funda { *mental* } **POLICY**

spotlight on mental health.

MacArthur Foundation Network on
Mental Health Policy Research

—Kimberley Isett, Lawrence Brown *and* Michael Hogan

THE STRUCTURAL, POLITICAL, AND ADMINISTRATIVE COMPLEXITIES OF STEWARDSHIP

In a post–institutionalized mental health field, navigating the many separate but needed services to live a full and satisfying life can be a Herculean task. Stewards make sure the right things get done at the right time for the right recipients. Acting as a concierge extraordinaire, the steward not only coordinates and integrates supports and services, but he or she also thinks deeply about both the existing and missing pieces and how they fit together.

In their paper "The Structural, Political, and Administrative Complexities of Stewardship" for the Funda*mental* Policy – Spotlight on Mental Health Conference, Kimberley Isett, Lawrence Brown, and Michael Hogan argue that current mental health policy should create a role for stewards or an oversight authority to hold the broad array of service organizations accountable.

Stewardship in Mental Health Policy

The origins of community–based care can be traced back to World War II when soldiers suffering from "combat fatigue" were treated at base camp rather than a military psychiatric facility. The effectiveness of the treatment was soon noticed, and the National Institute of Mental Health began to advocate for the deinstitutionalization of individuals with mental illness. Soon psychiatric facilities were closing in favor of community–based alternatives. Today, the majority of individuals who suffer from mental illness receive treatment through community–based organizations.

With the move to community–based treatment, providers became more specialized in the services they provided. Mental health providers offer treatment services, housing providers secure housing, while employment organizations offer vocational training and job placement. In reality, however, consumers often need *all* these services and must navigate the three systems on their own.

The authors cite three core issues—structure, politics, and administration—as contributing to this dilemma of scattered and disconnected services.

First, the current structure of public policy and fiscal restrictions may preclude providers from offering services outside their scope of funding. In addition, the system often creates conflicting requirements, incentives, and benefit structures for consumers of those services.

Second, politicians respond to the cues of their constituents and often to the most visible issues with the biggest rewards for both themselves and their constituents. Given funding practices, politicians also must create policy with particular agencies in mind.

Finally is an issue of turf and a silo mentality in the administration of programs. Turf issues prevent true cooperation.

The Call for Research

Stewardship, the authors argue, could help those with mental illness better navigate services and

supports and ensure that all needs are fully met. Stewardship is not about benefiting the agency or provider. It is about advocating for policies that offer holistic services that support recovery.

In their call for research, Isett, Brown, and Hogan suggest several questions that can add to the field's understanding of stewardship, and help to highlight the cross–cutting nature of the concept from a mental health perspective. These questions include:

Structure:
How can the countervailing forces of complexity and coordination be managed effectively to allow both for the necessary differentiation to serve diverse populations and a holistic approach to necessary services?

At what level in government should a steward be located to have real impact across fragmented agencies providing services to the population of mentally ill individuals?

Politics:
How do advocacy organizations overcome the fragmentation of their voices and the legislative community to achieve a comprehensive and coordinated set of policies that benefit their focus population?

What are the appropriate incentives that will motivate policymakers to design and establish functional, yet effective, governance structures to address mental health policy issues in a more comprehensive and holistic way, rather than in a overly narrow, agency–bound manner?

Administration:
To what extent can agencies be expected to coordinate and move forward with a joint agenda under pressures of turf and limited resources? Is this really possible in our current environment?

What are the techniques a leader can use to overcome the coordination issues associated with stewardship, particularly with regard to existing accountability structures faced by individual agencies?

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