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'RIDING THE DECENTRALIZATION WAVE':
SOCIAL CONTROL IMPLICATIONS OF YOUTH MENTAL HEALTH REFORM

by

Vincent Leo T. P. Verlaan

B.A., Simon Fraser University, 1988

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS
in the School
of
Criminology

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Simon Fraser University
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'Riding the Decentralization Wave': Social Control Implications of Youth Mental Health Reform

Author:

(signed)

Vincent Leo T.P. Verlaan

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July 8/91

(date)
This thesis constitutes a theoretically-informed critique of decentralization-centred reforms undertaken between 1989 and 1991 at an adolescent mental health facility in British Columbia. Reform at the Maples Adolescent Treatment Centre (M.A.T.C.) is examined here using a modified, neo-Marxist, structuralist perspective which also acknowledges the semi-autonomy of the state and the role of human agency in mobilizing reform. By highlighting certain fundamental relationships between state social control efforts and larger social, political, and economic contexts, this analysis provides a macro-sociological perspective. By detailing the mechanics of the M.A.T.C. decentralization process, and by reviewing facility practice pre-reform versus post-reform, this analysis also provides insight at the micro-sociological level.

The expansion of the Response Program, which stresses short periods of residence at the M.A.T.C. and greater staff involvement with the adolescent in the community of origin, has been the central outcome of the decentralization reform. As a result of this and other changes, facility admission rates have rapidly increased, while average length of stay has decreased. This effect, and the creation of new staff roles in the community, validates certain premises and predictions of critical theory regarding the evolving form of state social control. The power of the chosen theoretical perspective is further demonstrated by clear connections between Social Credit economic and social policy and the success of this particular reform.
While the unique process of M.A.T.C. reform demonstrates the critical impact of human agency and ministry autonomy, the success of this reform can be decisively linked to the state's cardinal functions. Historical analysis reveals a clash between the state's efforts to legitimize both itself and capitalism and its obligation to provide the conditions necessary to sustain capital accumulation. The success and failure of particular reforms in the exercise of intrusive state power are linked to this clash. Such institutional reforms can thus be seen as part of a trend across Western capitalist nations towards less expensive and integrative, rather than segregative, social control measures.
...the broad outlines are clear - the older and discredited parts of the system (particularly traditional custodial institutions) remain. Overall, the system enlarges itself and some, at least, of this enlargement is due to proliferation of the newer community alternatives. (Cohen, 1985, p.56)

...probably admitting many youth who may be engaging in deviant behaviors, but who are not mentally ill in a classical sense. This indicates that the mental health system has probably broadened its definitional boundaries to include a heterogeneous array of behaviors that evoke official and adult concerns.

(Lerman, 1982, p.136)
ACKNOWLEDGEMENTS

I would like to thank Prof. Rob Gordon, who, as senior supervisor, has given generously of his time, knowledge, experience, and instructive criticism. Prof. Bob Menzies has provided a necessary balance to my tendency towards overgeneralization, and has greatly facilitated the writing process. Both have earned my gratitude and respect. I would also like to sincerely thank my external examiner, Dr. Marlene Moretti of the Dept. of Psychology, Simon Fraser University.

Prof. Brian Burtch, Prof. Joan Brockman, Prof. Charlie Singer, and Prof. Margaret Jackson have provided a model of what committed and caring academics can do in their continuing efforts to educate and to learn. Among my student colleagues, Robert Pretto, Amy Alexander, Irene Froyland, Yuefung Wong, Andre Rachert, Rob Adamoski, and Robin Fitzgerald have been good friends through fairly trying times. It has been a privilege to learn with them, and from them, over the past three years.

It has been heartening to find such a committed group of people working with adolescents at the M.A.T.C. John Lockyer and Lindsay Setzer have been incredibly willing to support me in my own challenges. Clive Sykes and Dr. Roy Holland have kicked me through several stimulating paradigm shifts. Sarah Jones, Karen Okun, Harry Hunt, Jacquie Wright, Boyd Folkard, Janet Campbell, and Debbie Harris (amongst others) have been, and are, most excellent friends. Finally, Ken Moore has been an insightful mentor, a creative motivator, and a steadfast friend.

The Matovic family has been incredibly open, giving, and supportive. I would also like to thank my close friends, Kevin McGuire and Jim Babichuk.

My immediate family has never failed to be there when I needed them, providing me with ample amounts of whatever form of sustenance (mental, emotional, monetary, or caloric) they knew how to give. Particularly helpful were Paul, my mother Rena, and my father Leo, who knew the right words at the right time.

Finally, I know that I would not have been able to finish this had it not been for the love and support of Suzanne Matovic. At every moment, she has demonstrated an incredible capacity for caring, sensitivity and understanding. At the darkest moments, she has sustained and rejuvenated me, and although I owe her more than I can ever repay, I am committed to the attempt.
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CHAPTER I
THE SITE AND SCALE OF REFORM

The 1989/90 annual report of the Forensic Psychiatric Services Commission (F.P.S.) of British Columbia describes the Maples Adolescent Treatment Centre (M.A.T.C.), which it administers, as a "...co-educational mental health facility designated under the Mental Health Act...not designated as a place of custody under the Young Offenders Act..." (p.12). Funded by the provincial Ministry of Health at $7.8 million for fiscal year 1990, the M.A.T.C. has served since 1969 as British Columbia's largest psychiatric treatment centre for adolescents (12-16) suffering from major psychiatric (thought) disorders or who, more commonly, exhibit severe behavioural disorders.¹

Employing a variety of residential treatment programs for adolescents in its six on-site living units (and in an attached off-site group home from 1984 to 1989), the M.A.T.C. has operated as the final rung in a progressive 'ladder' of non-correctional interventions available to provincial Mental Health and Ministry of Social Services and Housing staff.

The difficult task of coordinating the provision of services for M.A.T.C. clientele is shared with the provincial Ministries

¹The Diagnostic and Statistical Manual of Mental Disorders (third edition-revised) defines disruptive behaviour disorders as a subclass of mental disorders "...characterized by behavior that is socially disruptive and is often more distressing to others than to the people with the disorders. The subclass includes Attention-deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder" (p.49). Most admissions to the M.A.T.C. are youths diagnosed with conduct disorder. Adolescents referred to the M.A.T.C. with thought disorders are generally pre-psychotic, not yet having been labelled schizophrenic, etc., but presenting with similar symptomology.
of the Solicitor-General, Social Services and Housing, and Education, who also have authority regarding child, youth and family services as portrayed in Figure 1 (Office of the Provincial Ombudsman, 1990:18). Due to the number of youths in some form of care as portrayed in Figure 2 (Office of the Provincial Ombudsman, 1990:22), and the wide variety of identified youth and family special needs, the Ministry of Health has developed reciprocal youth service delivery agreements with these other ministries. The M.A.T.C. thus works with provincial ministries, with various youth agencies, with parents/legal guardians, and with relevant community resources, in fulfilling its mission statement.

That document explicitly sets out the goals of a state institutional response to those adolescents perceived to be in need of intensive mental health services:

- To foster and promote optimal physical and emotional growth and social development of adolescents by providing the treatment, activities, opportunities, and guidance that will assist the individual adolescent in acquiring skills appropriate to meet the demands of daily living.

- To support the community in the identification and development of improved and new resources that will provide a more comprehensive community support system for the adolescent and his/her family. (F.P.S., 1990, p.1)

This facility mandate reflects an overall context of Ministry of Health responsibility for the delivery of effective youth mental health services in British Columbia. Any altered program scheme or clinical reform must be understood within this context.

Beginning in 1988, an initiative towards the decentralization and regionalization of a substantial portion of
FIGURE 1

MAJOR CHILD, YOUTH AND FAMILY PROGRAMS IN BRITISH COLUMBIA BY ADMINISTRATIVE AUTHORITY.

(Dotted line indicates funding relationship)

*Not comprehensive — intended only to demonstrate range of programs*
FIGURE 2 - ESTIMATED NUMBERS OF CHILDREN AND YOUTHS UNDER 19 WITH SPECIAL NEEDS PLACED IN GOVERNMENT OPERATED, FUNDED OR REGULATED RESIDENTIAL FACILITIES DURING A ONE YEAR PERIOD.

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Estimates numbers of children and youths under 19 with special needs placed in government operated, funded or regulated residential facilities during a one year period.
the M.A.T.C.'s dedicated fiscal resources has had a major impact upon facility practices. During this agency initiative, the M.A.T.C. has substantively re-examined its guiding clinical philosophy relative to conduct disordered youth, has extensively redefined its role in serving the public, and has re-organized its programs and practices accordingly.

Under the first two phases of decentralization, new programs were developed, caregiver training was implemented, new community resources were contracted, and an M.A.T.C. off-site group home was closed, with funding transferred to the North and to the Interior of British Columbia. Phase III of decentralization began in 1990, and has engendered major conceptual, clinical and programmatic M.A.T.C. shifts which are the focus of this study.

The stated goal of the decentralization initiative is to improve mental health service delivery for youths in British Columbia through a transfer of some fiscal and clinical resources to regions from the centralized institution. The central professed aim has been to respond to concerns expressed in psychiatric literature, and in certain regions served by the M.A.T.C., regarding the efficacy and utility of residential psychiatric treatment programs for conduct disordered youth (Kazdin, 1987; Shamsie, 1981).

For example, a massive 1983 cross-sectional community survey of some 3,300 children aged 4-16 in Ontario (Offord et al, 1989)

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2This information was taken from a Forensic Psychiatric Services memorandum titled "Proposal: Reorganization and Decentralization - Phase III", dated Sept. 1990.

3Extensive referencing of Ministry research papers, minute meetings, policy statements, facility mandates, and memoranda will follow.
found that the six month prevalence of one or more of four psychiatric disorders (conduct disorder, hyperactivity, emotional disorder, and somatization) was 18.1%. This study was commissioned by the Ontario Ministry of Community and Social Services after ministry officials had become "...concerned about ensuring equity of services for children across the diverse MCSS planning regions" (Offord et al, 1989, p.483). With such a high rate of perceived dysfunction in what is defined as a normal child and youth population, the efficacy and utility of mental health service delivery for M.A.T.C.-referred children has become a hotly debated topic.

The decentralization initiative thus apparently represents an effort on the facility’s part to substantively redefine itself and to realign those resources dedicated to serving conduct-disordered youth in order to better achieve its mandate:

...a plan to reorganize the Maples service delivery system and regionalize resources for services that could more effectively be delivered at the regional and local community level...4

The benefits of a reduced reliance on centralized residential mental health treatment have been repeatedly stressed in Ministry documents explaining the changes at the facility:

At the Maples Adolescent Treatment Centre, the major focus has been on service delivery evaluation and review, development of new programmes, and decentralization initiatives. The Response Unit...programme has been enthusiastically received by the community...

(F.P.S., 1990, p.20)

M.A.T.C. efforts towards the most efficient utilization of the limited fiscal resources dedicated to serve this population seem

laudable and worthwhile. Such reform as has taken place by way of decentralization may even be much overdue, given that concerns with the clinical philosophy previously underlying the M.A.T.C.'s centralized residential treatment programs have been raised in both academic and professional circles for decades.\(^5\)

As well, recent changes in how M.A.T.C.-dedicated Full-Time Equivalents\(^6\) (F.T.E.'s) are utilized by the facility have to date resulted in the generation of four new staff positions in a community outreach capacity, and in six trial child care counsellor secondments to Community Mental Health Centres. That more than 40 staff applied for these ten positions is testament to a strong desire on the part of some of the M.A.T.C. staff group for radical change in the way their skills are put to use.

Program Changes and Increased Referral Capacity

Through the efforts of an M.A.T.C. Internal Decentralization Committee, and through active participation in an Inter-Ministerial Decentralization Committee supervising the changes, M.A.T.C. administrative and program staff have influenced the pace and direction of decentralization-related changes.

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\(^6\)F.T.E.'s refer to "Full Time Equivalents", an administrative unit of measurement that equals one fully funded staff position. Prior to the beginning of decentralization at the M.A.T.C., the facility was allotted 175 F.T.E.'s by its supervising body, Forensic Psychiatric Services. Post-decentralization, the M.A.T.C. will operate with 147 F.T.E.'s. The closure of the Dalhousie halfway home resulted in the transfer of nine F.T.E.'s to the North and Interior regions, and the closure of Cottage III has freed up 19 F.T.E.'s, some of which will be transferred to Community Mental Health Centres.
Both of these committees employed a particular clinical rationale in their deliberations and submissions, stressing the therapeutic advantages of having 'troubled' youth cared for "...in or near their own communities where they can maintain and strengthen essential links with family, educational and community support systems".\(^7\) The decentralization of some of the M.A.T.C.'s fiscal resources to communities in support of these goals, the development of new roles for M.A.T.C. staff seconded to Community Mental Health centres, the reorganization of residual programs, and the closing of both a residential cottage and an attached group home at the M.A.T.C., all within the past two years, signal a substantial and rapid shift in the operation of the most highly funded youth mental health resource in the province. However, the impact of the newly developed M.A.T.C. Response program may be the most portentous change-related development to date.

As part of Phase III of the decentralization initiative, the Response program has recently been expanded and will soon be charged with a facility gatekeeping role through which it will receive all M.A.T.C. referrals upon admission.\(^8\) Response program staff will then determine the suitability for each youth of on-grounds residential treatment versus support to and maintenance of in-community placements.

Improved mental health service delivery for conduct

\(^7\)F.P.S. Youth Services memorandum (June 28, 1989), p.2.

\(^8\)Taken from M.A.T.C. Internal Decentralization Committee recommendations forwarded June 30, 1990.
disordered youth through the support of family, caregiver and/or community resources is the Response program's central premise:

...we are most likely to foster healthy development in adolescent casualties when we utilize an individually fashioned programme of therapeutic interventions, based on a clear appreciation of the nature of individual problems, within the context of their immediate and wider social environment.

(Holland et al, 1990, p.12)

The adoption and expansion of the Response concept and program represents a major shift away from institutional treatment and towards in-community care on the part of the M.A.T.C. as a whole.

The Response program's clinical model emphasizes ongoing support of community placements for most M.A.T.C. referrals, after an assessment and care plan development process is completed.9 Because the Response program is only thirty days in length, while residential treatment programs extend up to six months or more, a much smaller percentage of M.A.T.C.-referred youth now enter a residential treatment program than was previously the case.

The great majority of referred youth now return to their home communities after receiving a comprehensive care plan10, and are supported in maintaining those community placements by Response program outreach staff. This is a tremendous shift away from the facility's traditional pattern of operation, which had

9 The primary objectives, clinical rationale, and constituent elements of a programme dedicated to ensuring the psychological health of the various environments within which referred adolescents function are detailed in Holland et al (1990).

10 The care plan document is the product of the Response Programme, and it addresses the individual adolescent's strengths, weaknesses and needs as related to the particular ecology of that adolescent (Holland et al, 1990).
centred upon long-term residential treatment (Mainprize, 1988; Campbell, 1990). Such a shift deserves critical appraisal, if not for the motives of the facility, then for the rapid increase in referral totals this change has produced.

As a direct result of the realignment of lengthier treatment programs and the expansion of the short-term Response program, post-1990 gross M.A.T.C. admission levels are projected to increase in the range of 270% as compared to pre-1989 levels.11 A huge increase in the number of youths admitted to the largest adolescent mental health facility in the province has occurred because of what actually amounts to a loss of resources on the facility's part. 'Decentralization' of some M.A.T.C. resources has paradoxically resulted in more youths coming to a centralized institution, albeit for a shorter period of time than was normal for past treatment programs.

**Powerful Theory**

In critiquing these operational changes at the facility in purely clinical terms, M.A.T.C. reform could very well be seen as wholly logical, arguably theoretically correct and progressive, and even commendable.12 The rapid move from a long-standing

11 A memorandum sent to the Interministerial Decentralization Committee on November 16, 1990, by Clement Meunier (Manager, Child and Youth Mental Health Services) notes a pre-1989 M.A.T.C. yearly admission total of 58 and predicts a post-1990 yearly admission total of 215. This predicted increase has occurred with no increase whatsoever (in fact, a decrease) in the fiscal resources dedicated to the M.A.T.C. by the Ministry of Health.

residential treatment model to a substantially altered and seemingly improved clinical philosophy at the facility has resulted in an altered organizational structure stressing increased community involvement, earlier intervention with younger children, and new agency efforts in the referring communities by way of new staff roles and funding transfers.¹³

In point of fact, some British Columbia communities served by the M.A.T.C. have long agitated for a limited regionalization of M.A.T.C.-dedicated mental health resources, arguing that in-community efforts would have a more positive impact than treatment programs administered at a centralized residential facility. Concerned communities are pleased with Ministry efforts toward regionalization, and changes at the M.A.T.C. are meeting with strong community and inter-ministerial approval.¹⁴

The ongoing M.A.T.C. change process, as a whole, is portrayed as a vast improvement over past practice at a facility or organizational level, but what hidden and possibly deleterious effects could this reform bring? An active trajectory of current sociological theory examines such shifts in state policies toward individuals who inhabit the more concentrated (institutional rehabilitation or treatment) end of a general social control continuum (Cohen, 1985). These shifts are posited to have resulted in increases in the range, variety, and continuing impact of state mechanisms of social control over deviant-

¹³The purpose of this thesis is to track and explain this process, and extensive policy document review will demonstrate the veracity of these claims regarding decentralization.


State policy shifts toward privatization and decentralization in corrections, mental health, and other social welfare fields have been critiqued in direct reference to an historically specific state-supported system of social control:

...the organized ways in which society responds to behaviour and people it regards as deviant, problematic, worrying, threatening, troublesome, or undesirable in some way. (Cohen, 1985, p.1)

Undoubtedly, D.S.M. III-R and M.A.T.C. working definitions of conduct disorder, for example, conceptualize referred youth as 'deviant', 'problematic', and 'troublesome'. Thus, a critical focus in academic literature upon state policies towards such 'deviants' has described social control repercussions of various policy shifts that the managers of M.A.T.C. decentralization may not be aware of.

For example, in Austin and Krisberg's (1981) article examining changes in the state social control system, the authors employed the analogy of social control 'nets' (state facilities and programs) constantly ensnaring more 'fish' (individuals labelled deviant) in new ways. This analogy imaginatively described the actually expansionary impact of so-called 'diversion' programs applied in the state social control apparatus. Cohen (1985) has expanded this illuminating analogy and has applied it to the study of various reforms in the entire state system of social control. His synthesis and review of academic research addressing the size, form and density of the ever-changing 'net' in Western capitalist nations can serve as a theoretical claim to which the social control implications of
current reforms at the M.A.T.C. can be compared. Simply stated, current changes at the M.A.T.C. may have significance for such theory, and the analogy of the evolving social control ‘net’ may be useful in understanding the effects of current reforms.

Cohen (1985) posits that criminal justice and mental health reforms often have expansionary effects:

(1) there is an increase in the total number of deviants getting into the system and many of these are new deviants who would not have been processed previously (wider nets);

(2) there is an increase in the overall intensity of intervention, with old and new deviants being subject to levels of intervention (including traditional institutionalization) which they might not have previously received (denser nets);

(3) new agencies and services are supplementing rather than replacing the original set of control mechanisms (different nets). (p.44)

Certain theorists thus believe that reforms within social control agencies can and often do result in an increase in the size and reach of the state social control machinery (Austin and Krisberg, 1981; Blomberg, 1977; Lerman, 1981; Lemert, 1981; Warren, 1981; Scull, 1982; Henry, 1987). One end effect of reform is posited to be the creation of what Illich (1977) has termed ‘iatrogenic feedback loops’, or an expansionary strengthening of the interlinkages of various state social control agencies, as the nets become wider, denser and different.

