve similar clients or when they work on similar problems. Federal agencies have attempted to stimulate states, cities and localities to cooperate in the development of new social programs. These attempts have involved both horizontal and vertical coordination and have been plagued by tremendous inter-organizational problems—problems such as lack of goal consensus, lack of unifying purposes and unequal power distribution. The results are overlapping programs, administrative confusion and uncoordinated delivery systems.

Patterns of inter-organizational behavior are also becoming important from the perspective of the clients who are to be served. The trend toward client or consumer participation is on the rise. Service recipients are becoming more organized and more vocal, demanding a more equitable distribution of services directed toward their needs. Client advocates are voicing their frustrations at the

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“non-system” of mental health care by arguing that access, referral and follow-up procedures are lacking as well as treatment plans that are holistic and continuous.

Certain social trends also draw attention to the need for facilitative arrangements between service organizations. Among these are new medical technologies, rising costs of equipment, laboratories and personnel and changing treatment methods. (For example, in the field of mental health, new drug treatments enable more people to return to their communities rather than to be institutionalized). Traditional social services are being expanded and supplemented by foster homes for the mentally retarded, half-way houses and sheltered workshops for released state mental hospital patients, day-care centers for children, and walk-in crisis clinics. To be effective, these must be coordinated with the more traditional services. The use of para-professionals and volunteers in the mental health field is altering the concept of “professionalism.” Arrangements for training and utilizing these persons demand inter-organizational coordination.

With this background, the need to provide integrated mental health services has led to an increased concern with the ways in which