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# "New" public management of mentally disordered offenders: Part I. A cautionary tale

Nancy Wolff*

*Health Care Policy and Aging Research, Institute for Health, Rutgers University, 30 College Avenue, New Brunswick, NJ 08901-1293, USA*

## 1. Introduction

Rarely in public policy is there a consensus on the nature of a social problem. Yet, there is general agreement among policymakers, researchers, clients, and carers that services needed by persons with complex and multiple needs are haphazardly organised and mired in bureaucratic intransigence (Kahn & Kamerman, 1992; Mechanic, 1995; Webb, 1991). The problem, dating back to the 1960s in both the USA and UK, is attributed to the much-supported policy of community care for persons with chronic and enduring health problems, including mental illness, as well as physical and mental impairments (Mechanic, 1995). Over the years, these governments have been remarkably effective at transferring people from one site (hospital) to another (community), but decidedly less effective in accommodating those who were relocated (Vandiver, 1997). This mismatch has produced a pastiche of unintended consequences: homelessness (Dennis, Buckner, Lipton, & Levine, 1991; Draine & Solomon, 1994; Rossi, 1989; Scott, 1993), criminalisation of the mentally disordered (Abramson, 1972; Fisher, Packer, Simon, & Smith, 2000; Lamb & Weinberger, 1998; Torrey et al., 1992), substance abuse (Kessler et al., 1996; Menezes et al., 1996), social exclusion and isolation (Link, Cullen, Mirotznik, & Struening, 1992), and overburdened family networks (Grad & Sainsbury, 1966; Reinhard & Horwitz, 1996; Tessler & Gamache, 1994; Wolff, Helminiak, & Diamond, 1995).

Because the social problem and its unintended consequences are framed in terms of disorganisation, the most favoured solution is services or systems integration (Department of

* Tel.: +1-732-932-6635; fax: +1-732-932-6872.
*E-mail address*: nwolff@rci.rutgers.edu (N. Wolff).

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Health (DoH), 1998a, 1998b; Schermerhorn, 1975; Webb, 1991). In particular, Britain's Labour government is implementing "new" partnership initiatives that are intended to replace the ethic of competition among public systems with that of cooperation (Le Grand, 1999). Better cross-system management is portrayed as the panacea; it is the public sector's counterpart to Adam Smith's invisible hand. If one reads the policy rhetoric, it appears that through the visible hand of cooperation the multifarious barriers between systems and services will be eliminated, allowing the free flow of clients and service innovation across organisational boundaries. The ensuing process is one in which public systems respond collectively (and cheerfully) to build a comprehensive and seamless system of care for those with chronic and persistent mental health problems. All for the better—if it works.

This article is the first of a two-part series examining alternative approaches to integrating services for mentally disordered offenders. Part I takes a critical look at the issue of "if it works" in the context of Britain's Labour government's "modernising" effort to better manage public systems' responses to persons with mental illness who have cooccurring offending behaviours. Part II provides a "new" holistic approach to integrating services for mentally disordered offenders. This new approach draws on economic and organisational theory to structure a whole system of care that is responsive to the whole person and accountable to society.

Mentally disordered offenders are an interesting "integration" case study in part because their needs span the boundaries of health, mental health, social services, and law enforcement systems (DoH, 1992; Watson, 1997), in part because the complexity of their needs along with their difficult and sometimes dangerous behavioural traits combine to make them undesirable clients (Coid, 1996; Prins, 1993), and in part because the criminal behaviour of some of these individuals occasionally excites moral panic among the public, leading to a community care backlash (Wolff, 2000). Getting public systems to work for this group is simultaneously a social imperative and a major challenge.

To begin the analysis, I review the evidence in Britain of systems and services dysfunction as it relates to mentally disordered offenders to establish the need for the integration of systems (or "*systems* integration") and the integration of services (or "*services* integration"). The next section explores three barriers associated with achieving services and systems integration, drawing on experiences in the USA and the UK to overcome these barriers. This historical record suggests that *incremental* integration initiatives fail because they are not consistent with institutional arrangements or incentives.

## 2. Systems and services dysfunction: need for a better way

Dysfunctional management of mentally disordered offenders is of two general types. *Systems*-level dysfunction concerns the mismatch between individual needs and system capacities. Prison management of mentally disordered offenders illustrates this type of dysfunction. Correction officials argue that prisons have become modern-day psychiatric institutions because the community-based system of care has not adequately responded to the needs of persons with mental illness (Home Office (HO), 1990; Torrey et al., 1992).

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