Lerman (1982) has examined the provision of mental health services for youths in the United States, and argues that new forms of social control over ever larger youth populations have continued to develop:

...there has recently emerged a new youth-in-trouble institutional system that includes old and new
institutions from all three fields: juvenile corrections, child welfare and mental health. (p.148)

The M.A.T.C. works closely with M.S.S.H. and the Solicitor-General, and its clientele circulate through facilities maintained by all three ministries. Do current shifts represent a new formulation and expression of the evolving 'youth-in-trouble' system here in British Columbia? Will these reforms result in greater state contact, with deleterious results?

Critically, policy reform in this particular realm of state power will have great and direct meaning for those youths whose lives have been so unfortunate that their welfare and 'rehabilitation' are now dependent upon the M.A.T.C. A shift towards a limited decentralization of youth mental health services in British Columbia demands close inspection and critique, if only because the volume of youths passing through the doors of the facility has increased so rapidly.

Posing the Questions

A direct consequence of decentralization and Response program expansion will be a tremendous increase in the number of youths referred to the M.A.T.C. over the course of a given year. There is no guarantee that earlier referral of more youths to the M.A.T.C. will not result in greater contact with other agencies overall, however. How is it that despite one explicit goal of reform being to reduce further contact with state agencies, increased contact for more youths may actually occur?

Revisionist social control theory holds that the expansionary effects of such policy and program reforms are an
unplanned for end result, but that expansion and intensification occur nonetheless:

...the outcome of changes ostensibly aimed at decreasing state intervention has all too often been the development of programs which expand the reach of social control agencies and expose new populations to their (generally unwelcome) attentions. (Gough, 1979, p.180)

...a gradual expansion and intensification of the system; a dispersal of its mechanisms from more closed to more open sites and a consequent increase in the invisibility of social control and the degree of its penetration into the social body. (Cohen, 1985, p.84)

M.A.T.C. reforms are aimed at 'decreasing state intervention', but new programs have resulted in the referral capacity and reach of the agency being expanded; decentralization has important implications for certain central premises of critical social control theory, and hard questions regarding the actual and later effects of such a reform effort must be posed.

The thesis thus attempts to answer a limited number of specific questions: Will reform and decentralization at the M.A.T.C. result in an expansion and intensification of the state social control system? Will the mechanisms of social control be dispersed from closed to more open sites, resulting in an increased invisibility of social control? How and why has the M.A.T.C. so rapidly switched from a long-standing residential treatment model to an altered clinical model stressing care in the community? Will new populations be exposed to state social control efforts by way of these reforms, what with an increased M.A.T.C. referral capacity, or will lesser numbers of adolescents be touched by the system as a whole? Will the transfer of youths labelled as 'deviant' between social welfare, mental health and correctional agencies increase or decrease? Where did the
primary initiative driving this very rapid (by ministry standards) reform originate, and what implications does such a reform have for larger extra-institutional processes? What can this change process tell us about the middle-level (provincial) state and its ongoing social control functions?

The thesis will attempt to contribute to the body of revisionist social control theory by providing direct and informed access to the bureaucratic functions and ongoing evolutionary processes of one specific institution within the larger multi-level state social control apparatus. The analysis will benefit from the strength of theoretical work demonstrating parameters and tendencies affecting social processes; it will aid such theoretical knowledge by testing certain of its assertions.

Developing connections between grand academic theory and concrete ministry policy shifts by analyzing a specific reform is the central aim of this work. This analysis will take the form of an 'hourglass' in terms of how it seeks to delineate such connections. Grand state theory provides a wide point of entrance, followed by consecutively more narrow focal points including the organization, professionals, and the reform idea itself. The analysis will be widened again when connections between specific reforms and current (and future) state social control trends are made, completing the analytical hourglass.

To expand the analogy of the social control 'net' which catches deviant 'fish', this study will examine how the new form (reform idea) of the net impacts upon the social control functions of the state. To make the connections between grand theory and the reality of specific programmatic changes more
clear, this study will also look at the boat (the organization) from which the new nets are lowered. In turn, this boat is seen as only one of many individual but related boats built, funded, and managed by the parent company (the state).

This descriptive analogy will be revisited briefly in each chapter, in order to draw the connections between structuring and semi-autonomous planes or parameters affecting social action. Chapter II, titled "Why a 'Lens' is Needed", focuses upon historically-informed academic theory regarding the state. By examining the general role and functions of the state form across various capitalist countries, this body of theory illustrates links between certain economic processes and the actions of the state. The general meaning of such relationships for any analysis of state policy formulation around deviancy is highlighted.

In Chapter III, "Recent Dynamics and State Strategies", critical theory delineating a gradual evolution in the state's role and its ongoing relationship with economic processes is discussed. The application of Keynesian economic policy in Canada and other Western countries, and the growth of the modern welfare state, are highlighted with reference to basic relationships between state policy formulation and capitalist economics which continue to affect institutional reforms.

The 'fiscal crisis' of the welfare state, and its meaning for the adoption of particular strategies in deviance management, are then considered. The chapter closes with discussion of the British Columbia economic picture, and of certain fiscal strategies chosen by the provincial government during the 1980's.
The general policy of decentralization of government services will be detailed, and linked with other provincial government strategies of privatization and deinstitutionalization.

Chapter IV, "Organizational Demands", centres upon the functions of the M.A.T.C. as a state agency, upon its mandate, and upon how its needs and responsibilities have shaped its efforts in reform and decentralization. The weaknesses of the former clinical philosophy, and the derivatively poor perception of the facility in the community and amongst other social service agencies, is seen as a key force powering the adoption of a new clinical model. Links between the efficacy of the new model in clinical terms, and its utility in meeting the demands of decentralization, are drawn.

Chapter V, "The Response Program", details the philosophy and constituent elements of a newly favoured program stressing shorter stays at the M.A.T.C., care plan formulation for referred adolescents, and greater in-community involvement for M.A.T.C. staff. The new referral process necessitated by Response program expansion, the four week care planning process, and later community outreach efforts are detailed. The facility's adoption of the new clinical model embodied in the Response program is charted, and the internal and external processes by which this occurred are examined with reference to larger dynamics.

Chapter VI, "Implications and Summary", centres upon the social control implications of such a wholesale shift in both clinical philosophy and administrative practice at the M.A.T.C. Program and policy shifts that have occurred at the facility by way of decentralization and Response program expansion are linked
to critical theory that predicts greater but less visible state social control efforts through such reform. Finally, the clinical positives of these reforms are compared with the possibly deleterious effects of an extension of social control.
CHAPTER II
WHY A THEORETICAL 'LENS' IS REQUIRED

The concept of a theoretical 'lens' describes how it is possible to bring a certain level of analysis to bear upon an issue which may otherwise be inadequately explained. In noting academic literature critical of state social control efforts, and in attempting to answer the questions just posed, how can every relevant level of analysis be brought to bear on this topic? The origins of the state's role in 'normalizing deviants' provides historical perspective to this study of current state practices at the M.A.T.C.

By delineating political and economic imperatives underlying the actions of the state in Western capitalist nations, this work will attempt to explain certain fundamental relationships that may have meaning for the rapid M.A.T.C. decentralization shift. By examining economic forces supporting political arrangements that affect M.A.T.C. operations, it avoids a "...depoliticization of reality..." (Ingleby, 1983) that could otherwise restrict this analysis within important structures.

State policies in mental health or criminal justice are not created in a social vacuum, and Spitzer and Scull (1977) argue that at least some of the momentum driving certain modern state policy shifts must be seen as "...embedded in the unfolding of capitalist economic systems..." (p.27). Attention must first be focused upon the economic character of the social context within which state policies and roles are developed and implemented; however, why the state builds and finances the boats that then cast the nets in ever-changing ways must also be explained.
Decentralization may thus serve as an 'historical conjuncture' (Ratner et al, 1987) which allows a powerfully explanatory linkage of grand abstracted theoretical propositions with concrete social processes or reform efforts. Indeed, Ratner et al (1987) argued that such moments of social policy change can only be fully understood as an "...effect of both macrohistorical processes and microtransactional processes..." (p.4).

This work must account for both micro and macro factors relevant to this reform, and will attempt to mimic Spitzer’s (1983) analysis of

...some connections between the changing forms assumed by the social control apparatus and the larger social and political order.

(Cohen and Scull, 1983, p.9)

With an understanding of overriding forces that have an impact upon the parameters of lower level agency change, the thesis may add to "...an expanding literature on the relationships between social control systems and the societies of which they are a part and an essential support" (Cohen and Scull, 1983, p.7).

To begin, if this analysis of ongoing program changes did not take into account the aims of the guiding clinical policy under which such programs are established, it would be exceedingly limited. Equally, that clinical policy must be understood relative to the state-mandated powers and evolved functions of the entity that generated the policy itself. That entity, in this case a provincial youth mental health facility, must be understood relative to the agenda of the provincial government ministry that gives it funding, direction, legitimacy, and clientele. That ministry is itself part of a huge state apparatus funded and directed by an elected government, which
exists (at least in theory) to serve an even larger context; this larger body is British Columbia, a province of Canada, which is a Western democratic capitalist country.

Such a perfunctory contextualization of M.A.T.C. reforms demonstrates the heuristic power of systems theory-informed inquiry:

Nothing has identity or meaning in and of itself. There is only meaning in context...all phenomena should be defined in terms of a relationship.
(Becvar and Becvar, 1988, p.312)

Balanced by an awareness of the inescapably dialectical quality of all social action, and with an appreciation of the critical effects of human agency in this or any other instance study, such an awareness lends greater explanatory power to the analysis. Current policy changes must thus be understood as somewhat restricted and influenced by the parameters and agendas of the various state structures, and other human organizations, within which such issues are situated.15

A related concept is 'structural determinism', defined as meaning that the "...system itself determines the range of structural variation acceptable without loss of identity" (Becvar and Becvar, 1988, p.79). While social action is not solely pre-determined by such structures, economic and political systems deserve critical analysis because they impose parameters within which reforms occur. In sum, no reform, state action, or clinical shift can be fully understood without reference to the entire variety of contexts that give such transformations

15Becvar and Becvar provide a full discussion of the applicability and power of systems theory in Family Therapy : A Systemic Integration (1988), where they stress the inescapable relativity of specific cultural frameworks.
meaning. Reform efforts are inextricably "...embedded in social, legal, institutional and political contexts..." (Mainprize, 1988, p.1) and can only be fully understood with reference to these contexts. Critical analysis must thus develop a theoretically-informed understanding of the multi-layered social context within which current and unique M.A.T.C. reform is inescapably situated.

Guiding Norms

A conscious effort must be made to understand how certain popular beliefs supporting intrusive programs for deviant youth arose. Foucault’s (1975) phrase, ‘our present subjectivity’, conveys this sense of a particular social reality, and a particular set of state functions, whose origins and development can be deciphered and which may help to explain the success of only certain reforms.

Critics of social control trends must remember that even seemingly basic beliefs regarding normalcy vs. deviancy, for example, derive from a particular shared conceptual framework which people impose upon reality:

The reality that exists for us, the reality we can observe, is relative to the framework through which we filter reality. (Becvar and Becvar, 1988, p.312)

A case in point is that the M.A.T.C. works with selected youths on the basis of perceived deviancy in family and personal life. Systems theory’s emphasis upon a contextual analysis of such a mandate, and of derivative facility practices, highlights the power of widely-held social norms in determining who receives a deviant label, and who consequently is referred to the M.A.T.C.

Such is the ‘power of the norm’ (Foucault, 1975; Garland,
1985; Rose, 1990), which is constantly working to reinforce particular conceptions of normal versus deviant social, political and/or economic interaction. Those youths deemed abnormal according to such normative beliefs regarding behaviour fill institutions such as the M.A.T.C. or Willingdon Youth Detention Centre; social workers may apprehend children in families where ministry standards of 'normal' care are not being met.

Simpkin (1979) has noted powerful normative expectations underlying a socially legitimated state mandate to intervene where standards of care or behaviour are not being met:

The overt control which social workers are expected to exercise is supplemented by very definite values about the ways in which people should behave and relate to each other...(p.28)

How did such norms and standards arise? What purpose do they serve? What does the state do to enforce and to support them?

In a recent paper concerning the provision of effective mental health programs, Shamsie et al (1990) provide a pithy example of the 'helping' philosophy that characterizes academic and professional literature concerned with treatment programs for conduct disordered youth:

By not taking steps to prevent the early damage and by not treating them afterwards, we condemn ourselves to bear the cost of looking after Conduct Disordered youth for most of their lives, and condemn them to a life of crime and despondency. Thus the financial and social costs associated with Conduct Disorder leads one to ask what more can be done to improve our programs. (p.3-4)

Again, particular value judgments underlie this rationale for helping conduct disordered youth, but how did the lines drawn between 'ordered' and 'disordered' conduct come to be so widely accepted? What does it mean that the M.A.T.C. treats only those
youths identified as having broken the norm? Why is the Response program dedicated to restoring 'adolescent developmental casualties',\textsuperscript{16} to normal, healthy functioning?

This analysis of current state efforts to control particular behaviours can only be fully developed by way of an attempt to understand whom the state has traditionally attempted to control, how the state has gone about its treating or controlling functions, and why.

**Macro Factors**

This limited literature review takes as its central goal the delineation of certain basic relationships between the mode of production and the character of state policy-making in Western capitalist nations. In order to fully understand the social control role that the M.A.T.C. is mandated to perform, this analysis must examine powerful historical theory that details such relationships, and related ideology or beliefs.

The Marxist notion of 'historical materialism' holds that the mode of production ultimately determines the nature of the social structure, although neither exclusively nor completely (Gough, 1979). As a tool of social analysis, this concept illuminates certain general productive relations inherent in capitalism (the base) which give rise to 'superstructural' elements (state, professional, organizational, social and ideological, etc.).

\textsuperscript{16}The term "adolescent developmental casualties" is a catchphrase coined by Response Programme staff in an effort to describe the population of youths referred to the M.A.T.C.
A significant intellectual effort has been made (Ignatieff, 1983; Spitzer, 1975; Phillips, 1983; Cohen and Scull, 1983; Gough, 1979; Garland, 1985; Ratner et al, 1987) to relate state social control efforts to the emergence of capitalism as the dominant mode of production\(^{17}\) in Western nations. While avoiding simple economic reductionism, such analyses discuss capitalism's effects over centuries upon general social values, normative judgments, and responses to deviance, which underlie current state institutional practices.

The crucial point that Marx (1973) makes about the basic exchange relationship between labourers and the owners of productive capital under the capitalist mode of production is that it appears to be free and equal, but is not. Regardless of the degree of opportunity for individuals to move upwards within the capitalist economy, the exploitative dynamic remains:

The origin of exploitation under the capitalist mode of production lies, first, in the difference between the value of labour power and the value produced by the worker, and, second, in the appropriation of this surplus value by the capitalist firm.

(Gough, 1979, p.22)

How does the dynamic of capitalist exploitation relate to the state and to norms? An historically 'new' impact upon social relations by capitalism has been detailed in such work:

...the striving of the whole community towards salvation became the collective permanent competition of individuals being classified in relation to each other... (Foucault, 1975, p.161/2)

\(^{17}\)Gough has defined mode of production as meaning the "...structured unity of the forces of production and the relations of production" (ch.2). In The Political Economy of the Welfare State (1979), Gough discusses how the lesser value of labour power, as opposed to the greater value produced by that labour, provides the crucial surplus value which powers exploitation under capitalism.
In order to pave the way for its development, capitalism has continually turned traditional social relationships into matters of exchange between isolated social atoms. (Spitzer, 1983, p.314)

The implications of an historical transition from directly and visibly exploitative economic systems (feudalism, slavery, etc.) to a capitalist market economy built squarely upon an ideology of equality (Spitzer, 1983) are great for this study. Common current beliefs in individual equality, individual rights, and individual responsibility for one's own actions, among others, have been studied by critical social historians who have linked their origins and entrenchment to the exigencies of the capitalist mode of production (Mayer, 1983; Foucault, 1975; Tigar and Levy, 1977; Garland, 1985).

Neo-Marxist analysis holds that general social relations and belief systems permitting such an economic system to survive are sustained over time:

Marx...points out that capitalist production not only produces commodities, value and surplus-value, but it also reproduces the social relations between capitalists and wage-labourers which are the very basis of production. In general all modes of production sustain themselves by continually reproducing the social relations of production presupposed by their functioning.

(Keat and Urry, 1982, p.107)

How are these social relations of production reproduced? Again, historically-informed analysis reveals meaningful links between economic imperatives, political structures and social discourse.

The continued dominance of a certain ideologies (although not singularly dominant) in capitalist nations is a central element in neo-Marxist theory of the state, which sees in such ideology a reflection of capitalist economic relationships.
Gramsci (1971) has posited that through some limited degree of ideological hegemony, expressed in civil society and upheld by the state and its operations, only value systems supportive of capitalism would be sustained over time (Carnoy, 1984).

Garland (1985) holds that the heralded concept of the individual free subject is "...of course the necessary basis of capitalist commodity relations..."(p.18). Requirements of the capitalist mode of production are thus linked to current value systems around proper human social relations which are rarely questioned and which are regularly defended and enforced by state actions\textsuperscript{18} in institutions and through law.

The State

The state has been characterized as having helped to reproduce particular economic relations by its support for such capitalist-derived ideology around the 'free and equal' relationship between individuals and the mode of production (Garland, 1985; Keat and Urry, 1982; Ratner et al, 1987).

Through law, social policy, and other means, the state has supported the concept of a voluntary exchange of equal values (Phillips, 1983), strengthening the dominance of bourgeois ideology stressing the responsibility of the individual for his/her success or failure within capitalism:

"Justice" in capitalist society must, therefore, take on an individual form (like the wage contract itself), regulating the relationship of whole groups, classes, ethnic groups, sexes, etc., to the state through court cases between individuals...It is in

fact necessarily the dominant description of how citizenship should proceed in societies where the economic order is based on individual contracts to work. (Taylor, 1983, p.135/6)

Policies and actions of the state are thus linked with general principles of individual equality, freedom and responsibility required by capitalism:

...the state has the major role of atomizing the labouring class, disintegrating its real or political coherence by transforming workers into individualized citizens, while simultaneously presenting itself as promoting the universal interests of the entire society. (Ratner et al, 1987, p.93)

The M.A.T.C. and other state social control institutions may thus be seen as one portion of a wide continuum of such state normalizing power, extending from "...the family to the market, to the workplace and to citizenship..." (Ignatieff, 1983, p.93). That a "...whole series of institutions, and regulations..." (Garland, 1985, p.249) have evolved which reinforce only certain normative expectations must have meaning for this study.

Clearly, a degree of social consensus around what constitutes behaviour deserving of state intervention underlies the mandate of facilities like the M.A.T.C. To be more explicit, the state enjoys some degree of legitimacy in its disciplining and controlling functions. Citizens accept the state's power to intervene when certain standards are not being met or when boundaries around acceptable behaviour are crossed.

That an historically new state-enforced 'schema of illegalities' developed as a result of certain economic transformations is critical to understanding contemporary state powers and roles. Socially accepted ideology paralleling the new economic system was crucial in the development, entrenchment and
continued legitimacy of a state social control system intended to correct individuals who deviated from accepted norms.

Ignatieff (1983) argues that certain historically specific facilities arose in the 18th century as state efforts to discipline deviant members of society took the form of 'total institutions': the madhouse, the factory, the monitorial school and the workhouse (Phillips, 1983, p.61). The descendants of such institutions are state institutions such as the prison or the mental health residential treatment centre.

