The Case for Organizational Culture Change
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Recovery is not about programs—it is about people.
We can administer and implement the best mental health programs known, yet they are doomed to mediocrity—if not outright failure—if all involved do not reflect a recovery culture. Organizations that do the fundamental work to develop a recovery culture find programs and practices are adopted more readily and yield better results more quickly.

A recovery culture is founded on basic respect for individuals served by mental health systems and self-respect on the part of clients themselves. Such a culture involves full embracement of the strengths perspective, consumer involvement in treatment and policy formation, and inspiration of hope and courage.

Organizations typically fear adoption of a recovery culture because it means a true paradigm shift, which means change. Change is always fearful but history shows thriving organizations are dynamic and learn to change when environmental factors require it. As those served by mental health systems recover, they are requiring change in the way treatment is designed and implemented.

Organizational cultures are characterized by “artifacts,” espoused values, and basic assumptions. Such cultures are fundamental to the way organizations operate and have a profound effect on effectiveness and efficiency.

Artifacts include the language used by people in the organization, publications, organizational structure, and even the physical layout of offices. These artifacts reflect the way business is done and can either foster or impede a recovery culture.

Espoused values are important because they help organization’s measure fidelity to those values. Strategic planning often produces impressive mission statements but, too often, those mission statements are more for public consumption than a reflection of true organizational values. For example, nearly every mental health system expresses recovery orientation but very few can pass the litmus test of meaningful consumer involvement.

Basic assumptions are the foundation of organizational culture and are often based on the collective values of workers, although effective leaders can have great influence on such assumptions. For example, social workers may say they embrace the recovery paradigm (espoused value) but, in practice, rely on traditional benefactor roles when counseling clients. The basic assumption remains that persons with psychiatric disorders...
cannot recover and will continually require assistance to secure housing, employment, health care, transportation and other basic needs.

When clinicians interact with those they serve based on such erroneous assumptions, the philosophy is self-fulfilling. Clients will not recover because services and organizations providing them are structured in a manner that reinforces these basic assumptions on an individual level.

Unfortunately, there are many powerful factors impeding the adoption of a recovery culture. Many public and non-profit mental health organizations have evolved from a government-based, bureaucratic structure and management style. Such organizations are ill-equipped to incorporate many recovery facets, including meaningful consumer input on treatment and policy.

Another impediment to recovery culture development is ambiguity. Recovery is unique to the individual and, as such, can have many definitions. The question many organizations ask is: How can we develop a recovery orientation when we don’t know what recovery is?

Organizational fear is also a barrier to recovery cultures. Change is frightening at a personal level and the same is true for organizations. Because we do not know how change will affect control—at both personal and organization levels—we are inclined to maintain the status quo. As a result, organizational inertia (“We’ve always done it that way so there’s no need to change now.”) often prevails.

In addition to these most obvious recovery culture impediments, there are more subtle barriers. Politics, client mindsets, state and federal regulations, existing organizational structure, functions, organizational inertia, geographic and cultural diversity, physical layout of offices, communication styles, and leadership voids can have profound effects on an organization’s ability to develop a recovery culture.

Organizational culture change can distinguish managers from leaders. Managers see a problem and seek a solution. Leaders, on the other hand, see problems as potential system failures and examine ways to change such systems so similar problems do not arise in the future.

Although the value of culture change has long been recognized in the for-profit sector, few government and non-profit organizations have undertaken a process to examine and analyze existing cultures and develop a plan for culture change. The array of culture-change barriers can be formidable and even unpopular initially.

One must also appreciate that culture change involves personal and organizational values that have been formed over long periods and are the result of long-term experiences. Culture change often takes much time (sometimes years) and prolonged effort. It is not an endeavor for the squeamish or those looking for a “quick fix.”

In some mental health systems there are some who advocate complete dissolution of existing entities in favor of starting over as a way to create recovery cultures. Indeed, this may be one reason peer case management agencies are emerging. But leaders of existing mental health treatment providers can undertake effective culture-change
initiatives if they possess adequate courage to face the fear change brings and replace it with the passion to serve clients in the best ways possible.

These leaders must beware, however, of organizational development experts who bring with them pre-designed, “cookie cutter” approaches. Culture change requires in-depth understanding of the existing culture and the array of potential change barriers, which are unique to each organization.

While there is a tendency to look for easy answers to complex problems, such an approach is not practical or possible when it comes to organizational cultural change. Because of the host of external and internal factors affecting organizational structure, function, operation and management, each organization, regardless of level, must examine its own culture and devise plans to adopt or enhance recovery cultures.

If this task appears daunting, it is with good reason. Organizational cultural changes often take years to accomplish and a “true and complete” recovery culture may be more of an ideal than a reality. But the many for-profit business organizations that have engaged in this ambitious endeavor have reaped great successes. Workers and managers are happier in their jobs, which leads to less turnover, innovation, motivation, higher quality, and satisfied customers. These same attributes can apply to mental health organizations.

Even though it is impractical and impossible to develop a model plan for culture change in mental health organizations, there is a place to start that can help administrators understand where they are and where they should be when it comes to recovery cultures. Consumers of mental health services are the best ones to identify and describe organizational cultural artifacts. Qualitative data obtained through interviews and focus groups can help administrators determine the need and extent of culture change.

The challenge of culture change brings with it a wealth of opportunities. True recovery cultures are innovative, effective, and result in a satisfied workforce and clientele. Instead of new programs that begin with a flair and fanfare and then die an agonizing death when grant funds expire, meaningful recovery initiatives are integrated into everyday operations and are fueled by the passion of workers and those they serve.

Recovery is not about programs. The best programs known will be mediocre at best unless the people who administer, manage and implement them are infused with a recovery culture.
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