What Organizational Factors Influence Mental Health Treatment Allocation?

I n a major national survey, Young and his colleagues explored substance abuse and access to intensive treatment services for both adult and juvenile offenders.[1] They found rates of substance use to be over 50% in both adult and juvenile incarcerated populations. In their discussion of evidence-based practices (EBP), they highlighted issues such as organizational climate and culture, resources, training opportunities and administrator attitudes as factors influencing the use of known EBP in adult and juvenile settings. Of importance in recent years is the adoption and implementation of EBP in both public and private organizations. Farrell, Young, and Taxman assert that existing research documents the importance of organizational context in the adoption of EBPs in substance abuse, mental health, and as of late, correctional agencies.[2] Concern for both the need to access services, and the need for effective treatment, makes it vital to understand what aspects within the organization or setting impact the allocation of treatment to individuals in custody.

Organizational factors including agency leadership, staff training, climate, and culture have all been identified by Glisson and Green as aspects which affect service quality, service outcomes and staff attitudes in both child welfare and the Juvenile Justice System (JJS).[3] Specifically, Green, Albanese, Cafri and Aarons highlight the many ways in which the role of leadership may influence mental health services and treatment offered to individuals involved with JJS.[4]

Still the question remains: what organizational factors influence treatment allocation for youthful offenders? As a way to explore this question specifically, a series of focus groups was held with staff from a juvenile justice organization in the Pacific Northwest. Using a qualitative approach, staff attitudes were explored as an integral part of organizational climate and culture. Primarily, staff were asked to discuss the agency and facility interactions that they believed influenced whether or not a young person received treatment. Preliminary findings from the focus groups revealed facility leadership, training and culture, as well as staff participation in making treatment recommendations as major elements.

This study included four separate focus groups facilitated across the agency. Focus groups were asked nine questions targeted at various organizational factors including aspects of decision-making, participation in treatment recommendations, perceptions about staff training, and agency leadership. A total of 28 staff members participated and were representative of six of the agency facilities. Participants were 47 years of age on average, and had just over a decade of agency work experience. Among the participants, 22 (79%) were male and six (21%) were female. The majority (29%) were classified as front line supervisory staff, with the next largest group of participants being mental health professionals (25%).

KEY ORGANIZATIONAL FACTORS

The following relevant themes emerged from the discussions. Staff believed that individuals' level of training directly impacted their ability to recommend treatment for a young person. Availability and frequency of training was important, along with ensuring training included specific content related to mental health disorders and

treatment approaches. Staff discussed the utilization of "on the job" training as their primary exposure to knowledge of mental health and effective practices. One staff member stated he first learned about mental health treatment "on the job as to what [the agency] had to offer." He went on to add that some of his knowledge came "from previous positions working in residential treatment for ten years." Participants noted other staff with previous work experience, who were more familiar with mental health service needs, helped to develop their understanding of reasons to prioritize treatment for youth.

Staff also believed frequent *agency change* and *turnover in leadership* affected their support of treatment recommendations for youth. Specifically, leadership changes and rotating philosophical approaches impacted staff attitudes towards the importance of treatment. In reference to setting priorities, one staff clarified "leadership sets the tone." Another staff member mentioned organizational issues influencing *staff turnover*, such as staffing changes, alterations in shift schedule, and lack of communication among staff, as barriers to offering consistent treatment to youth. In regards to the effect of change on staff and youth, one staff member mentioned, "Staff has a hard time with change. The mental health population needs consistency." Aspects of *organizational climate,* including team cohesiveness, adjustment to constant agency change, and ability to engage in collaborative working relationships, were all identified as elements that staff believed improved the direction and prioritization of treatment resources. Finally, although discussed with less frequency and intensity, staff indicated *individual staff factors* such as personality traits and voice in the decision-making process as influencing whether or not a young person is referred for treatment. One staff reported traits such as "patience, understanding and a willingness to learn new things" as key staff qualities.

Since the work of many has clearly documented the high mental health needs of young people across child welfare and the JJS, it is essential these systems include avenues to ensure timely access to services.[3] In order to accomplish this, the JJS and its vast number of correctional facilities, both long- and short-term, should evaluate the organizational context in which services are provided. Organizational factors including leadership, decision-making, and mental health-specific staff training and knowledge appear to be highly influential in the allocation of treatment to juveniles in custody.

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