What are the implications of such historical analysis of the state's past and continuing social control functions? For authors who employ the powerful political economy model, the state cannot be seen as a free floating entity, but must be understood as a necessary form which evolves with reference to the changing needs of the capitalist economy:

This implies that the state tends to function so as to secure the conditions for reproducing that mode and the relations of exploitation within it. (Gough, 1979, p.13)

Such complex theoretical explanations for forces that influence our 'present subjectivity' characterize a body of theory known as modified structuralism (Knuttila, 1987; Ratner et al, 1987). Structuralism examines the role of the state within the overall structure of capitalism and details a number of interwoven and potentially contradictory 'cardinal functions' (O'Connor, 1975; Ratner et al, 1987) that the state will exercise on behalf of capitalism as a whole:

(1) **capital accumulation** (reproducing necessary conditions)
(2) **legitimation** (of the state and of capitalism)
(3) **order maintenance** (social control or coercion)
How can explanatory links be drawn between these very general functions and the origins of state facilities designed to enforce particular norms?

Without ignoring truly positive gains made by citizens within the capitalist mode of production, and the actual mental health needs of citizens, the origins of state support for the 'egalitarian' social, economic and political relations functional for capitalism have been traced to an historical period of transition to a world capitalist market economy:

Property had to be protected, production had to be standardized by regulations, the young segregated and inculcated with the ideology of thrift and success, the deviant subjected to discipline and surveillance. (Cohen, 1985, p.25)

...intolerance to economic offenses increases, controls become more thorough, penal interventions at once more premature and more thorough. (Foucault, 1975, p.78)

Changes in general social norms during this period in the 17th and 18th centuries have been related to the need for a rigid enforcement of particular economic, political, and social relations which supported newly egalitarian social relations under capitalism.

Garland (1985) argues that this need created a new state role and drove the development of new responses to deviance:

...the strategy functions by stating a series of expectations and standards, and at the same time establishing a number of authorities and expert bodies to ensure those norms are met. (p.250)

The state’s past efforts to secure conditions supportive of capitalism have been detailed by Spitzer (1983), among others (Gough, 1975; Phillips, 1983). Spitzer’s work indicates that the state form 'rationalized' the social realm at a certain
historical moment by articulating, coordinating and directing the development of key new infrastructures.

By its provision of 'social overhead capital' (Spitzer, 1983, p.325) in the form of necessary transportation systems, harbours, etc., the state met the physical requirements of capitalism. More interesting, and less obvious, is the state's original and continuing provision of a necessary social infrastructure such as social control facilities, regulatory bodies, and other institutions affecting the character of social discourse (beliefs, habits, etc.), which also promoted the development of the capitalist mode of production:

In establishing the social infrastructure the state is called upon to guarantee public order, regulate conditions of production, distribution and exchange, and provide the structural supports necessary for the emergence of a mature market system.

(Spitzer, 1983, p.326)

The state is thus portrayed as helping to extend the relations of production into the social realm, effecting a 'rationalization' of social relations such that they evolved in ways supportive of basic capitalist economic relationships (Taylor, 1983).

The historical rise of the twin doctrines of 'individual responsibility' and 'presumed rationality of the individual' occurred in parallel with the rise of the free market (Garland, 1985). Foucault (1975) shows how such powerful social norms created a continuing disciplinary power which, in turn, produces subjects who 'voluntarily' carry out their own subjection within the capitalist mode of production, believing strongly in capitalist ideology stressing the free will, responsibility, and equality of the individual. Indeed, Gough (1979) has argued forcefully in support of Marx' belief that the "...very existence
of political freedom is a necessary condition for exploitation to take place..." (p.40).

The functionality for capitalism of what Althusser (1971) has called the 'ideological apparatuses of the state' lies in the inexpensive 'potential maximization' of each worker that occurs through the internalization of 'bourgeois' values, and emerging from this belief system, in the creation of a stable political order based on individual rather than collective rights (Foucault, 1975). A general historical shift towards the official state-sanctioned equality of every individual, in political terms, is seen as having supported the general acceptance of bourgeois ideology and social relations.

In such theory the state is viewed as dependent upon the reproduction of the capitalist mode of production, which is a qualified rejection of the pluralist belief that the state acts within society as a neutral referee or arbiter of competing class interests (Knuttila, 1987). Panitch (1979) has delineated this more complex view of the state role:

...the coordinating role of the state in all societies, which is undertaken apart from specific class interests, although of course framed within the boundaries set by the mode of production and the relations of production of a given society. (p.4)

The state's pivotal role in fulfilling its three cardinal functions does not mean, however, that it serves simply as a tool of the dominant capitalist class. Modified structuralist theorists like Ratner et al (1987) reject the instrumentalist view that sees a one way control relationship between economic imperatives, the state form, and a dominant class. This body of theory stresses that by the creation of an infrastructure that
guarantees order, protects individual rights, etc., the state
form generated its own self-sustaining logic and created a
limited but highly functional separation or 'relative autonomy'
between economic processes and the operations of the state.

This internal logic and relative autonomy from a particular
class allow the state to override the short-term interests of
particular segments of the capitalist class. This works to
protect greater common capitalist interests over time:

Thus the role of the state is pivotal.
It transcends internal disputes, parochial
capitalist interests, and contradictions
within the power coalition, giving protection
and direction for the capitalist class as a
whole. The mediation of the state then
rests on a relatively autonomous plane.
(Ratner et al., 1987, p.94)

The required relative autonomy of the state (Ratner et al, 1987;
Poulantzas, 1973), combined with the variables of human agency
and class struggle within capitalism, mean that the state's
infrastructure supporting this ideology and individual rights has
also resulted in truly positive changes and social gains. By
understanding this dynamic, and by integrating the effects of
human agency in state operations, modified structuralism
recognizes that state reforms are not simply the product of
structural relationships.

This dialectical dynamic must be acknowledged even as
certain structural and structuring relationships are detailed:

All sensitive and careful Marxist writing on the state
and on the economy has to walk a tightrope between
crude functionalism and starry-eyed voluntarism...
(Gough, 1979, p.ix)

To this end, the autonomy of the state and of professionals
working in the field must be acknowledged and figured in to the
explanatory equation. The upcoming minute detailing of how a specific reform idea at a specific agency (with its own degree of autonomy) has affected the social control operations of the state is intended to demonstrate that such structures are played upon by various agents in a highly dialectical process.

**Summary**

Historically specific economic transitions, and related political developments, affect general social ideas around deviancy; the state plays a key role in this process by the establishment of an explicitly egalitarian 'juridical framework' which works to sustain bourgeois ideology. Further to this, disciplinary power then resides in the ongoing ability of the state to define normalcy and deviancy, and converges around those deemed deviant according to that dominant ideology.

The body of the thesis must take this central understanding of the general relationship between the state and the mode of production, and must analyze specific M.A.T.C. changes with reference both to this ongoing relationship and to other and contradictory dynamics. Indeed, there is a powerful dialectical quality and autonomy inherent in the relevant state, social, organizational, professional and ideological superstructures (Ratner et al, 1987) acknowledged in this analysis.

To restate, this literature review has drawn upon the work of authors who examine structural factors that influence the boundaries for current debates, and who draw attention to the unique character of specific policy shifts, as affected by a variety of influential contexts and conflicting forces. This
approach mirrors Scull’s (1984) belief in the analytical superiority of explanations for state action which draw linkages between changes in the social control system and aspects of the wider social system:

...an historically informed macro-sociological perspective on the interrelationships between deviance, control structures, and the nature of the wider social systems of which they are both a part and an essential support. (p.11)

Macro-sociological investigation gives greater meaning to later micro-sociological analysis focusing upon the specific aspects of a given reform. Again, the continuing management relationship between the parent company and the boat (and the nets themselves) simply reveals structuring tendencies.

The M.A.T.C.’s origins and its controlling or normalizing mandate may thus be traced to the state’s cardinal functions, and a general social ideology, by way of the facility’s focus upon a particular definition of mental health deviance. Far from simply decrying its power to intervene, however, such a perspective highlights certain historical processes, current roles and practices, and ongoing demands upon and by the state which may help to better explain the character and directions of reform.

The implications of the logic in the political economy model are powerful for this analysis of current state action. Simply stated, regardless of the specific type or character of reform in state practices, modified structuralist theory argues that the state form will favour those changes in its operations which support the capitalist mode of production as a whole by helping to satisfy the state’s cardinal functions.
No such simple assertion can suffice as a complete explanation for why particular reforms occur in particular state facilities at particular times. However, the idea that continued capitalist development constantly requires a state form to resolve contradictions between capitalist ideology, productive practice, state cardinal functions and responsibilities, and social discourse, merits deeper analysis.

Critical political economic analyses employ Marx' claim that "...the causes and effects of social phenomena are aspects, or applications, of...structural relationships..." (Keat and Urry, 1982, p.97). This study of an instance of change in a state facility must acknowledge and appreciate such key general relationships between economics and state policy before examining the character and process of the specific reform.
CHAPTER III

RECENT DYNAMICS AND STATE STRATEGIES

To move from such a general theoretical vantagepoint on the state and its cardinal functions, and towards the specific process, character, and effects of M.A.T.C. reform, certain general trends that have recently influenced state practices across capitalist countries must be detailed. Returning to the guiding analogy, trends in how similar companies support and manage the boats must have meaning for this look at how the nets are cast. Scull (1984) has argued that the relatively autonomous state in Western capitalist nations evolved during the nineteenth century to the point where it began to provide certain limited programs of social security, and that these provided for a new and expanded state framework for administration of these new relations. Such noted shifts provide evidence of an evolution in the role and function of the state which:

...transformed Britain from a market society of laissez-faire individualism to a form of sociality constructed around mass democracy, monopoly capital and an interventionist state. In doing so, they provided the conditions for a form of social organization which persists to the present day.

(Garland, 1985, p.58)

How and why did this historically new and interventionist state role come about, in Britain and in other capitalist countries, and what are its implications for current issues? Through an exemplary analysis of the period following laissez-faire Victorian-era capitalism in Britain, Garland (1985) provides a telling account of early state efforts to legitimize industrial capitalism. He shows how the state form worked to
support the hegemony of capitalism by taking on a powerful new legitimizing framework of social security:

...centred around the imaginary relation of a benevolent state extending care and treatment to an inadequate individual, a positive image which fitted well with the ideology of welfarism, which soon overlaid the new apparatus of social control...(p.257)

Within this new welfare role was preserved the basic themes of an ethos highly supportive of capitalism, however:

It preserved notions of individual responsibility, thrift, self-help, freedom from state collectivism, and the earned, contractual basis of individual rights or entitlements. (Scull, 1984, p.246)

Certain institutions continued to teach deviant members of society the rules of the factory that were so heavily influencing social relations (Ignatieff, 1983). The negative and segregative aspect of institutions such as the workhouse, the asylum, etc., ensured that only the truly indigent would allow themselves to be caught in the system (Garland, 1985; Scull, 1984). The prison and the madhouse thus evolved to deal with 'social dynamite' and 'social junk': those who reject the social contract around individual rights and responsibilities, and those who are unable to meet its terms (Spitzer, 1975).

The functionality of increased state social welfare intervention has been related to the overall needs of the capitalist mode of production:

(1) the necessity of state intervention to assure continued private capital accumulation and profitability and

(2) the necessity of state social intervention, including expenditures on social welfare programmes, to regulate labour in the workplace and at home by diminishing the cost to capital of a mobile, available and appropriately educated work force.

(Moscovitch and Drover, 1987, p.13)
Structuralist arguments around the origins of state welfare activities recognize key and overriding relationships and dynamics through such historical analysis.

However, complex neo-Marxist theory regarding these crucial and continuing interrelationships between the state, the civil realm, and the mode of production at any given moment also illustrates that the relationships are not simply one-way:

Marx clearly subsumes the state under civil society, and it is civil society that defines the state and sets the goals of the state in conformity with the material relations of production at a particular stage of capitalist development. (Carnoy, 1984, p.67)

Critical theory effectively exposes the roots and basic functions of past and current state policy-making, but also recognizes that social welfare policies and programs are not simply manifestations of co-opting capitalist strategies:

Social polarization and the more acute forms of class conflict have thus been minimized by the working classes' ability to extract a whole series of economic and social reforms; reforms which have modified but not destroyed the underlying character of the capitalist political and economic systems. (Scull, 1984, p.136)

Again, the dialectical quality of policy formation and implementation within government ministries must be acknowledged, even while exploring the basic functions of state social welfare efforts in relation to economic and political development.

The Evolution of the State:

How has such a limited state role and function evolved to a more varied and expanded state machinery today?

The modern welfare state has been theoretically defined as "...the use of state power to modify the reproduction of labour
power and to maintain the non-working population in capitalist countries..." (Gough, 1979, p.45). Such analyses argue that the state was forced to protect individuals from the blind play of capitalist market forces (in unrestricted competition) in order to defuse growing social collectivism (Gramsci, 1971) which posed a threat to the dominance of the capitalist mode of production as a whole:

The worker is compelled to sell his labour power to capitalist firms by economic necessity; the alternative is starvation, the workhouse or a life on social security. Nevertheless the gulf between the first and last alternative is obvious, and here too the welfare state interposes itself in a crucial way within the capitalist mode of production. (Gough, 1979, p.23)

The various social welfare programs that characterize the modern welfare state are seen to have developed as a result of inherent inequalities of the capitalist mode of production, the relative autonomy of the state, and as a result of political struggle (Gough, 1979; Moscovitch and Drover, 1987; Ratner et al, 1987).

Since the widespread adoption of 'Keynesian' economic principles in the late 1940's, which were introduced in Western capitalist nations in an attempt to stabilize 'boom-bust' cycles in the world economy, the state form took on a social welfare role that had previously been much less pronounced (Moscovitch and Drover, 1987; Wolfe, 1984). Specifically, the state is posited to have gradually taken on a role where "...it acts to legitimize the social order by promoting social harmony, assuring minimum services to workers..." (O'Connor, 1975, p.14). Such an agenda, and an accession to the demands of working class protest, can be seen in 'New Deal' type legislation in the U.S. and Canada in the 1930's.
Once again, links between state social action and economic dynamics have been drawn. Panitch (1979) has detailed how the Canadian state’s efforts to satisfy the capital accumulation function went far beyond just providing a favourable fiscal and monetary climate for private enterprise:

It has underwritten the private risks of production at public expense through grants, subsidies, fast write-off depreciation allowances, etc... It has played a crucial role, via control of land policy and immigration policy, in creating a capitalist labour market and, especially in recent decades, in absorbing the social cost of production of capitalist enterprise. (p.14)

The relatively autonomous state in Canada thus satisfied its capital accumulation function, and its legitimation function, by the growth of the welfare state. State services to all classes within capitalism ensured continued social harmony and a continuing willing supply of labour power; the cardinal functions of the state were balanced through this welfare role.

The structuralist argument regarding the three cardinal functions of the state has been rigorously tested in theoretical discussions regarding the welfare state (O'Connor, 1973). Gough (1979) has argued that the welfare state is even a "...constituent feature of modern capitalist societies..." (p.3) which expands and recedes according to historical conditions, and which can only be fully understood in direct relation to its contemporary environment, "...the capitalist economy and its attendant social relations..." (p.3).

Such an understanding of the welfare state’s relationship to the capitalist mode of production provides a necessary bridge between the literature’s contextualization of the state’s origins within nascent capitalism, and debate around the state’s changed
current form in modern capitalist countries. In sum, the welfare state is seen as being functional for capitalism at a particular stage of its development. This ongoing functionality is a crucial point in an effort to convincingly link recently approved and implemented mental health strategies to the evolving political economy within which they are generated.

Equally important, however, is the space created for real and dialectical resistance to the demands of capital, and for general gains made by all classes, within this welfare state. Indeed, Gough (1979) holds that "...the welfare state can be envisaged both as functional to the needs of capitalist development and as the result of the political struggles of the organised working class..." (p. ix).

Recursive links between capitalist economics, bourgeois ideology, the welfare state, and politically guaranteed individual rights reveal the dual effect of a welfare capacity which:

...simultaneously embodies tendencies to enhance social welfare, to develop the power of individuals, to exert social control over the blind play of market forces; and tendencies to repress and control people, to adapt them to the requirements of the capitalist economy. (Gough, 1979, p. 12)

An elaborate and finely calibrated framework of discipline and surveillance is firmly in place... there is evidence in Canada of a newly developed "strong state" with overwhelming and unaccountable powers to punish, contain or reform a larger proportion of the population than ever before.

(Taylor, 1983, p. 28)

The benign appearance of state social welfare activities is a pivotal point in the attempt by critical academics to detail how social welfare and mental health services actually form part of a larger state social control continuum:
The concept of the welfare state as a humane response to need has performed an invaluable ideological function in the control and discipline of working-class populations, for in the name of 'welfare' much can be achieved which would be impossible by more direct means of oppression. (Gough, 1979, p.vii)

This study will soon turn to the 'care/control dialectic' discernible in state activities towards ensuring social welfare; for now, the crucial point to be taken from this literature centres upon how the welfare functions of the modern state have served to balance competing cardinal functions.

**Fiscal Crisis**

The expansion of the welfare state may be seen as an attempt by the state in capitalist democratic nations to continue to satisfy its legitimation function in the eyes of the majority of the electorate, thus allowing it to continue to satisfy its capital accumulation function. How, then, to explain what is known as a 'crisis' in the welfare state: a strident demand by certain segments of society for a reduction in the size of the state, in its taxation and spending policies, and a substantive reform of the welfare state in many of its areas of influence?

What meaning does the similarity of recent policy directions pursued by the state in various capitalist countries around the provision of social welfare services have for this study of current reform? Critical literature relates such state actions to rising welfare costs:

...a rapidly developing "fiscal crisis" of the state itself, with governments increasingly anxious over their abilities to raise the revenues required for the expenditure programs demanded by the various apparatuses of the state, especially for public health, housing and welfare... (Taylor, 1983, p.5)
Health services provision to needy populations, particularly, has evolved into a major portion of the state’s activities and responsibilities in modern capitalist nations as levels of expenditure grew. Elected governments in these countries must now appear to discharge their responsibilities in this area competently or risk electoral defeat (Gordon, 1988).

The problems encountered when the state form in democratically elected Western capitalist nations has attempted to reduce the level of legitimating social expenditures highlight the clash between expectations of the populace and certain economic processes:

At the most general level a reduction in the welfare state itself interferes with the reproduction of capitalist societies, not only the reproduction of labour power, but also the maintenance of social integration and harmony and the reproduction of capitalist social relations. (Gough, 1979, p.136)

How, then, have the great majority of Western countries simultaneously arrived at what some call ‘post-welfare’ capitalism? Again, the structuralist concept of the state’s contradictory functions illuminates the greatest political debate of the past twenty years.

Politicians such as Ronald Reagan, Margaret Thatcher, Brian Mulroney and Bill Bennett were elected and re-elected during the 1980’s primarily on the basis of their pledges to ‘cut back the welfare state’ and to revive slumping capitalist economies (Marchak, 1984). The success of such ideas in garnering political support may be explained with reference to the state’s dual role of socializing certain costs and of legitimation, which, it is posited, drives most of the state’s welfare efforts.
The costs of the welfare state were portrayed by certain political movements as a cause of economic recession, and voters supported parties which claimed that the "...very scale of state expenditure on the social services has become a fetter on the process of capital accumulation and economic growth itself..." (Gough, 1979, p.14).

Monetarists (like those found in the federal Progressive Conservative Party, in England’s Conservative Party, or in the U.S. Republican Party) developed this ideology and, when in power, put in place strict policies around money supply, the free market, regulation of bank behaviours, consumer savings and, the lowering of social costs (Crane, 1981; Wolfe, 1984). In British Columbia, such a political movement has also occurred, with the Social Credit party putting so-called 'restraint' policies in place during the 1980’s (Allen and Rosenbluth, 1986):

...the government’s new economic strategy indicated that the traditional Keynesian notion of discretionary changes in fiscal and monetary policy to offset fluctuations in the economy was dead and buried; it had been supplanted by a return to the traditional Victorian ‘balance the budget’ orthodoxy... (Wolfe, 1984, p.72)

The increasing fiscal resources demanded by the growth of the welfare state supposedly meant that the state’s efforts to serve both its legitimation and social control functions (by the provision of various social services) had resulted in a blockage of the logic of capital accumulation. Increased state expenditures were argued to have reduced the amount of capital available for investment, and 'fiscal crisis' is the term applied when reduced economic growth (or recession, or de-
industrialization, etc.) results in falling tax revenues, imperilling the welfare state itself (Gough, 1979).

