Rural Review

Journals


The effects of increased information on intake decision making in a rural mental health center.

In order to optimize intake decision-making in a rural mental health center a self-administered intake inventory was developed (Pre Counseling Questionnaire, PCQ). This screening instrument replaced one that was developed on a traditional medical model which focused on the "identified patient." The PCQ yielded a broader range of information which was more relevant to the diversity of clinical interventions and treatment alternatives within this agency.

Evaluation of the PCQ revealed that this screening device affected the type of treatment offered to clients. When compared to the traditional format, clients were more likely to receive marital therapy and less likely to receive chemotherapy. A trend was also noted that clients were provided family therapy at a slightly higher frequency than individual therapy.

It was suggested that information from the PCQ provided a wider range of data regarding a client's strengths and weaknesses which are not ordinarily available during a typical intake interview. This information, coupled with a wide range of clinical interventions, allowed for greater treatment possibilities.

Additionally, it was felt that this form of inquiry started patients thinking about their problems in terms of marital or family issues. The result may have increased the patients' involvement in treatment while also increasing their acceptance of marital/family therapy approaches.

It was advised that application of similar client generated information must be compatible with available treatment alternatives in order to optimize the treatment decision-making process (e.g., not using questionnaires that primarily yield issues for family therapy when family therapy is not available).

Further study of the relationship between treatment placement and treatment outcome were suggested.

Bruce Reed

Ierodiakonou, C.S. (1983)

Psychotherapeutic possibilities in a rural community mental health center in Greece.
American Journal of Psychotherapy, 37, 544-551.

The process of initiating psychiatric services in a secluded rural Greek district was presented. The importance of planning for, and dealing with, a wide spectrum of cultural traits of the countryside were detailed. One example consisted of the rural populations' view of therapists and the therapeutic process (e.g., physician seen as protective/supportive figure which later contributed to therapeutic resistances in a somatizing population).

It was also shown that the staff of a mobile mental health unit needed to
integrate services within existing local formal and informal health networks in order to be more efficient.

Studying the specific cultural conditions of a rural area and implementing a decentralized psychiatric service were among the conclusions offered. *Bruce Reed*

**Jerrell, J.M. (1983).**

*Work satisfaction among rural mental health staff.*


This study was conducted in order to determine job and individual characteristics associated with work satisfaction in community mental health agencies. Particular attention was paid to agencies in rural areas.

The subjects were 471 rural mental health staff. Instrumentation included: demographic, employment status, educational background, caseload characteristics, and a measure of job satisfaction.

Previous findings of job satisfaction in community mental health centers were not confirmed by this study. It was suggested that earlier studies were conducted during the mid-70's which was a period of profound organizational change in community mental health systems. Current mental health systems may have matured and resolved many of the previously noted problems along with staff whose expectations are more congruent with their respective organizations.

It was found that salary, work group support and appropriate clinical supervision were factors contributing to job satisfaction.

The following issues were implications for mental health administrators: (1) job satisfaction is influenced by tenure and service assignment, (2) work group climate/supervision, work structure, and work supports strongly influence job satisfaction, (3) the relative benefit of salary incentives and recruitment of senior staff members must be weighed against low-cost staff who have high turnover rates and limitations in service delivery, and (4) this type of research holds promising opportunities for trainers and administrators to attract and retain the best-suited and most productive workers in public mental health systems. *Bruce Reed*

**Porter, R.A. (1983).**

*Ecological strategies of prevention in rural community development.*

*Journal of Primary Prevention, 3.* 235-243.

The author presented an applied theoretical framework involving ecological strategies of prevention in rural community development.

It was comprised of the following elements: theory, ideology and practice methods. Theoretically, the objective of prevention strategies involves: (1) an awareness of community systems and their impact on physical/mental health and (2) the ability to stimulate and reinforce formal and informal interactional patterns in the community system. Ideologically, prevention involves "environmental manipulation at all levels of the public health model..." An emphasis is placed upon the natural caring function of the "informal economy." Practice methods which involved a populations' competence enhancement and maximization of natural social processes were described.

Integration of this model in an ongoing rural field experience was discussed. *Bruce Reed*