Fiscal crisis (O’Connor, 1973) is portrayed as the result of a clash between the state’s competing functions:

Social democracy is always involved in a tightrope act - balancing the concessions it can offer to its mass base on the one hand with the need to serve the political interests of capital on the other hand. (Gough, 1975, p.66)

...actions of the nation-state are best understood in light of the dual, contradictory, and economically draining (potentially bankrupting) functions of underwriting the costs for (a) the development and accumulation of private capital, and (b) the maintenance of social order and harmony through welfare programs that ensure the social cooperation of those displaced by the needs of capital. (Estes and Harrington, 1981, p.811.)

Because of a perceived need to resolve the clash between the legitimation and capital accumulation functions, however, monetarist policy has been implemented in certain areas (high interest rates, privatization, restricted money supply, etc.) in many Western capitalist nations; however, deficit spending on certain social welfare programs in these same countries continues to reflect Keynesian principles (Jantti, 1989).

Contradiction between two state cardinal functions is portrayed as threatening capitalist economic development overall:

However useful are the social services, however crucial is the welfare state to ‘civilised life’, it constitutes an unproductive burden on the productive marketed sector of the economy. The growth of the welfare state acts as a brake on the rate of accumulation. (Gough, 1979, p.105).

Thus, a state form that increased spending on social welfare in order to legitimize itself and capitalism, will cut back its Keynesian policies to some degree in order to aid the capital accumulation function. However, the legitimation function still
must be served. What specific strategies will allow both conflicting cardinal functions to be satisfied?

Narrowing the Focus

Wolfe (1984) shows how monetarist economic policies supporting the workings of the free market were accompanied in Canada by an effort to reduce the size of the public (state) sector. A key development in recent years, in Western capitalist countries generally, is an effort to 'roll back' the state in specific spheres (Crane, 1981). Particular strategies that have been implemented in support of "...neo-conservative, monetarist policies..." (Jantti, 1989, p.26) in British Columbia include privatization, accelerated de-institutionalization, and, possibly, the current government strategy of decentralizing a variety of governmental services.

Remembering the principle of the relative autonomy of the state, however, how are we to understand the specific form and direction of successful reform in a single state institution, as related to a contradiction between two crucial state functions? What implications do larger current political trends in British Columbia have for this focused study of change at the M.A.T.C.? What meaning can be derived from the Director of Youth Forensic Services' recent comment that M.A.T.C. decentralization 'rode the wave' of the provincial government's decentralization policy?

Theorists critiquing the state posit that such a difficult fiscal and political situation will lead governments to attempt to find ways to escape this triple bind of rising costs, lessening revenues and ongoing state responsibilities (O'Connor,
The result will be a search for new strategies to continue to legitimate themselves at lesser cost to the capital accumulation function:

In this situation then we would expect to find not so much cuts or a dismantling of the welfare state, but its restructuring. (Gough, 1979, p.138)

It would appear that certain kinds of public expenditure are not so contradictory as others, in their functions for civil society and the economy, and that within the overall reductions in public expenditure that are occurring, some areas of expenditure are expanding quite rapidly.

(Taylor, 1983, p.128)

If the state is to retain legitimacy while reducing its drag upon capital accumulation, it must put into effect policies which do not reduce its own legitimacy while stabilizing or lowering social expenditures. This bind has led to monetarist governments seeking new strategies in the particularly contentious and expensive state social welfare apparatus.

Such a process can be tracked particularly well in British Columbia, where recent ‘free enterprise’ Social Credit governments have been re-elected primarily on the basis of a political platform stressing sound fiscal management, and centring on the reduction of the size of government. The re-election, in 1983, of Bill Bennett as Premier can be seen as a pivotal moment in terms of the future size and role of the state and civil service in British Columbia:

On July 7, 1983, the new government introduced both its budget and 26 Bills, termed the ‘restraint package’, which were directed towards tackling the so-called ‘New Reality’. (Jantti, 1989, p.61)

According to political analysts, these Bills and this monetarist government intended to reduce the size of the middle-level state, and its spending policies, thus supporting private enterprise
(Dobell, 1983) by reducing corporate taxation. The public service was downsized, ministry expenditures limited, and public offices abolished, as a new prioritization of government goals took full effect (Dobell, 1983). Finance minister Hugh Curtis detailed three major objectives the 1983 provincial budget was intended to support:

- the policy of reducing the size and scope of government would continue;
- the government's commitment to the preservation of 'essential' social services would be maintained; and
- the government would take steps to capitalize on the benefits of restraint in order to build a more stable and secure economic future for B.C.

(Province of British Columbia Annual Budget, 1983/84) (Jantti, 1989, p. 65/6)

Garr (1985) has shown how the provincial government was able to bring in such a restraint package during a recessionary period, attributing its success to a managed public perception of the need for just such fiscal restraint. However, the very real demands upon the elected government as regards the provision of social welfare services were in no way extinguished. A crisis of authority and legitimacy would be faced, and electoral defeat risked, by any government that cut too much too quickly.

There were thus immediate problems with the attempt to effect a drastic 'roll back' of the state, especially due to the harsh economic conditions of the period in British Columbia and in world capitalism generally. The recessionary economic environment was one in which Keynesian governmental policy would typically have attempted to protect the less fortunate, and Jantti (1989) has shown that recent Socred economic policy actually represents more of "...a co-existence of Keynesian and
monetarist policies, and may be indicative of political manoeuvering..." (p.74).

Jantti's (1989) thorough examination of Social Credit ideology and party policy (stressing neo-conservative political and economic measures in response to difficult economic conditions) provides insight regarding past provincial government efforts to balance the competing functions of legitimacy and accumulation. Her work also points out that a straight 'across the board' downsizing of government has not been implemented, and that certain areas of government responsibility have received budgetary increases:

Therefore, while restructuring of the government is occurring, it is differentially applied in areas of government operations. (Jantti, 1989, p.91)

Restructuring in British Columbia has been evidenced by facility and program downsizing, deinstitutionalization, privatization, etc. (Jantti, 1989; Marchak, 1984). The strategy of privatization of various services the government had previously provided was to occur wherever possible, according to the 1983 budget (Langford, 1983), and Jantti (1989) argues that it provided one way for the state to attempt to balance its competing functions:

Privatization was, therefore, recognized as an avenue through which the rethinking of government, and specifically the restructuring of government and its priorities, were to be realized. (p.74)

'Restraint' resulted in the elimination of social services, reductions in funding for other programs, further contracting out, the reduction of benefits paid in social welfare schemes, and the abolition of several Ministry of Human Resources

19

19 Renamed the Ministry of Social Services and Housing in 1986.
services which operated in the community, including the Community
Involvement Program, the Family Support Worker Program, the
Provincial Inservice Resource team, and Mental Retardation
Coordinator positions (Redish, 1986).

Many of these programs had been developed in an attempt to
achieve goals similar to those delineated in Ministry of Health
documents justifying current M.A.T.C. decentralization efforts:

Since the mid-1970’s the Ministry of Human Resources
has maintained a policy emphasizing the role of
family and community and attempting to keep children
and the handicapped out of institutional care. They
therefore developed programs to smooth the transition
out of institutions and to prevent institutionalization
from becoming necessary...These programs have all been
abolished. (Redish, 1986, p.163)

The current attempt to provide in community-service to care for
adolescents in their home communities may actually represent an
effort on the state’s part to replace services in another
ministry that were cut, and to do so by altering the way
M.A.T.C.-dedicated fiscal resources are employed.

The push and pull of conflicting state obligations has been
noted by critics of recent trends in provincial health policy:

Health policy and funding are correspondingly
a politically loaded set of issues. One cannot
be "against" health - political suicide - but one
cannot give its providers the key to the treasury
(or to the patient’s wallets) either. The result
is a certain amount of continuing tension...
(Evans, 1986, p.171)

Is this tension at the root of approved M.A.T.C. attempts to
provide community care and earlier intervention using previously
dedicated resources in new ways? Will the current state’s
legitimacy and capital accumulation functions both be satisfied
by reform efforts that are portrayed as providing better service
at lesser or similar expense?
In the case of M.A.T.C. reforms, attention must be paid to such political trends; a general process of restraint, cutbacks, and restructuring may hold meaning for this analysis of specific policies in the Ministry of Health. The particular ideology used to support such changes, and thus to support the elected government's legitimacy, can be debated, but once again the origins and effects of changes in social control institutions (since the imposition of these fiscal policies) must be understood relative to larger general trends in the world capitalist economic system.

Alternatives to traditional (institutional) social control methods must thus be judged both individually (Matthews, 1979) and as part of a larger trend revealing links to the "...economic and political-ideological conditions of the state..." (Jantti, 1989, p.2).

The Form and Effects of New Strategies

It may be possible, then, to connect decentralization with earlier policies of privatization and deinstitutionalization by way of an understanding of the state's constant struggle to balance competing, contradictory, and cardinal functions. The wider political economic context holds great meaning for any analysis of ongoing changes in institutions of social control:

...the current capitalist crisis has had a definite impact on the state, not only in terms of pressures to reduce state spending but, further, to reorganize the very ways in which social control is exercised.

(Matthews, 1979, p.100)

The parent company cannot do away with the boats, but must alter its activities or face 'fiscal ruin'.
British Columbia's current provincial government has clearly laid out the rationale for its policy of decentralization of government programs where feasible, and the attempt to garner public support through the provision of 'good government' is clearly seen in descriptive government literature:

The government of British Columbia is undertaking a fundamental restructuring of government. The goals of this restructuring are a more responsive public sector, an invigorated private sector and a fair sharing of the benefits and obligations of being a British Columbian.

The basic theme of restructuring is to move government closer to the people...to improve the way government makes decisions by more directly involving the people the decisions affect. This is the heart of the government's decentralization program.20

The regionalization program begun by cabinet decision in 1987 saw the division of the province into eight regions, each having an appointed Minister of State, and a yearly budget of $1 million dollars to fund regionalization research.21 Although the primary emphasis was to be upon economic development in the various regions, appointed task forces in each were also directed to report on possible improvements in health care service delivery that could be achieved through regionalization of services or programs.22


21Very little has actually happened as a result of these grandiose plans in terms of regional development. In fact, the eight positions of Regional Minister of State created in 1989 are no longer in place, although the eight provincial regions still have individual regional development offices in operation.

Although none of these task forces were specifically ordered to deal with mental health issues, the general slant towards regionalization of services holds great meaning for the rapid success of M.A.T.C. decentralization efforts:

With regionalization the process of decision-making is changed. Policy decisions and program delivery are expected to increasingly reflect regional needs and priorities.

Government programs will be examined to determine which services could be better delivered on a regional basis. Ministry budget and resource allocation processes will be modified to better ensure that regional priorities are taken into account.23

Both the specific dates and the general push towards decentralization found in such documents have meaning for the success of this policy initiative at the M.A.T.C.

An internal F.P.S. document explaining M.A.T.C. decentralization begins: "In early 1988, consistent with government policy at that time...".24 Parallels between the reform language explaining decentralization at the Maples and that explaining a Social Credit government policy regarding decentralization more generally are quite clear. The analysis of particular program and resource changes at the M.A.T.C. must acknowledge such a similarity in goals and directions.

Theorists such as Matthews (1979), Gough (1979) and Cohen (1985) have sought to locate the momentum behind particular state policy reforms in the ever-changing structural context of the dominant mode of production. This study does the same by looking

23 Taken from p.9 of a position paper published by the Premier's Office in September of 1988, titled "Regionalization: Framework for Action".

directly at M.A.T.C. changes while maintaining an awareness of the Social Credit government's political goals, and how these may have affected clinical reforms in the provincial mental health services system.

A theorized restructuring of the state must have great implications for the success of a particular reform at a particular state institution. In other words, if the casting of the net in a particular way seem to do a better job at less cost, that new strategy will more likely be favoured in a bureaucracy attempting to balance two competing cardinal functions.

Critical literature regarding such a state restructuring has discerned a chosen 'solution' as represented by a shift toward what Cohen (1985) has called 'inclusion', and what Spitzer (1975) has termed 'integrative' (general-preventative) control efforts, and away from 'segregative' (selective-reactive) or 'exclusionary' control efforts where possible:

Instead of waiting for troublemakers to surface and managing them through segregative techniques, the state is likely to focus more and more on generally applied incentives and assimilative controls. (Spitzer, 1975, p.648)

Clearly, 'normalization' and 'community treatment' could serve as synonyms for 'integration'. Thus, if "...decentralized control facilities..." (Spitzer, 1975, p.649/50) represent another in a series of attempts by the British Columbia government to satisfy its legitimation function at lesser cost to the accumulation dynamic, the strong momentum behind reform at the M.A.T.C. may be understood in more complex and accurate ways.

What other attempts to balance these competing functions has the state made in regards to services for the mentally ill in
British Columbia? In 1987, a Mental Health Consultation Report commissioned by the Ministry of Health detailed a draft plan for the deinstitutionalization of the great majority of patients at Riverview Hospital, British Columbia's only adult psychiatric residential facility. Stressing that the wholistic evaluation of resource utilization at Riverview was intended to reduce the need for admission to such costly residential resources, the report advocated a shift to in-community efforts:

...treatment and care can be provided in community programs and facilities for all but the most seriously mentally ill...Underlying this move to community-based treatment is the firm belief that the mentally ill should be united as much as possible with their family, friends, and local community environments in order to reinforce the whole normalization effort underlying mental health rehabilitation.

(Ministry of Health, 1987, p.7)

A particular clinical philosophy is conjoined with particular fiscal goals in the recommendations of this report; in-community care is portrayed as one route towards the goal of lowering or stabilizing health care costs. A driving force in recent rapid deinstitutionalization in adult mental health in British Columbia has been provincial government fiscal policy (Gordon, 1988).

The links between economic factors, state roles and responsibilities, the character of new policy directions underlying state social control/welfare programs, and the power of reform ideology, are clearly drawn:

Because of its fiscal problems the state must search for means of economizing its control operations without jeopardizing capitalist expansion. Segregative handling, especially institutionalization, has been useful... Nonetheless, the per capita cost of this type of management is typically quite high.

(Spitzer, 1975, p.648)
Such literature points up the predicted direction of trends in state social control functions, and highlights one critical element of the momentum behind decentralization, but why should the changes this shift has engendered be of any concern? The changes at the facility may eventually mean that the state will have a greater positive impact upon more deviant youth than before, may be able to do so at similar levels of expenditure, may be able to avoid costly control efforts later on, and can portray itself as reform-minded and clinically up to date in its youth mental health treatment or rehabilitation operations.

However, in current critical literature, some reforms are posited to have a logic of their own which means that even less expensive reforms (e.g. in-community rather than institutional treatment) result in an overall expansion of the total number of people contacted by that program (Cohen, 1985). Despite efforts to the contrary, new programs may do more than simply divert; they sometimes expand the reach and grasp of the control system as a whole. The expansion of state social control mechanisms is particularly apparent in the realm of social welfare programs for youth, where, Cohen (1985) argues, 'child saving rhetoric' has made possible an expansion of soft-end state interventions, and a further and dangerous integration has occurred between what had been more distinctly separate 'hard' and 'soft' interventions.

This 'blurring' (Blomberg, 1977) of the boundaries between the care and control efforts of the state is traced to organizational logic, reform ideas, professional interests, ideological battles, and political economic factors (Cohen, 1985). The main point to be gleaned from theoretical work
detailing the historical demise of "...clear spatial boundaries to mark off the normal from the deviant..." (Cohen, 1985, p.57) is the clear indication of a further penetration of state social control into the social realm.

Cohen (1985) has drawn attention to the often expansionary effect of reform upon state social control functions:

And the more benign, attractive and successful the programme becomes defined, the more it will be used... the wider it will cast its net (nearly everybody could do with a little help)...a benevolent kind of suction machine... (p.54).

The social welfare language and reform rationalizations employed in defense of state social control shifts have, as Cohen (1985), Lerman (1982), Warren (1981), and others have shown, had unexpected effects upon the state’s exercise of control over youths in particular. For example, the destructuring movement has been shown to have exacerbated the overlap of mental health and criminal justice system interventions for deviant youths, through "...the relabelling or recategorization of youth as 'acting out'...(which increased) the ease with which youth can be moved from one system to another..." (Jantti, 1989, p.12).

Absolutely central to this review and study is an attempt to understand how reform efforts are carried out by program managers and line staff with the best of intentions, but may end up in an extension of control, the continued institutionalization of large numbers of youths, and other unforeseen deleterious effects.

**Perceived Ramifications**

Will current changes in M.A.T.C. clinical philosophy and administrative practice actually result in unexpected overlaps,
boundary blurring, and more rapid transfer between control agencies, or will they lead to more effective intervention, reduced institutionalization, more rapid normalization, and increased placement maintenance overall? Only through the testing of certain theoretical claims, and through the study of a unique reform instance involving human subjects and a semi-autonomous state agency, will the overall implications and effects of these reforms be seen.

Cohen's (1985) examination of organizational processes indicates how demands upon the state form (and its distance from the fractional interests of capital) have affected reform processes by providing a particular context of state responsibility and services within which reforms take shape. However, while the implementation of reform ideas may be linked to ongoing changes in political and economic contexts, the particular form they take, and the degree of success they enjoy, must also be traced to unique professional and organizational dynamics and drives.

There is much precedent in academic literature for an effective and meaningful contextualization of state reform efforts. Cohen has attempted to develop some such form of analytical structure to impose upon "...different parameters of social action..." (p.89) which leaves room for the dialectical effects of relative autonomy, human agency, and ideological debate, while acknowledging political economy and the interests of privileged storytellers. A complete explanation of a particular reform, of its end results and its social control implications, must address each of these identified parameters:
(1) the notion of progress is always present in the sense that things can obviously be better;

(2) organizations which try to implement each new good idea start with (and then generate more of) their own demands;

(3) whatever these demands, we will tell stories (ideologies) to justify and rationalize what we are doing;

(4) these ideologies will justify action in such a way as to give a privileged position to their tellers and to safeguard their interests; and, finally,

(5) these stories and interests exist and must be located in a particular social structure or political economy.

(Cohen, 1985, p.89)

Critically, any of these interdependent levels or models may add explanatory power to this study; they will aid the critique of reform by providing a structure to impose upon the mass of data and documents that M.A.T.C. decentralization has generated. Overall, the analysis of ongoing changes in the size, type and strength of social control 'nets' in British Columbia will benefit from critical investigation which highlights the variety of interacting contexts and forces affecting such change.

Discussion of modified structuralist political economic theory has attempted to account for certain historical processes and general belief systems that affect changes at an organizational (ministry responsibility/mandate) level. Knowledge of critical theory and a selected number of its assumptions will now be employed, along with in-depth knowledge of certain organizational and professional dynamics, in studying recent reforms at the M.A.T.C. Clear links must be drawn between the largest and the smallest of influential and interacting
contexts in order to fully test theoretical claims in a specific policy-making process:

Chan and Ericson, for example, start with the notion of the fiscal crisis, move to the ideological need for the state to reproduce order while maintaining the appearance of being just and rational, and then suggest how this need is 'translated' by control agents at the day-to-day organizational level... (Cohen, 1985, p.110)

A "...further development of the theory..." (Spitzer, 1975, p.649) may occur when grand theory and concrete data relative to this particular social change process are effectively conjoined. 
CHAPTER IV
ORGANIZATIONAL DEMANDS

In delving into the interacting imperatives and relationships that hold explanatory power for this analysis of M.A.T.C. reform, political economy has provided the first area of focus. Recent general directions in social welfare policy in capitalist countries have been evidenced in British Columbia by 'restraint' spending, contracting out, privatization and mental health de-institutionalization. The move towards decentralization at the M.A.T.C. has been heavily influenced by such general state policy directions, but not exclusively. Several more explanatory levels, or layers of the 'onion', have affected this specific institutional change process and need investigation.

In order to move effectively through those issues and group dynamics most germane to the M.A.T.C. decentralization reform, this analysis will circumvent numerous theoretical and professional debates currently raging in the fields of child care, social work and mental health. Those issues, processes and structures most relevant to this instance study must be carefully selected and discussed. The next level of analysis must centre upon a specific 'boat', the reforming organization itself, and how its own interests, autonomy, and internal process have combined to affect the reform shift in ways not predetermined solely by economic or political factors.

The M.A.T.C. has adopted a 'new and improved' clinical model and operational scheme for caring for conduct disordered youth,
and its reasons for doing so (from an organizational viewpoint alone) supply one more portion of the momentum behind these reforms. Cohen (1985) argues that social control "...organizations which try to implement each new good idea start with (and then generate more of) their own demands..." (p.89), and the M.A.T.C. is no exception. A critical examination of the organization and its impact upon the decentralization process provides the next stage in the development of the analytical 'hourglass'. What exactly were and are the organization's demands that have influenced, and continue to influence, policy formulation and implementation?

Such a wholesale transition in the guiding clinical model and administrative practices of the M.A.T.C. would not have occurred were the interests, agenda, mandate and interministerial responsibilities of the facility not served by such an evolution. Indeed, evolution is a fitting term for the process by which the M.A.T.C. has attempted to remake itself, to change with the times, and to improve its image amongst related agencies.

The facility has agreed to, and has managed, a rapid and radical abandonment of a long-established clinical policy centering on centralized residential treatment for conduct disordered youth; it has re-organized and redistributed its clinical and fiscal resources to meet the demands created by a new model of practice stressing in-community efforts. While arguing that this partial decentralization and wholesale clinical revamping was managed such that re-allocation of resources did not result in layoffs or in the cessation of any required
service, the location, direction and character of staff efforts have been altered tremendously.

What were the deciding factors that moved this organization to embrace such a radical departure from past practice, to risk employee dissatisfaction, to develop a new guiding clinical model, to explore and develop new relationships with sister ministries, and to move into the community? Essentially, the mandate that the facility must serve stayed the same through decentralization, but the way the facility and its staff attempt to fulfill that mandate has changed. In other words, the boat still serves the company's interests, and thus its own mandate, but the unique operations of each boat reveal the degree of limited autonomy each has in its operations. The individual facets and overall reform in how the M.A.T.C. serves its mandate will soon be detailed, but currently the clinical roots of this reform shift need to be delineated.

Abandoning a 'Sinking Ship'

Faced with pressure from the public, other ministries, and related service agencies to provide an effective mental health service for high profile adolescents, the Ministry of Health and the facility undertook a reform process through which care plan formulation and in-community support have now become the chosen model of practice for conduct disordered youth. Redefined and reformulated short-term (four month maximum) residential programs will become subordinate to an expanded Response function, which has itself only existed for the past three years. How and why has residential treatment, so long embraced as the best general
clinical model that the facility could employ in its efforts to satisfy its mandate and responsibilities, been so rapidly downgraded and displaced?

While the size and number of residential treatment programs operating at the M.A.T.C., and their particular characteristics, have varied widely over time\(^{25}\), the facility has always functioned as an institutional embodiment of a "...social situational explanation of deviant behaviour, with therapy as a viable strategy of societal reaction..." (Wood, 1974, p.151).

The basic assumptions of such a strategy for the treatment of conduct disordered youth are clear: through control of the living environment (and thus through control of socialization processes of the referred adolescent), along with therapy as psychiatric treatment, harmful attitudes and patterns of behaviour entrenched in residents by way of life experiences and skewed value systems would be positively altered (Herbert, 1980; Wilson and Lyman, 1983; Margolin, 1984; Weber and Burke, 1986). Residential treatment of such adolescents aims to counteract the perceived negative influences of the social systems (significant others, life experience, peers, etc.) within which the adolescent had developed (Rutter and Giller, 1983). An attempt at 'deparenting' and 'reparenting' (Soth, 1986) conduct disordered youth through residential treatment was long seen as the best way for the M.A.T.C. to reach its goals of achieving optimal physical and emotional growth and social development of youths.

\(^{25}\)Reviews of M.A.T.C. clinical policy and program scheme evolution since the facility’s inception can be found in Mainprize (1988) and Campbell (1988).
Under this rubric, the M.A.T.C. functioned as a residence, recreation facility, treatment program, training centre, school, crisis intervention centre and pre-M.S.S.H. placement holding facility rolled into one. Admissions were made on a province-wide priority basis such that only those adolescents perceived to be most in need of the most intensive non-correctional intervention available in British Columbia would be admitted.

There were serious concerns about the basis upon which such prioritized admissions were made, however, as such a prioritization scheme resulted in only the 'worst' or most dysfunctional adolescents being admitted. Not only did this mean that the M.A.T.C. was expected to treat adolescents who would be the most difficult to treat, but it added an incentive for referring sources to dramatize the problems and behavioural repertoire of an individual youth so that he/she would be given priority and admitted. Aside from how such an admissions policy for a limited number of beds created the conditions for politicking, line-jumping and exaggeration, the facility also came to be seen as a referral option only as a last resort, when all other available community resources had been exhausted and removal to a centralized facility seemed the only remaining option. This combination of 'last ditch' status, and prioritization according to degree of deviant behaviour, meant that adolescents admitted to the M.A.T.C. were labelled as the most deviant, the most troublesome, and the most in need of intensive intervention.

Given that the M.A.T.C. is the highest funded mental health resource for adolescents in the province, such a role and clientele may appear reasonable. However, it was the detrimental
impact upon the M.A.T.C.'s therapeutic aims that these perceived qualities of the referral and admission continuum had which caused concern. The M.A.T.C. was faced with referrals of youths who had exhausted family and community resources, who were the most difficult cases for local M.S.S.H. caseworkers, and who were further stigmatized by being first removed from their natural ecology and then admitted to an 'end of the line' mental health facility:

When the adolescent arrives at the Maples, he or she has 'failed' in multiple placements, 'failed' in school, and often been victimized by adults, caregivers and the system. (Campbell, 1990, p.6)

Such a referral process and stigmatizing reputation inevitably damaged program attempts to treat kids in a living situation premised upon the four key elements that make up the ideal of the 'therapeutic community': communalism (sharing), democracy (joint decision making and consensus building), permissiveness (acceptance of the whole person), and meaningful confrontation (challenging hurtful behaviours) (Whiteley et al, 1973).

Unfortunately, there existed a great difference between this theoretical ideal and the practical reality of the residential milieu within which staff attempted to provide nurturing, safety, individualized therapy, and a context for the development of personal maturity and interpersonal skills. For example, with the volatile mix of youths admitted to the facility from across the province, and with their being the most behaviourally disturbed, 'behavioural pollution' was a major problem and concern. New vices could quickly be added to an already deviant behavioural repertoire by virtue of entering a residential setting in which the group of co-residing peers was cumulatively
engaging in a much wider range of dangerous, violent and/or criminal activity than would have been known to any individual youth prior to M.A.T.C. admission.

Thus, there existed concerns in practice with the cumulative effects upon rebellious and impressionable adolescents of mixing with peers involved in drug abuse, sexual abuse, gang activity, physical violence, prostitution, breaking and entering, arson, etc., for long periods of time. Increased exposure to and participation in such activities by way of M.A.T.C. referral may have resulted in increased or extended contact with various portions of the wider 'youth-in-trouble' system. Many other difficulties with residential treatment affected community and interministerial perceptions of the M.A.T.C.'s efficacy or utility, not least of which centred upon the effects of removal from the home community upon admittance to the facility.

Such separation has been defined as one more harmful step in an ongoing process of state involvement in the care of troubled children through which an adolescent may come to view himself/herself as deviant, and may continue to identify with deviant roles (Wood, 1974). Referral of conduct disordered youth to the M.A.T.C. for residential treatment may well have functioned as another link in a chain of harmful labelling and exclusion undercutting any positives to be gained from admission:

...through a process of stigmatisation...and attendant exclusions from full social acceptance in conventional spheres of life, the individual is likely to continue to deviate and to seek acceptance among deviant others. (Ericson, 1975, p.3)

It is strikingly ironic that an experience of treatment through institutionalization which may actually further strengthen a
perception of oneself as deviant was expected to help in 'normalizing' referred youth.

Other problems with the daily execution of the therapeutic ideal included that institutional staff in the living units unavoidably worked on a rotating shift basis, which made bonds between an adolescent and a particular caregiver that much more difficult to develop and to sustain; staff counter-transference issues damaged the character of the therapeutic milieu; burnout from working in often stressful settings increased the staff shuffle; the institutional design of the physical plant could sometimes lead to excessive control; residents engaged in peer scapegoating and powertripping; post-M.A.T.C. treatment placement was often difficult to arrange; and caregiver involvement was difficult given the distance between communities served across British Columbia and the M.A.T.C.

Also, the inherently artificial quality of the 'therapeutic community' in a living unit has been criticized because it is so difficult to translate any positive gains made in such a setting into the real world to which the adolescent must return:

...a positive response to the unfamiliar warm, permissive attention accorded them in the therapeutic relation. Whatever the social psychology of an initial prosocial reaction to therapy, we may expect this effect to rapidly decrease when therapy ceases, and to continue to diminish... (Wood, 1974, p.165)

This 'Hawthorne effect' noted in psychological theory may mean that even under the best of conditions, the band-aid solution of residential treatment provides little lasting benefit.

Another weakness of the past model was the failure to examine the root causes of deviant behaviour in larger contexts,
such as the family and the home community, in favour of a focus upon the individual. Such personalization of deviant behaviours allowed youths to be classified as fundamentally different and in need of intrusive efforts to treat them, and ignored other key elements of the natural ecology of the individual:

Residential and day treatment programs should focus on growth and development in the child’s total life sphere rather than on the remediation of psychiatrically defined syndromes or the extinction of certain problematical behaviours. (Whittaker, 1979, p.18)

The failure of past M.A.T.C. treatment programs to affect larger contexts, combined with the variety of in-bred negative effects of centralized residential treatment and little in-community follow-up, resulted in the M.A.T.C. acquiring a reputation as a highly funded but insensitive ‘dinosaur’ that was not successfully achieving its goals.

In the interests of the organization, some substantive changes had to be made by administrators and program managers, or the facility would risk having some degree of change mandated from outside the facility. Thus it is posited that organizational problems, community discontent, interministerial dissatisfaction, and M.A.T.C. staff perceptions of various problems alerted the facility’s managers to the fact that the facility was not achieving its goals under the established clinical policy. In mid-1989, the Director of Forensic Services put in place certain committees to review the options open to the facility in any attempt to remake and redefine

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26 Statements of the motives underlying decentralization reforms were found in the F.P.S. annual report (1989-1990) and in an F.P.S. internal memorandum (Sept.1990).
itself, and a review of possible directions of organizational reform was under way.

**Process and Directions of Change**

The lessons taught by systems theory around overlapping systems and practices which help to explain the process by which systems alter their interrelationships and practices are borne out in examining M.A.T.C. reform. In attempting to identify the factors involved in the change process in this instance, a chronological scheme or approach is very difficult to develop. Nonetheless, facility documents, committee terms of reference, staff submissions, program proposals, yearly reports, etc., provide some structure.

A 1989 Forensic Psychiatric Services document entitled "Reorganization and Decentralization – Phase 3" summarized the administration’s position on the aims and origins of reform:

In early 1988, consistent with Government policy at that time, Forensic Psychiatric Services undertook the development of a plan to reorganize the M.A.T.C. service delivery system and regionalize resources for services that could more effectively be delivered at the regional and local community level, while maintaining an adequate specialized provincial back-up service for community agencies. (p.2)

Phases I and II of decentralization had involved the establishment of the Response program, the implementation of a ‘Strengthening of the Family Initiative’ involving caregiver training, and the closing of a halfway home, with funds (F.T.E.’s) saved transferred to Children and Youth Mental Health Services in the Interior and North Regions "...to address the needs of thought-disordered adolescents..." (p.2).
Numerous proposals were made in this document regarding the possible form of changes under phase III of decentralization:

- the evolution of a residential unit into Response Unit II
- closure of another residential unit to make room for a Corrections program for young sex offenders whose own building was being replaced
- short term residential programs replacing lengthy programs in two of the contained units
- development of a day program for thought disordered youth
- sixteen child care and nursing staff positions seconded to local mental health centres and community care teams of Greater Vancouver Mental Health Services
- six F.T.E.'s (full time equivalents) transferred to Mental Health Services for use in the North and the Interior

These initial proposals represent part of the process by which the M.A.T.C. changed, but the internal process by which the specifics of reform were then determined must also be explored.

Two committees (Interministerial and Internal M.A.T.C. Decentralization committees) were struck to manage and assess possible changes, and Clive Sykes, a senior M.A.T.C. childcare staff member and the appointed chairperson of the internal committee, was commissioned by the facility to write a report around the directions and shape any reform should take. His report was submitted in January 1990, and the Internal Decentralization Committee delivered its recommendations regarding clinical policy and program scheme in June 1990. These two bookend reports, and the deliberative and consultative process that occupied the intervening six months, form the heart of this chapter's examination of internal processes and debate.

In the Sykes (1990) report, certain core values useful in guiding change were highlighted, including what Stroul and
Friedman (1986) call a 'child-centred' philosophy, and the primacy of community-based efforts. Derivative principles included the necessity of providing a comprehensive array of services addressing all needs of the client group, the need for individualized service plans, that such efforts should occur in the least restrictive and 'most normative' environment possible, that family and caregiver involvement be supported as much as possible, that integration of services and case management coordination be sustained, and that early identification and intervention occur wherever indicated in order to increase the chance of positive results.

In these values and principles one can note certain themes that have clear implications for critical social control theory, including emphasis upon efforts in the community, upon proactive and ongoing contact with referred youth and their families, and upon earlier intervention than had previously been the norm:

Proactive front end effective assessment of the needs of the child and his relationship with his ecology... has the potential of intercepting the drift by so called "failure" before it occurs. Early assessment can reframe the devolutionary "failure syndrome" into one of appropriate special care plans which have a placement component of choice. (Sykes, 1990, p.4)

The directions of reform favoured in this report were later reflected in the recommendations made by the Internal Decentralization Committee, with maintenance of the centralized residential facility as system backup representing another crucial commonality.²⁷

²⁷See "Considerations in Community Mental Health Programming for Youth" by R.J MacLeod and Z. Parker in the Canadian Journal of Psychiatry (1986 v.31: 568-574) for a detailed review of service delivery models which incorporate such values and principles.
The recommended new role for the M.A.T.C. can be defined as a guiding and back-up capacity (to community resources) demanding major reorganization and reformulation of past practices:

In model specialized care systems for difficult to care for adolescents and children, the "residential treatment centre" is emerging as an entity which provides less direct care, but is the mother ship to an integrated system of smaller vessels of specialized care. (Sykes, 1990, p.7)

The trick is to apply the contribution of the M.A.T.C. to a more effectively localized approach without losing the functions of the M.A.T.C. and achieving the benefits of a community based involvement.

(Sykes, 1990, p.9)

The report stressed that the M.A.T.C. should take a child-centred approach in its future operations if it wanted to achieve the greatest degree of service delivery efficacy in a regionalized and partially decentralized format.

The implications of such recommendations for the facility, the ministry and other involved ministries were tremendous: an expanded focus on the child as he/she relates to his/her whole ecology attempts to address the shortcomings of the traditional treatment model, and demands a substantially different utilization of fiscal and professional resources.

Not only would the facility no longer attempt to treat all referred children through centralized residential programs, were such recommendations followed, but it would have to develop new operating procedures stressing support and training for caregivers, and would have to alter its program scheme accordingly. Adoption of the new model would have great implications for how contracted professionals and facility staff would later put their skills to use, as 'privileged storytellers' remain invested in and critical to the success of a more
decentralized M.A.T.C. function. The recommendations put forward by the M.A.T.C. Internal Decentralization Committee (1990) and seconded by the Interministerial Decentralization Committee, show how such recommended directions of change were eventually embraced at the organizational level.

Input and Output

The Interministerial Committee was struck on June 23, 1988 and brought together senior representatives from each provincial ministry that had a working relationship with the M.A.T.C.: Health, Social Services and Housing, Education, Corrections and the Solicitor-General. The Internal Committee involved members of the child care, nursing, education, social work and psychiatric fields employed at the facility specifically.

The interlocking responsibilities of these two committees included ensuring that any changes were directed towards the improved delivery of mental health services, towards clarifying and describing regional roles and obligations and developing programs to help meet those obligations, towards cost/benefit analysis of proposed changes, towards the provision of recommendations around a transitional process, and towards the creation of a plan to ensure full employee commitment to any evolution of M.A.T.C. programs and services.\(^{28}\)

The terms of reference for the Internal Decentralization Committee stated that the decentralization initiative favoured by

\(^{28}\text{Summarized from Internal Decentralization Meeting Minutes of April 3, 1990).}
F.P.S. demanded a response from the facility, and described the intent of the process as a whole:

A review of the referral pattern from the North and the Interior Regions indicates that the Maples commits the equivalent of one cottage to the treatment of conduct-disordered adolescents from these areas.

The intent through decentralization is to translate these resources including F.T.E.'s and ancillary costs into the development of local resources in the North and Interior.

An interministerial committee will assist in making recommendations as to the nature and location of the resultant community resources and their relationship to the centralized residual resources at the Maples.

The Internal Committee will examine models for service delivery with residual residential resources and make recommendations to the Executive Committee.29

The committee held monthly open meetings and received numerous submissions from facility staff, including proposals for the development and implementation of a variety of programs. A specific task of the Internal committee was to provide to the Professional Advisory Committee (an internal policy vetting forum), by the end of June 1990, recommendations on how a currently functioning social service (the M.A.T.C.) could be effectively altered such that resistance was lessened and a successful and clinically valid transition could be ensured. Other tasks were to ensure decentralization of any resources was supported by remaining programs, and to develop and sustain new patterns of interministerial interaction, communication, and support in the provision of youth mental health services.

The Sykes (1990) report had delineated particular themes in theory and practice that were to guide such efforts, and the

29Taken from p.2 of an M.A.T.C. Internal Decentralization Committee statement of Terms of Reference (Jan.15, 1990).
Final recommendations of the Internal committee reflect these: the M.A.T.C. would support regions in their assumption of services through the development of an improved multi-perspective clinical model, and through derivative program reorganization stressing care planning and outreach support.

Final discussions held in the Internal Decentralization Committee meetings of April 19 and April 30, 1990, resulted in the delineation of particular principles and assumptions that the Committee worked into its recommendations to the Executive:

- that the M.A.T.C.'s past admission scheme resulted in a damaging 'last chance' status for the facility

- that M.A.T.C. admissions as a response to care plan goals would provide greater justification for entry into a particular residential program when necessary

- that prioritizing was currently M.S.S.H.-driven, and that admission strategy was key to how the facility and its services would be employed in the future

- that more 'timely' mental health interventions with youths would be more effective when linked with in-community efforts post-discharge

- that intrusive control would be lessened by developing partnerships with existing community resources

- that development of relationships based on mutuality should occur within the natural ecology where possible

- that an increased in-community role would encourage the community to utilize M.A.T.C. services earlier

- that such a role would increase the understanding of residential program staff of the nature of the challenge facing disordered adolescents and their caregivers

- that reform would reduce 'behavioural pollution' and would speed return to home communities for most referred youths

- that an increased public perception of the M.A.T.C. as a responsive and flexible facility would reduce perceptions of it as an aloof, segregated and formidable custodial mental institution
Such directions of reform embraced in these recommendations implied a tremendous shift in operating practice and in service delivery relationships with other agencies and ministries. Instead of serving as a 'warehouse' where the most difficult to care for children could be slotted into a treatment bed for six months to a year or more, earlier intervention, the expansion of the Response program, the development of individualized care plans, shorter stays, and an increase in community liaison and outreach support by facility staff meant that the M.A.T.C. was radically redefining itself.

The submissions made by groups and professionals external to the facility show how the facility's efforts to remake itself were received by those agencies with the most to lose, and to gain, by way of such changes. The response of Regional Child and Youth Coordinators for mental health services to the directions of change delineated by the Sykes (1990) report and discussed in Internal Decentralization Committee meetings was generally positive. A letter written by three of the Coordinators (dated May 30, 1990) to the Internal Decentralization committee expressed their satisfaction with the degree of communication and planning that the process had engendered, but detailed how they saw the specific M.A.T.C. reform process as a response to larger ongoing service concerns and operating problems:

We believe that genuine success of decentralizing the Maples can only be achieved within the larger context of an overall plan to provide a full range of coordinated and well integrated psychiatric and mental health services...Failure to provide this results in excessive pressure being placed on existing resources such as the Maples to deal with service needs they were not designed to provide. (p.2)
Other issues noted in their submission included the need for earlier intervention, greater community involvement and increased post-discharge follow-up in support of community placements. Their ‘paradigm’ around the directions in which the M.A.T.C. and its range of services should move towards mirrored the eventually adopted model, favouring a gradual evolution towards greater outreach, assessment, care planning, and support functions.

The Ministry of Social Services and Housing was also involved in this consultative process, but was more negative about its directions and implications. A meeting was held between the chairman of the I.D.C. and M.S.S.H. managers on May 30, 1990, where their complaints about perceived misdirections in the reform process were aired. These included a belief that M.S.S.H. responsibility for provision of resources in the community was being undermined by the efforts of the Response program to recommend appropriate services, that there were not enough available resources to satisfy care plan recommendations, that M.S.S.H. had already tried to apply the forward looking principles in the literature that the M.A.T.C. was now about to attempt to apply, and that changes in bed usage required post-decentralization would mean that they may lose a valuable resource for use with their most difficult cases.

Despite such resistance, the Internal Decentralization Committee delivered its recommendations to the M.A.T.C. Executive Committee as scheduled on June 30, 1990. Contained in this document are five goal statements and the recommended means for implementation of each goal as M.A.T.C. clinical policy. In brief, the first stressed the need for a more flexible and
responsive continuum of mental health services for youth in British Columbia, with the M.A.T.C.'s reforms helping to achieve this goal. The second urged that M.A.T.C. reforms increase the number of youths served by having shorter and earlier stays at the facility as the norm, with care plans being formulated for all admissions.

The third goal statement stressed the superiority of 'product-defined' treatment programs over open-ended programs previously in place, and emphasized the need for outreach services to support the care plan product and the primary placement in the community. The fourth detailed possible services that the M.A.T.C. could offer, including training for caregivers and temporary on-site respite care for discharged adolescents in 'distressed' placements, in order to prevent placement breakdown. The final statement centred upon a possible transitional model to be put in place to facilitate these shifts.

Recommended changes included test periods for all new staff and agency roles, the development of new programs with M.A.T.C. staff input, the conversion of an existing residential treatment program and unit to a second Response unit, confirmation of new operating relationships with the regions, and the training of staff in new roles of providing outreach services from the facility and through secondments to local Mental Health Centres.

To date, the recommended expansion of the Response program has occurred, new staff roles have been developed and filled, trial secondment of six childcare staff to local Mental Health Centres has taken place, community resource training has been implemented, and residual programs have been realigned, with a
planned policy change being that all future admissions will receive a care plan and will stay in a treatment program only if the Response program care plan supports such a referral.

'Reckoning the Boat'

The process by which the M.A.T.C. changed involved numerous interested parties and agencies, but the most direct impact upon the final directions of change was made by the facility and by its staff group. When the 'boat' (organization) as a whole examined new ways for the crew to cast the net, it set the parameters of allowable change by defining the mandate of the reform managing committees within the original mandate of the facility, but the specific form or style of the new strategy was heavily debated amongst the 'crew'.

One particular program and clinical concept in place at the facility at the beginning of the reform initiative gained the most from all the debated and implemented changes: the Response program. As a model, this program embraces most of the conceptual shifts advocated by the Sykes (1990) report and later endorsed by the Internal Decentralization Committee. In the end, recommendations around M.A.T.C. program evolution have centred upon expansion of the Response program and a derivative reorganization of established patterns of bed usage. Approved and implemented changes in the way the facility utilizes its fiscal and professional resources must be traced to the required development of new staff roles in support of the Response program product, the care plan.
Before turning to a closer inspection of the clinical premises of the Response program, and the social control implications of the M.A.T.C.'s embrace of those principles, how can the external and internal change process that has occurred at the facility over the past two years best be summarized? It is impossible for this analysis to detail every power struggle, ideological debate or practical dispute which affected the reform movement, but examination of submissions and meeting minutes, as well as official reports and recommendations that were the product of this process, has provided a clear overview of the issues at stake.

Remembering the statement made by the Director of Forensic Services for Youth that M.A.T.C. decentralization 'rode the wave' of Social Credit decentralization strategies more generally, a summary of the key forces at play during this reform can be made. It is clear that a political atmosphere supportive of government service decentralization more generally existed or exists at cabinet level, and some of the success of this particular reform effort must be attributed to political ideology stressing the superiority of decentralized government functions and services.

At the organizational level, it is clear that past practice was recognized as inefficient and/or ineffective, and as dangerous to the reputation and future operating autonomy of the facility itself. The characteristics of policy reform favoured by the provincial government in other institutional settings indicated that M.A.T.C. reform would only succeed if it could be defended as more effective but not more costly. Mandated reform in other mental health institutions (Woodlands, Riverview,
Tranquille, Colony Farm) had already taken place when problems were identified, and the same could have occurred at the M.A.T.C.

Clinically speaking, the superior model of practice was now believed to be one where community responsibility was increased, where the facility would extend its services into the community, and where it would try to achieve its mandate through earlier intervention, through shorter stays at the institution, and through extended in-community work in support of the care plan.

From a fiscal point of view, such clinical and operational changes meant that the facility could now attempt to do more and arguably better work, could do so with far more children per annum than had previously been the case, and could do so with fewer fiscal and professional resources. The M.A.T.C. would continue to operate as a centralized treatment resource as necessary, but the North and the Interior gained resources to put to work in their own communities as they saw fit; overall, a clinically, politically and fiscally defensible evolution of M.A.T.C. clinical philosophy and program scheme had occurred.

Thus, a confluence of economic, political and clinical imperatives or beliefs helps to explain the speed with which the M.A.T.C. decentralization initiative bore fruit. These spheres of influence may have originated separately, but their interactions in the 'hourglass' have resulted in speedy change in a particular direction and a specific form: decentralization and program reorganization. There has been no single direct cause and effect equation at work here, but rather, a cumulative 'slingshot effect' among levels added momentum to reform.
The multi-level schema for understanding social change, as proposed by Cohen (1985), stressed the multiplicity of factors affecting a particular reform movement, and this analysis has followed its lead by detailing how the political economic context only 'set the stage' for the success of particular youth mental health reform efforts. To restate, at the organizational level, only certain reform directions can help the facility in serving its mandate, legitimating the state but also preventing an untenable drag on the capital accumulation function. It is imperative that this analysis stress that the cardinal functions of the state will continue to be served by the adoption of the new organizational structure.

Such alignment between different (larger and smaller) spheres of influence, systems of thought, and realms of social power reveals the overlap and variety of causes underlying this particular social change. With this inter-systemic awareness, the analysis can now move to examine the pre-existing and currently expanded program which centred the facility's reform efforts. Discussion of how the expansion of the Response program and the development of new staff roles have affected the social control functions of the facility will follow, providing the tightest point of focus for the analytical 'hourglass'.
CHAPTER V
THE RESPONSE PROGRAM

By discussing political economy and how certain larger dynamics and interrelationships have affected current change processes, this analysis has benefitted from the wider perspective such an approach engenders. It has been possible to delineate some factors that explain why this type of reform has met with so much success at this particular moment and in this particular political and economic context. In examining the mandate of the facility and steps taken in order to satisfy that mandate, the analysis has also benefitted from a review of ministry and facility service goals and obligations which partially explain changes in operation and clinical policy.

Next, by examining the rapidly evolving clinical and professional fields within which the Response program has been developed and implemented, the analysis will gain from a further explication of newly favoured directions of reform that reflect the premises of the Response concept and decentralization more generally. The elements of the Response program itself, its philosophy, its concrete applications, its evolution from concept to practice, and its implications for future directions in mental health reform, will supply the last critical level of analysis.

The rapid and wholesale success of the reform initiative at the M.A.T.C. has a lot to do with the simple fact that decentralization as a whole has been portrayed as positive reform. By saying that the M.A.T.C. could serve its mandate better than previously by altering clinical philosophy and
practice, the facility began a process by which it has embraced and operationalized a reform idea. As the first level or parameter which Cohen (1985) has identified as helping to explain social action, the idea or notion of progress underlying reform in this case needs to be highlighted.

External Factors

The Response program was opened in December 1988 in order to provide non-adjudicated adolescents with a psychological assessment and recommendation service which had previously only been provided to adjudicated young offenders through the Juvenile Services to the Courts Inpatient Assessment Unit. In the course of the following thirty months, the response and care planning functions provided by this fledgling unit grew to serve both as the M.A.T.C.'s largest program and as its guiding clinical philosophy; all referrals to the M.A.T.C. will soon enter one of the Response program's two units, and all residential treatment referrals will be made by Response staff alone.

The genuinely positive response of community mental health workers to such change is indicative of the perceived clinical positives engendered by this transformation, but the particular timing and speed of the reform must also be traced to certain legal modifications and other social pressures. For example, recent changes to British Columbia's Mental Health Act mean that any resident at the M.A.T.C., under the age of sixteen and

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30Recent and ongoing efforts to strengthen the rights of children under the provincial Mental Health Act (R.S.B.C., 1979, c.256; as amended by S.B.C. 1990, c.51) must be seen as induced by the protections accorded to individuals in the Canadian Charter of Rights and Freedoms.
having been admitted by the consent of his/her parent or legal
guardian, now has easy and direct access to periodic panel
reviews which examine whether there exist any mental health
grounds for further residence at the M.A.T.C.

Effective October 15, 1990, this change has meant that any
admitted youth who is found by the mental health review panel
neither to have a mental disorder, nor to "...require medical
treatment, supervision or control for his/her own protection or
the protection of others..."\textsuperscript{31}, is able to leave the facility
immediately.\textsuperscript{32} Other ministries must now work with the M.A.T.C.
to ensure that a placement or some interim care resource is
immediately put in place for those youths who are successful in
their mental health review panels.

The fact that admitted adolescents have now been granted a
legally-binding mechanism by which they may force the M.A.T.C. to
immediately discharge them should be understood as another of the
factors which played a part in the facility's reforms in clinical
philosophy and program alignment. Simply put, regardless of
moves in this direction prior to legislative change, the
organization had to respond to a change in the power that could
be brought to bear by adolescents residing at the M.A.T.C.

\textsuperscript{31}Taken from p.1, "Review Panels: All You Need To Know",

\textsuperscript{32}Between January 1 and May 1, 1991, nine mental health
review panels were applied for by adolescents in M.A.T.C.
residential programs: one review was cancelled when the applicant
was discharged prior to the review date, two were held in
reference to a single youth who was immediately discharged, soon
afterwards re-admitted due to the failure of an attempted
placement, and later re-discharged, and six resulted in further
detention on the grounds that valid mental health reasons for
further residence existed.
The greater accountability engendered by such a legal change must, at the very least, have encouraged M.A.T.C. and F.P.S. administrative staff to see more favourably a new model of practice that would result in less possibility of having M.A.T.C. clinical decisions around individual adolescents overturned by an outside review panel. Shorter stays in order to develop a care plan document and to avoid residential treatment would provide much less risk of being reviewed than would longer stays, because return to the home community is guaranteed to occur much sooner.

Some degree of increased formal legal accountability can thus be seen to have provided an incentive for the facility to adopt certain clinically-defensible reforms. There are also clear and meaningful parallels between current trends in mental health service provision generally and the direction of M.A.T.C. reform more specifically. These similarities are no fluke, and to understand the degree of momentum behind Response program expansion and its impact, they must be more clearly delineated.

Reports, Response, and Reform

Another pressure upon the facility in terms of accountability is a ministry emphasis upon 'quality assurance':

...efforts to improve the accountability of our system through improved quality assurance (QA) and evaluation of our health care activities... We have progressed beyond the stage of simply worrying about how much health care is costing us to asking the more fundamental question: is it doing any good?33

The effort to achieve a high quality of services provided by the facility has been acknowledged in every document and report.

33Taken from an F.P.S. internal memorandum of Nov.10, 1989.
produced in regard to decentralization. The fact that this type of quality assurance is a current 'hot topic' in health fields must also have added some momentum to the reform.

The report of the provincial Ombudsman, entitled Public Services to Children, Youth and Their Families in British Columbia: The Need For Integration (Ombudsman, 1990), is an example of the degree and breadth of professional, legal and governmental scrutiny under which providers of mental health services to children in British Columbia operate. This report focused upon the need for integration among the wide variety of government-provided services for children and youth, and also upon the need to strengthen safeguards for the protection of at-risk children and youths in British Columbia.34

The report contained a particular focus upon the various ministry-managed systems which provide these services, and made direct reference to the need for improvement in areas relevant to service delivery for children:

"...concerns about the pressing need to integrate services and strengthen safeguards to ensure adequate protection and fair treatment for children and youth when special services are required. Systemic improvements are necessary in the way in which government plans, organizes, delivers and holds accountable the services provided in this highly complex public service sector." (Ombudsman, p.1)

34 Focussing upon the death of a ward of the Ministry of Social Services and Housing in a fire at the Eagle Rock Youth Ranch (a provincially funded facility) in 1989, the Ombudsman's report stressed the necessity of tightening standards of care and monitoring procedures at such facilities. The report also lauded recent B.C. Mental Health Act amendments strengthening the legal rights of children involved with the mental health system, and argued for greater integration and communication between the variety of agencies and ministries providing services to children and their families.
Clearly, there are strong parallels between recommendations approved at the M.A.T.C. during the time of this report’s compilation and the wording of the report itself:

...more effective and integrated multi-disciplinary approaches to assessment, referral, case management, and service provision...(Ombudsman, p.6)

In fact, the office of the Ombudsman was sent a copy of the Sykes (1990) report on regionalization and clinical models at the M.A.T.C., and replied prior to the release of their own document:

The report’s recognition of the need for a comprehensive service delivery system offering a continuum of appropriate services suggests that the process of decentralized planning forms part of an overall government plan for the delivery of child, youth, and family services. 35

The main criticisms contained in the widely distributed Ombudsman’s report centered upon gaps in the continuum of available services which had led to poor matching between available resources and the assessed needs of the client group in the province. However, any criticisms of mental health service provision contained in the Ombudsman’s report focusing upon an inefficient use of resources at the M.A.T.C. were somewhat preempted by internal M.A.T.C. reviews of service delivery.

In order to rectify the problems in the larger system which it noted in such great detail, the Ombudsman’s report made numerous recommendations for future reform of service delivery, some of which emphasized the superiority of ‘child-centred approaches’ that could more rapidly and effectively respond to individual needs and could do so within a child or youth’s home

35 Taken from p.1 of a letter sent to the M.A.T.C. by Brent Parfitt, British Columbia’s Deputy Ombudsman for Children and Youth, on June 5, 1990.
community (Ombudsman, 1990). Clearly, the M.A.T.C.'s newly altered model of practice can be seen as an attempt to move away from a program-centred model towards a more individually tailored and child-centred response.

One central principle identified in the Ombudsman's report as critical to the improvement of service delivery stands out particularly for this attempt to explain the strong momentum propelling M.A.T.C. decentralization reforms and reformulations:

The development and delivery of appropriate services to children and youth requires a constant process of program review and renewal. In a rapidly changing social environment, services must reflect current needs of children and families. (Ombudsman, 1990, p.17)

Newly child-centred and community focused clinical efforts at the M.A.T.C. reflect such themes more so than did centralized residential treatment programs. It is obvious that if the current needs of children and their families were seen as not being met by past facility efforts, new models and programs which held promise would need to be expanded and developed.

The new British Columbia Child and Youth Secretariat\(^{36}\) also delineated the need for intra-provincial policy and program coordination, emphasizing the central importance of increased community involvement in the delivery of ministry services (Child and Youth Secretariat, 1991). As well, a review of available youth services undertaken in the District of Burnaby examined long-standing problems with and gaps in agency and program

\(^{36}\)Established by cabinet order in the fall of 1990 following delivery of the Ombudsman's report and recommendations, and involving senior bureaucratic staff from provincial ministries providing services to children and youth.
provision and coordination, and provided recommendations for service delivery to "at-risk" youth (Hamblin et al, 1989).

If the M.A.T.C. represents the greatest concentration of funds to provide mental health services to this population in the province, these reports provide evidence of a strong tendency for other ministries, agencies and concerned parties to demand their most efficacious utilization. As such, these documents provide insight to the ongoing pressures upon M.A.T.C. staff and supervisors to adequately serve the needs of their client group and to maintain a high standard of quality and effectiveness in their work. Also, the utility and efficacy of focusing the greatest portion of available fiscal and professional resources upon those individuals identified as most deviant, at the cost of not being able to fund more early intervention programs, have been heavily criticized:

As a result of the lack of programs aimed at prevention and intervention, poor program planning, and non-existent co-ordination of existing programs between the ministries responsible for children's services, children with behaviour problems and their families receive inadequate treatment and support.

(Campbell, 1989, p.3)

With decentralization reforms stressing greater in-community involvement, earlier intervention and greater links between mental health and other community services, the similarities between M.A.T.C. reforms and principles of more effective service delivery currently favoured in the field are clear.

A recent gathering of British Columbia child care, social work, and mental health professionals (including M.A.T.C. staff) at a Ministry of Health funded conference, entitled "The Mental Health of Our Children and Youth", provides another example of
the directions future program development and service delivery systems will most likely follow. This working conference represented the second stage in a three part project to examine and improve the delivery of mental health services to children and youth in metropolitan Vancouver.

The first part of the project involved a massive survey of local services and service providers in order to highlight gaps and problems in mental health service provision, with the final goal of the project being to develop a common vision of a network of community services that would optimize the utilization of available resources. Noted gaps in the continuum of service that need to be filled centred upon four areas: prevention, counselling, special needs populations, and in-community support.

Arguing that earlier intervention and greater integration between various services would reduce the later need for more intensive and expensive services, the survey researchers presented a chart detailing how earlier intervention services are applied to more youths yearly at less cost than for later services. This chart is reproduced in Figure 3:

**FIGURE 3 - COST PER CASE (B.C.) FOR GROUPED SERVICE COMPONENTS**

<table>
<thead>
<tr>
<th>Early Intervention and Outpatient</th>
<th>Intensive Non-Residential</th>
<th>Residential and Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,700 cases served</td>
<td>3400 cases</td>
<td>2000 cases</td>
</tr>
<tr>
<td>$1,095 per case</td>
<td>$3715 per case</td>
<td>$12,666 per</td>
</tr>
</tbody>
</table>

The argument that earlier intervention would result in less need for more intensive services later on will be one of the central
themes of this project's final report, according to comments made at the conference itself.

Similar themes are expressed in "Foundations for the Future", a report released by the Federal Working Group on the Mental Health of Children and Youth (1990), and funded by Health and Welfare Canada. This group was given a wide mandate, but its review of service delivery in mental health for children and youth in Canada focused upon four priority issues:

1. The need for planning and coordination of a broadly based children's services network
2. The need for integration of community and hospital services
3. The need for proactive planning to develop preventive and early intervention services
4. The immediacy of services to children and youth who require specific attention

In this report's statement of basic principles which should underlie all mental health programs for children and youth, it is possible to see the similarities between the direction reform has taken at the M.A.T.C. and those favoured directions and principles of reform which are guiding the field more generally:

Based on its deliberations, the Working Group recognizes four basic principles essential for the planning, development and implementation of mental health programs for children and youth. The four principles are as follows:

1. The family is central to the provision of universal health for children and youth; consequently, the first priority must be afforded those aspects of health policy which strengthen the capacity of families to provide for their children;

2. A distinct emphasis on the particular health needs of children and youth is essential to ensure that their needs are recognized, articulated, and met within the overall health services organization;
3. The traditional emphasis on curing disease in institutional settings is insufficient, and must be balanced with more active community-based programs and initiatives. Of particular note is the need to reinforce and expand multiplicative models of service provision whereby a few specialists can actively support the interventions of many more persons in the community (e.g. teachers, child care centre staff, public health personnel, etc.) who are in direct contact with children and families;

4. Health and access to appropriate services are possible only if there are more proactive programs available for those at risk and for those who currently do not avail themselves of existing services. (p.8/9)

These principles provide clear evidence of the ongoing general movement amongst mental health professionals and organizations towards a particular favoured model of service delivery, a model which may have great implications for critical theory because it increases the blurring of boundaries between systems. Strong similarities in goals, and in practical application, between such reviews of service and the current reform initiative at the M.A.T.C. help to explain another portion of the success the facility has met with in implementing its reforms.

All of these documents and principles demonstrate that there is currently a great deal of interest in reform at the municipal, provincial and federal levels of government responsible for the provision of children and youth mental health services. Again, the interaction between levels in the theoretical 'hourglass' continues to be made clear in this review of policy documents and position papers. Critically, favoured directions of reform in the health care field echo the themes underlying the M.A.T.C.'s decentralization initiative and its expansion of the Response capacity of the facility.
With this understanding of the theoretical, practical and professional contexts within which the M.A.T.C. operates, and within which the reform efforts of the facility have meshed with more general reform initiatives employing similar emphases, principles and beliefs, it becomes possible to link the character of M.A.T.C. reforms to more general trends. The explanatory power of an analysis which reveals the similarities between favoured reforms at all the identified levels continues to grow.

Program Philosophy and Constituent Elements

The aims, premises and structure of the Response program are detailed in a draft paper (Holland et al, 1990) written by three program staff as a definitional project. This paper provides a brief but inclusive delineation of the clinical philosophy embodied in the program, as well as a detailed description of its constituent elements. Without debating the relative merit and validity of these assumptions, such material and information serve to highlight the differences between this program and the former model of facility practice.

The assumptions of the program are stated in the abstract:

Therapeutic programs for children and adolescents who display antisocial problems have generally produced disappointing results. To some extent these results are due to our failure to recognize that antisocial adolescents are a diverse group with diverse therapeutic needs...These findings have led to the development of the Response program, a program specifically designed to formulate individualized, multifaceted care plans to facilitate care for adolescents with behavioural problems. (Holland et al, 1990, p.1)

The failure of past treatment approaches, coupled with their enormous costs, has led to a questioning within the field of
child care of the fundamental assumptions these approaches operate upon. With the problems associated with treatment in lengthy residential programs, a new clinical approach has taken concrete form in the Response program.

As a reform effort, the Response program seeks to replace what are perceived to be the mixed agendas of treatment, care, protection of society, and deterrence inherent in residential treatment with a clearer effort to provide 'non-judgmental care':

...a programme with the primary objective of providing care for adolescents, rather than controlling their behaviour, delivering a message of deterrence or providing treatment. This program is based on the fundamental assumption that problematic behaviour is often a functional response to a dysfunctional environment. Consequently, the goal of this program is to help ensure the psychological health of the ecological systems in which the adolescents function, rather than to focus on the psychological health of individual adolescents alone. (Holland et al, 1990, p.4)

This systems perspective to the care of adolescents attempts to provide care by taking into account more than simply the deviant behaviour of the child, and by seeking to employ community, family and personal strengths to help individuals remain in their natural ecology or community whenever possible and advisable. The themes of this new approach reflect findings in academic and clinical literature that many youths referred to residential care could successfully remain in their home communities given the right supports, and that interventions should be applied in a more multifaceted way (Rutter and Giller, 1983; Shamsie, 1981; Cass and Thomas, 1979; Romig, 1978). The intrapsychic nature of an individual youth's problems is not denied, but such problems are also explained with reference to relationship difficulties with family, peers and school. Derivatively, a new scheme of
intervention is suggested by such assumptions, if one believes that a single type of intervention is insufficient for a diverse group with such diverse care needs.

In these clinical assumptions can be deciphered a defensible system of beliefs that propelled M.A.T.C. reform towards a model of care which ties in neatly with the ideological presuppositions of the provincial government. Recommended and approved strategies will thus be those which are geared towards improving the specific immediate and wider social environments of the individual youth through decentralized programmatic efforts:

The research we have reviewed suggests we are most likely to foster healthy development in adolescent casualties when we utilize an individually fashioned program of therapeutic interventions, based on a clear appreciation of the nature of individual problems, within the context of their immediate and wider social environment. (Holland et al, 1990, p.14)

The Response program represents a tangible embodiment of this philosophy, as it attempts to sustain improvement in the adolescent's functioning in 'real life' contexts. The structure of daily operation at the unit, its links to community agencies and resources, and its extension of program services into the community post-discharge, all reflect its most fundamental assumption: for the program to have a sustained and positive impact, it must help to meet the needs of each child as he/she relates to his/her particular ecology and environment.

To tighten the hourglass to its narrowest point, the philosophy of the newly expanded program is evident throughout its operational procedures\(^{37}\) (see Figure 4). Community Mental

\(^{37}\)All details regarding the functions of the Response program are taken from program materials or from Holland et al (1990).
Health Centres serve as the primary referral source, because they are perceived to have the greatest knowledge and understanding of their community’s needs and strengths. Referrals are directed to one of five regional Mental Health Child Specialists, who passes the referral and a face sheet containing demographic, developmental and behavioural information on to the Response program social worker.

At the Intake meeting, program staff are introduced to the admitted youth and his caregivers, the multifaceted approach and aims of the program are explained, and the dates of later meetings are finalized. A Primary child care worker is assigned, and will be responsible for providing a Nursing/Child Care report describing the youth’s interactions and functioning while residing on the unit.

The Care Plan conference three weeks after admission provides an opportunity for the formulation of management strategies which take such information into account. The care plan document is broken into three realms of the adolescent’s functioning: lifestyle issues (vocational, social, health, sexuality, self care), home life issues (caregiver/youth relationship, setting for care, expectations), and school issues (intelligence, needs, relationships with peers and teachers). Within each of these domains, both family dynamics and possible management strategies are considered. The document is then typed for the discharge conference which occurs at the end of the youth’s four week stay.

In its effort to encompass all relevant portions of the life
Regional Child and Youth Coordinator of the local Mental Health Centre receives referrals from the community and is the sole referral source to the Response Unit. Post-discharge placement must be available. Intake date set. Referral sheet completed.

Chaired by the Response Unit social worker with Response program staff, the adolescent, the caregiver, and the Outreach care plan worker in attendance. Admission paper work completed. Program process explained. Future meeting dates set.

Child care/nursing staff, psychologist, psychiatrist and educational assessment staff observe and record information while the adolescent is cared for. Parent's form completed in concert with Outreach careplan worker, family history compiled by social worker.

Chaired by Response Unit staff. All involved professionals, caregivers, and adolescent invited to attend while Response Unit staff present their reports for discussion and incorporation into Careplan. Interim for preparation for discharge and further consideration of Careplan.

Chaired by Response Unit staff. All involved professionals, caregivers, and adolescent invited to attend while care plan presented for discussion. Adolescent discharged and returns to community.

Response program Outreach staff liaise with community resources to implement care plan recommendations. Two week respite care available.
experience and environment that the caregiver and the youth must deal with, the Response program attempts to alter the placement ecology in wholistic and supportive ways that will help to sustain care. The care plan document serves as the Response program’s product, and is intended to provide information, understanding and practical strategies to maintain placements in the community and to avoid the need for institutional treatment.

The provision of both respite care at the facility when the need arises, and a team of outreach care plan workers, reflects the overall attempt to extend the positives of the care planning process back into the community and long after discharge. Outreach staff are primarily concerned with the successful implementation of care plan recommendations in the community, a logically contiguous and important function given the program philosophy and direction as a whole, but one which should give pause considering critical theory that sees such tracking of more identified youth as part of a trend towards the expansion of the social control net.

By working with community agencies, by increasing the numbers of youths referred to the facility itself, by developing a different clinical philosophy than had previously been in place, and by providing the organization with a scheme of practice which, arguably, represents an improvement over past practice with no increase in costs, the Response program has effected a rapid evolution in facility practice which represents the central point of focus for this analysis.

A reform notion, or clinical idea, provided much of the impetus towards organizational change, as the Response program
philosophy defined itself in opposition to the past philosophy stressing centralized residential mental health treatment with little mental health follow-up in the community. This idea and program have been implemented by an organization with its own interests and responsibilities, and the functions of its staff group have evolved and expanded along lines which parallel the newly adopted clinical philosophy and derivative organizational scheme. The connections between ideas, organizations, privileged storytellers, and the political economy within which state functions are exercised, continue to be clearly made.

Extended Effects of Reform

The expansion of the Response program to a second parallel unit at the M.A.T.C. resulted in the emptying of one of the 12 bed residential cottages in January 1991 and the re-opening of the unit as an 8 bed Response Unit II (with a four bed respite capacity) in early March 1991. Operating on the clinical premises of the original Response unit, and developing care plans for referred adolescents, the two units share the services of the Response unit clinical team, including psychiatric, social work, psychological, educational, child care, and outreach workers.

As can be seen from Figure 5, which provides a detailed comparison of M.A.T.C. bed usage prior to and post decentralization-related on-site program changes, the opening of the second Response unit has doubled the program's admission and discharge capabilities, but has lessened the capacity for residential treatment:
This table shows that the facility's program scheme has evolved in lock step with the general clinical policy change towards a more proactive and in-community role, while still maintaining an adequate back-up service in the form of residential treatment.

Also, a concrete example of how the new model of practice, implemented with fewer available beds than previously and with fewer F.T.E.'s, is portrayed as an improvement and a positive reform idea can be seen in the trial secondment (transfer) of six M.A.T.C. childcare staff to local Mental Health Centres in Greater Vancouver during the first four months of 1991. The
staff complement that participated in this trial was available because the Ministry of the Solicitor-General had taken possession of Cottage III for its B.Y.C.C. youth sex offender program, and staff from the previously in place residential treatment program had to be accommodated in other M.A.T.C. programs, units, or in new roles.

Permanent transfer of any staff (F.T.E.'s) into new roles in the community could not occur until at least April 1, 1991, as this marked the beginning of the new fiscal year in government service and the earliest opportunity to realign such fiscal resources.\(^\text{38}\) In this case, the trial assignment in the community fit the short term needs of M.A.T.C. staff managers by providing work for some of its idled employees, while at the same time testing a new service role in the community, through intervening with and aiding earlier those youths who may otherwise end up in lengthy residential treatment.

The planning of this trial project reflected its aims as related to the general decentralization-driven movement towards in-community work:

...this placement plan will constitute the pilot phase of a yet to be defined, longer term, F.T.E. transfer plan aimed at expanding community-based clinical services to conduct-disordered youth.\(^\text{39}\)

\(^\text{38}\)The budget for fiscal year 1991/92 was delayed by the political turmoil surrounding the Social Credit Vander Zalm government during the early part of 1991. With three finance ministers in as many months, the cabinet was unable to bring down a budget and was forced to use spending warrants to provide ministries with minimal operating finances.

\(^\text{39}\)Taken from p.2 of an M.A.T.C. internal memorandum dated April 25, 1991, titled "Draft Recommendations Regarding Trial M.A.T.C./Community Mental Health Secondments".
The trial move into the community was carried out with six staff working with children and families in the community, and strong recommendations have now been sent to the Interministerial committee supporting the permanent transfer of former Cottage III F.T.E.'s to those local Mental Health Centres.

The expressed goals of this project reveal the links the trial had with greater reform shifts at the facility:

- to strengthen M.A.T.C. residential services to children and families by expanding the expertise of its workers via community-based placement experience which would develop an increased awareness of community resources, and more sensitive and realistic planning

- to strengthen community-based services mental health services, in particular to 'conduct-disordered' youth who might otherwise enter the residential care system.40

If the facility was to reform itself by moving towards earlier intervention and greater in-community service, it had to deal with all the implications of the reform idea, including the fact that residual programs and staff resources could not be employed as previously had been done.

After reviewing the reports of participants in this trial, M.A.T.C. administration will permanently transfer up to 15 previously M.A.T.C. F.T.E.'s to local Mental Health Centres spread throughout the province.41 In permanently shifting resources, the M.A.T.C. backed up its commitment to the new model of practice by transferring a substantial portion of its


41 Although the final scheme of distribution has not been determined as yet, approximately half of these resources will be employed in the Greater Vancouver area, with the other half further decentralized to the North, Okanagan, Interior, etc.
resources away from the centralized facility. The M.A.T.C. will have no right of recall over these resources once the full transfer is implemented, but various communities will supposedly have gained by having more staff who can stay in touch with increasing numbers of discharged youths, who can then liaise with Response program outreach staff around particular kids and the support of their care plans in the community post-discharge, and who can access the Response program itself when need be.

Critically, this movement of resources out of the facility's control is logically contiguous with the shift towards greater in-community activity and follow-up; all these specific reforms have accommodated and benefitted from an emphasis at higher levels upon decentralization of services where possible, with one result being that M.A.T.C. staff and mental health community workers will work more closely in the future. Clearly, there is a connection between the general decentralization initiative supported by the provincial government, the success of a certain reform idea, and these newly developed operating relationships between facility staff and other ministry staff in various settings across the province.

Internal Process

The residual programs at the M.A.T.C. are also responding to the reform idea and movement. While two of the residential treatment units remain in place as the promised provincial back-up service to the Response program, they have evaluated their own programs and operating procedures and are evolving along with the other programs. One example of the attempt to redefine the
residential component to better align with the overall move away from lengthy treatment regimes is seen in a recent program proposal put forward by a residential program manager.

This proposal reframes the residential treatment component of M.A.T.C. services by portraying such services as tied to recommendations made in a Response program care planning process:

These adolescents are referred to C.A.T.C. III by one of the two Response units at the M.A.T.C. The adolescents enter the C.A.T.C. program with a care plan which highlights developmental and systemic factors in the adolescent’s life contributing to his/her world view and problem behaviours. Using the care plan as a starting point, an individualized treatment program is built around the adolescent that addresses the adolescent’s entire social ecology.

The same themes that guide the effort towards greater and more wholistic in-community service now guide the development of new program philosophies in the residual programs. The notion of progress is clearly apparent in such proposals and plans for future policy making, and mirrors the strong belief in decentralization and Response program care planning as an improvement upon past practice.

Cohen’s (1985) mention of the level of reform ideas as important to understanding the dynamics of any social change is clearly borne out here. Those responsible for mapping out and then implementing the directions of reform at the facility have made a diligent and conscientious effort to make sure that the clinical improvements such a reform intends to bring about actually do occur. They have adopted the decentralization and Response program reforms wholeheartedly, and have quickly forged

42 Taken from p.1 of an internal M.A.T.C. memorandum, titled "C.A.T.C. III, Program Description".
new relationships and operational practices with concerned ministries, agencies and community resources.

By tracking the commitment of the M.A.T.C. and its staff group to this new clinical model, throughout the reform process, it has been possible to see how a reform idea has been translated into concrete practices and policies. These new reform practices and policies have been speedily implemented because they serve the organization's interests, because they mesh with trends in professional efforts to serve the mental health needs of children and youth, and because they parallel larger trends in the political economic context.

The supervisor of a residential program at the M.A.T.C. clearly stated the main forces behind decentralization and Response program expansion in an explanatory memorandum:

The impetus for change developed on three fronts: legal, political, and philosophical. Recent changes in the Mental Health Act and the Charter of Rights and Freedoms reduced our agency's ability to contain people for treatment. On the political front, the current provincial government's policy of regionalization of resources and services initiated a move to examine how Mental Health services could be regionalized...These developments added urgency to the need for the Maples to examine our treatment philosophy and service delivery.43

Such linkages between these three levels are key to understanding the impetus and effects of this particular reform in mental health service delivery in British Columbia. The detailing of links between state functions and the dominant mode of production has facilitated a 'structure-sensitive' and historically informed analysis of a reform that may otherwise have only been explained

43 Taken from p.1 of an internal M.A.T.C. memorandum titled "Changes - Impetus and History of Decentralization Related Changes at the M.A.T.C.".
with reference to organizational interests. The level of the specific clinical idea powering M.A.T.C. reform has provided the last area of focus for this study, the most narrow point in the 'hourglass', with only the meaning and effects of these changes in social control terms remaining to be discussed.
CHAPTER VI
SUMMARY AND IMPLICATIONS

A central goal of this study has been to demonstrate the analytical strength of a critical review which considers the historical impact of the dominant mode of production, the state and its obligations, the mandate and interests of organizations, and the power of a reform idea, in examining a specific policy reform process at a contemporary state social control facility. While the mechanics of this reform process, the fiscal debate and clinical policy arguments, have occurred in public forums, clarification of how such changes relate to wider trends in state social control efforts has been left to concerned academics. It is to the critical relationships affecting a process of reform that this study must turn once again, as the future implications of reforms undertaken at the M.A.T.C. become more noteworthy when linked with a possible expansion of the state’s social control powers over individuals.

Questions and Answers

The Ministry of Community and Social Services of Ontario has recently produced a manual detailing the elements and principles of a successful test project focusing on the engagement of disadvantaged youth in recreational programs. Entitled "Let’s Go! How to Start a Recreational Skill-Development Program in Economically Disadvantaged Communities" (Offord and Jones, 1990),
this booklet presents a model for concerned caregivers and agency managers to follow in developing 'integrative' measures. The directions of expanded state programs reflect themes Spitzer (1975) and Cohen (1985) posited would become more widespread as the state restructured its social control efforts.

The aims of this type of program mirror the predicted aims of state efforts to integrate potentially troublesome youths rather than to utilize more expensive segregative techniques. Focusing upon how such programs can foster 'healthy' social development and integration into mainstream groups, such a manual represents a point on the continuum of services offered by the state which is not that greatly separated from the point inhabited by the newly reformed Response program concept and units at the M.A.T.C.

By this it is meant that both attempt to deal with 'under-socialized' youth who have come to the attention of community and state officials; both also represent an attempt to deal with such youth by supporting community and/or family resources, rather than relying solely upon institutional responses which remain in place. Current trends, as manifested in policy reform and its goals, highlight the predictive accuracy of critical theory on the state's social control efforts, and may result in similar reforms occurring in wider realms. ⁴⁴

⁴⁴ A representative of the B.C. Child and Youth Secretariat recently approached and interviewed the Response Program Clinical Team in regards to the generalizability of its guiding clinical principles. In its exploration of a variety of service delivery models for youth in the province, this government body has now
Both the general move towards decentralization and the specific efforts of the facility to mobilize community resources for positive recreational programs can be seen as part of an expansion and specification process in the state system of 'iatrogenic feedback loops' (Illich, 1977). Cohen (1985) described these loops and linkages between new parts of the state social control system as constantly developing through reform, while the system as a whole expands:

Each stage creates the deviant it wants and constructs its programmes accordingly. These organizational loops thus do more than enlarge the capacity of the system, they also change its character. (p. 55/56)

The Response program has redefined who will come to the M.A.T.C., and has altered facility bed usage such that the size of this 'feedback loop' has changed.

Also, increased community efforts will deal with only a certain group of identified youths, comprising those with less violent behavioural repertoires, less extensive involvement with state agencies, and more resources in the way of caregivers. The rapid increase in the annual number of admissions to the M.A.T.C. over the past two years indicates that some large portion of these new programs will involve youths who would not otherwise been exposed to a relatively new model of intervention (the Response program). Such a model of clinical practice, with its emphases upon earlier intervention and greater community involvement, may appeal to bureaucrats responding to a strong critique of government services for youth as a whole. Demand for a functional integration of services, and more 'efficient' use of dedicated resources, may encourage the adoption of the wholistic emphasis newly favoured at the M.A.T.C. at higher levels.
have come into contact with, or under the scrutiny of, agents or actors in the varied 'youth-in-trouble' system. Such is the implied and future curve of reforms which intervene in the lives of more youths and families in the belief that earlier intervention can result in a decreased need for more intrusive and intensive intervention later on. For example, a guiding belief that 'insults to the bonding process' (Holland et al, 1990) underlie much behaviour labelled as troublesome may be valid and useful, but such a developmentally-centred approach logically encourages earlier intervention. While the superiority of clinical efforts in the community of origin, rather than behind closed institutional doors, may be vast, such tendencies towards expansion in practice will result in state contact with ever greater numbers of ever younger children.

Critical theorists point out that expansion often leads to intensification, although the professed aim of earlier intervention is to prevent the need for more intensive intervention from ever developing. Simple logic regarding the new operational practices of harder-end facilities after such community resources come on-line, however, suggests that the paths between such differing programs will be relatively easily travelled. Those whose behaviours mean that they fail to meet the basic criteria for remaining in a low-level program will likely be processed by the next loop in the system. With more in-community programs dealing with many more youths, and with the reduced stigma and shorter residency period at the M.A.T.C., the
possibility exists that many more youths could move more easily into this next loop: referral to a Response program in support of current caregiver relationships that are still at risk. It may be that the wider the net that is cast, the greater the intake of the system as a whole.

What does this mean for the debated premises of critical social control theory? The steps on the social control ladder are becoming increasingly close together by way of current reform trends, which is a central effect of current reform that concerned critics argue results in an expansion of the system:

Each stage retains its own eligible material, leaving another body - in a deeper or shallower part of the system - to operate its own eligibility criteria.

(Cohen, 1985, p.54)

Another similarity between predictions in the literature and actual reforms lies in how such preventive measures turn to the resources of the community, both because funding is tight and because the stigma of institutionalization is avoided. As the 'how-to' manual states, a key to the success of such a program is the involvement of the community:

Secure the support of as many individuals and groups in the community as possible.

(Offord and Jones, 1990, p.8)

Use local resources...YMCA's, YWCA's, Boys' and Girls' Clubs, universities, community colleges, churches and halls...

(Offord and Jones, 1990, p.14)

Clearly, the visibility of such programmatic efforts to 'normalize' youth is much lower than even that of the expanded and decentralized Response program. However, the similarities
between the two types of interventions mean that they must be seen as existing near the same end of the same continuum, with the spaces between each shrinking.

The key question thus becomes whether such trends and new programs will have the deleterious expansionary effects predicted in critical social control literature. While reviewing the changes now in place at the M.A.T.C. post-decentralization and Response program expansion, the aim has been to effectively contextualize, and thus explain, the momentum powering these reforms. Theoretical questions posed at the end of Chapter 1 must now be answered, in order to assess the social control implications of the M.A.T.C. reform process as a whole.

The managers of the decentralization reform in British Columbia portray the changes at the M.A.T.C. and in the community as beneficial and timely, given the current government's professed preference for in-community delivery of services wherever appropriate and possible. M.A.T.C. reforms are described in terms that echo the favorite catch-phrases and policy directions of the governing Social Credit party; decentralization and Response program expansion allow the Ministry of Health and associated professionals and agencies to claim that more is being done in improved ways, and at less cost per client. The success of decentralization as a reform policy within a particular ministry must be linked with the agendas and beliefs of the provincial cabinet and senior bureaucrats.
The Response program's expansion means that more children per year than ever before will be coming through the M.A.T.C.'s doors. More staff will work in the community, and will follow up on discharged youths; more liaison with social service, correctional and mental health personnel around more clients than ever before will occur. Does this not represent exactly the kind of intensification, expansion and camouflaging of the state's social control machinery decried by critical theorists? The answer is both yes, and no.

Without a doubt, the system as a whole has expanded as a result of the changes that have occurred over the past three years at the M.A.T.C. Despite the closure of one treatment unit, and despite the positive switch from questionable residential treatment practice to shorter stays, concerns about the overall effect of change have been proven valid. Program capacity as a whole has skyrocketed, staff have moved into the community, and new populations of youths (and their families) will be scrutinized by control agencies working in tandem with the M.A.T.C., currently and in the future.

On the other hand, social workers and community agencies may be able to sustain placements and relationships longer than was previously the case, as Response program staff seek to provide care to the caregivers, and to prevent placement breakdown and greater 'acting out' or antisocial behaviour. The care planning concept has a strong clinical basis, and represents a substantial improvement over a singular reliance upon residential treatment
by way of its efforts to sustain community placements. What cannot be currently known, however, is how many of those adolescents going through the Response program, who would not otherwise have entered the M.A.T.C., will be drawn onto higher rungs of the social control ladder.\(^{45}\)

Whether reform has resulted in an intensification of the system as well cannot definitively be known at this time. While the links between programs may become more fluid, thus allowing more youths to be snared by higher and ever-more controlling agencies and programs funded and managed by the state, knowledge of the actual impact of such changes will depend on a study of gross rates of referrals, bed counts, and imprisonment patterns in the British Columbia ‘youth-in-trouble’ system as a whole. Such a study is beyond the scope of this effort, but cries out to be performed.

There is one area where the concerns expressed in the critical literature were clearly borne out: the invisibility of the system has undoubtedly increased, and the clarity of boundaries between the ‘normal’ and the ‘deviant’ has continued

\(^{45}\) Currently, the Response program has accepted a single referral on a trial ‘outpatient’ basis. As the admitted youth resides in the Lower Mainland, all testing, interviewing and assessment are being done during visits to the facility. The youth continues to reside with the current caregiver, and a bed space which would otherwise be occupied has been made available for another referral. While the capacity of the Clinical Team to develop care plans for youths residing within or outside the actual facility necessarily has a limit, the ability of the program to handle ‘off-grounds’ referrals indicates that future admission totals as a whole could still increase, with no tremendous increase in fiscal demands.
to erode. This is exactly the kind of evolution in the form and character of state social control efforts that critical literature pointed out (Jantti, 1989; Cohen, 1985; Scull, 1984; Lerman, 1982; Illich, 1977), and predicted would increase. While the clinical and practical benefits of such invisibility and reduced stigmatization are trumpeted, the possibility that such net expansion and invisibility may result in a harmful increase in the flow of individuals between the criminal justice, mental health, and social welfare systems is ignored or misunderstood.

The Power of the Analytical Model

Reform at the M.A.T.C. has involved a great deal of effort in both clinical and organizational terms. Change in models of practice and organizational schema partially evolved out of a strong conviction that resources dedicated to serving youth in British Columbia were not being used in the best and most effective manner possible. However, the success and effects of these changes can be fully explained only with reference to contexts and relationships that do not seem directly related. The complexity of this analysis, and its analytical power, derive from a conscious effort to remove the critique from a limiting 'shared subjective reality' that would otherwise blind the analysis to certain relevant forces.

While the power of the idea behind reform, and its superiority over past guiding clinical philosophy, is neither ignored nor rejected, the success of this idea and philosophy
owes much to a more general trend towards the restructuring of state social control efforts detailed in critical literature. In an attempt to connect grand theory with concrete program and facility reform, this review has detailed the actual process of program and policy evolution with all possible specificity; it has then gone on to conjoin theory and data by explaining why the state created the type of institution that it is now reforming, and by linking current reforms to historical trends shaping the form, character and effect of state social control efforts.

The mandate of the facility must be linked to the state and its relationship with the dominant mode of production; analysis of the success of M.A.T.C. reform in a particular social and economic context has tied in this relationship, and has detailed its current impact on the shape of reform. Successful trends in the field have been linked to the fiscal 'realities' stressed by governments when they attempt to reshape or manage the ongoing relationship between the state, capitalism, and the larger social body. Ideology and belief systems have been effectively linked to the success of reform in only certain directions. Such a conjunction of 'grand' theory and 'micro' research strengthens the analysis immensely.

The reforms undertaken at the facility reflect the fiscal priorities of the ruling provincial party, as the changes will allow the staff and the facility to serve youths in a clinically defensible way, while staying 'within budget'. The rationalization of social welfare efforts in economic terms is an
ongoing process which has heavily influenced ministry initiatives; the setting of certain parameters by the state in this way must be explicitly acknowledged.

The details of the M.A.T.C. reform process have revealed the importance of translating abstract grand theory into concrete situations, where its analytical power can reveal both the hidden roots, and the unforeseen effects, of such change. This study has attempted to provide a theoretically-informed 'instance study', as current issues are explained with reference to powerful neo-Marxist state theory. The idea of the economic base and the derivative superstructure of state machinery, and social relations, provided the jumping off point for an analysis that moved through a theoretical 'hourglass'; grand state theory gave way to an examination of state policy trends, which were then effectively linked with organizational interests and the power of reform ideas.

The narrowest point of the hourglass was at the point where the actual mechanics of debate and reform took place. By drawing links between the state, its cardinal functions, and its obligations in serving social needs, the analysis was then quickly re-widened. Important connections between levels or contexts affecting change were drawn by examining the entire variety of contexts that give such reforms meaning and shape. There has thus been a conscious attempt to historicize and structuralize this analysis, in the hope that such an effort
would reveal less obvious political and economic relationships which affect unique changes at lower levels.

Such an effort has paid off by explaining why the examined facility is able to perform its operations with a high degree of legitimacy, and by giving some weight to the social processes by which terms like ‘normalization’ and ‘treatment’ gained meaning. That the M.A.T.C. is a direct descendant of facilities developed centuries ago to extend relations of production into the social realm implies that its mandate can be tied to a particular set of social relations and individual responsibilities.

A central point is that the state is not the free floating entity that it may otherwise appear to be. The identification of three cardinal functions that the state must perform, along with the concept of ‘relative autonomy’, assist the critical analyst in deciphering and giving meaning to past and current state action, organizational mandates, and the maintenance of a particular social infrastructure (Spitzer, 1983). The analytical power of systems theory-informed explanations for current reform derives from their ability to effectively link specific system changes to larger trends, relationships, and functions.

Thus, recent trends in Western capitalist nations (in terms of how they carry out their social welfare/social control operations) can cast a different light upon debates over the clinical validity of a particular approach to the delivery of mental health services for youth in British Columbia. The state is seeking to achieve a balance between two competing cardinal
functions, i.e. legitimation and capital accumulation. The success of that reform initiative which will help the state to achieve this balance is pre-indicated, if not pre-ordained.

Regardless, the specific character and shape of a reformed 'care and control' system reflects the efforts of dedicated individuals and organizations working to reduce the burden of suffering represented by youths and their families coming into contact with the 'youth-in-trouble' system. This study has focused heavily upon the defensible and progressive claims of a single reform effort with such goals. What is most revealing is that only certain of these reform initiatives will succeed, while others will not be undertaken, given identified relationships and parameters. In not dismantling, but restructuring (Jantti, 1989; Taylor, 1983; Gough, 1979) its operations, the state continues to define the boundaries within which reform must occur.

In asking where the primary initiative driving change came from, however, there is no simple answer. As a review of the process and character of M.A.T.C. reforms and decentralization has shown, a multiplicity of competing and contributing factors affected the change. The interests of the organization, fiscal policies, clinical arguments, the agitation of dissatisfied communities, the concerns of the staff group, the drive of reformers within the facility, the directions of therapeutic intervention recommended by experts in the field, pressure from the Ombudsman, the needs and mandates of cooperating agencies, etc., have all affected the character and direction of reform.
By starting with structural and historically-informed analysis, however, such social forces have been effectively contextualized. Their efforts and impact have been given greater meaning and relevance than would otherwise have been the case, and a 'depoliticization of reality' has been avoided.

Final Points

The effort to remain context-conscious when looking at the causes and effects of reform in the mental health system has extended even to the point where the definitions by which the lines between 'normal' and 'abnormal' youths are drawn. It becomes obvious, once the subjectivity of all categorization schemes and social norms around proper behaviour has been identified, that the ways in which state institutions exercise control has a lot to do with the ability and power to construct a system of demarcation. The respect and legitimacy accorded state employed psychiatrists, psychologists, social workers, and child care workers depends upon a belief that these agents of the state have expertise which will contribute to the mental health and happiness of individual youths. These qualities may be called into doubt if reform efforts are shown to have damaging effects.

However, the ways in which deviance and normality have come to be defined hold meaning far beyond the issue of whether a particular individual is a 'deviant' in need of state intervention or not. The hidden power and function of such definitions and derivative practice must also be accounted for,
as "...interpretations of deviance are often ideological in their assumptions and indications..." (Spitzer, 1975, p.638).

The power to define who is normal and who is not is recognized as a tremendous power, wielded only by certain professionals. The high degree of subjectivity and particular bias that characterizes the process of defining behaviours and symptoms making up the diagnostic categories in DSM III-R (1987) has been extensively criticized (Caplan, 1991; Zimmerman, 1988). In fact, by just altering the number or severity of behaviours required to receive a diagnosis of conduct disorder, for example, the size of the adolescent population which suddenly can be labelled as 'conduct disordered' and in need of intervention changes dramatically (Robins, 1991). The subjectivity of such definitional schemes cannot be overstated.

The dialectical and varied nature of reform efforts in social welfare fields means that there can be no singular, clean, or all explanatory answer as to the origins and/or effects of an individual reform. Indeed, one must be wary of any explanatory effort which claims such accuracy. The roots of momentum behind particular reforms can be specified, however, when tied in to a method of analysis which raises an awareness of relevant history, structures, and ongoing relationships.

The relevance of trends in state action across countries must be integrated into any full analysis, as must be the idea of one individual or group that powers more specific change. All the pertinent forces and factors in between must also be
accounted for. Such must be the scope of any analysis which goes beyond surface appearances:

Criminology inevitably involves analysis of social values and normative choices. Part of this is a sociological enterprise, trying to understand sociologically the particular features of value choices made in various official prescriptions and state policies. (Bottoms, 1987, p.261)

Making clear the connections between value choices, economic realities, social relations, state policy making, organizational mandates, and reform ideas has been the central aim of this work.

To summarize, the institutions and programs where youth mental health policy evolves and is implemented represent a forum within which are actualized the values and belief systems of a larger social body. The reform of a particular facility has provided an opportunity, an instance study, where great meaning can be derived from both the process and the utilized language:

...in the operational settings of 'intervention', 'treatment', and 'care'...we can see the social interactional 'micro'-relations of the broader, more general socio-political environment within which child care institutions are situated.

(Mainprize, 1988, p.1)

In detailing the aims, process, and possible effects of M.A.T.C. decentralization and reform, this analysis has repeatedly stressed the interconnectedness of different realms of power at play in any such social action. By hypothesizing as to the social control implications of this specific reform, it has attempted to bridge the gap between theoretical predictions, state policy formulation, and clinical debates. The utility of the 'hourglass' pattern of analysis, in how relevant and
intertwined contexts can be specified, has been clearly demonstrated.

It is hoped that the example and analysis found here may contribute some small amount of knowledge to future debate over the proper aims and form of state mental health interventions for children and youth.
APPENDIX A - RESEARCH METHODOLOGY

All materials referenced in the thesis are either in the public domain or their use has been expressly approved by Mr. Fred Bannon, Director of Youth Services (attached to Forensic Psychiatric Services of British Columbia, which administers the M.A.T.C.).

No human subjects have been approached during the gathering of information for the thesis. All interviewing and research involving ministry staff and/or contractors has been prefaced by a direct statement of the thesis topic and project as a whole.

The research for this thesis involved wide-ranging literature reviews, library searches, interviews, correspondence with ministry representatives and facility committees, and compilation of facility admission figures from documents produced as part of the M.A.T.C. management process around decentralization.

Critical theory regarding the changing ways in which the state in western capitalist countries exercises its social control functions provided the starting point. Certain premises and predictions in this literature appeared to have some validity when examined with reference to the favoured directions of reform at the adolescent mental health facility at which I was employed. In order to examine these changes as an instance study which would allow for a meaningful conjunction between grand theory and concrete policy shifts, a research program was begun.
The research started with investigation of macrosociological theoretical writings, especially in regards to recent trends in youth mental health policy in North America. This literature pointed towards certain trends in state policy across countries, and related these trends to certain characteristics of the political economic contexts within which state agencies exercise their powers.

A crucial influence during this research was the reference, provided by Clive Sykes at the M.A.T.C., to a text on systems theory entitled *Family Therapy: A Systematic Integration*, by Rafael and Dorothy Becvar (1988). This book provided an overview of theory regarding the cybernetics of cybernetics, or how systems we may be unaware and uncritical of may affect social action. This book’s emphasis upon the necessity of meaningful contextualization of social change effected a ‘paradigm shift’ in terms of how I had been thinking about the links between state theory, recent government policy, and changes at the M.A.T.C. Connections between meaningful parameters became even more clear as the decentralization initiative took hold at the M.A.T.C.

The second stage of research covered the first six months of 1990, when I served as a junior member of the M.A.T.C. Internal Decentralization Committee. It was my responsibility to coordinate meetings, correspond with other committee members, collaborate in the writing of the committee’s recommendations, take meeting minutes, etc. It was during this time that I began to employ ‘micro’ research techniques, in terms of analyzing the
process of reform from an insider's point of view. Gathering relevant documents from within the Ministry of Health, and from other ministries concerned with the changes at the M.A.T.C., I began to see more clearly the strong connections between favoured directions of reform and certain general trends noted in critical literature.

In the last six months of 1990, my work at the M.A.T.C. began to focus more specifically upon the planned expansion of the Response program, to which I was assigned as part of the Evaluative team. Dealing mainly with demographic and diagnostic statistics regarding the clientele entering the program, the tasks I performed allowed me direct access to the inner workings and clinical bases of the program as it expanded to a second unit. The combination of micro research at such a concrete level with more general research focusing upon recent policy trends of the provincial government helped in the construction of an analytical hourglass which structured the writing process.

The third and final stage of the research involved the collection of materials describing trends in the child care field that are taking root in British Columbia. Attendance at a Youth Mental Health Conference in Vancouver provided statistics on the relative cost of different mental health services, leading to a further strengthened connection between predicted social control trends, concrete reforms, and favoured strategies amongst professional bodies.
Next, assessment of intake patterns at the facility indicated that the total number of youths contacted by the facility was skyrocketing. Assessment of the new M.A.T.C. program alignment showed how the new numbers were handled by the facility. New staff roles, and new funding arrangements, indicated that further extension of part of the social control net may be occurring. This final stage of research provided all the indicative statistics and formal policy documents necessary to argue that a meaningful contextualization of M.A.T.C. policy reform could be done, with a conjunction of theory and data as the overall goal.

Certain inescapable limits are inherent in the chosen approach to, and further interpretation of, the M.A.T.C.'s reforms however. I have continuously employed a particularly interpretive epistemology throughout the thesis in order to reflect the dialectical quality of the process, but other interpretations of the documents gathered could also be made. A more positivist epistemology (amongst others) would suffer from different limits and weaknesses though, and I am confident that change at the facility has been very carefully and accurately analyzed here.

In sum, this instance study represents a blending of research techniques in a forthright manner. This approach has proven to be a very useful method for analysis of a specific institutional reform, which must be understood within a larger socio-structural context.
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