

THE ROLE OF LEADERSHIP IN MENTAL HEALTH SYSTEM TRANSFORMATION

Jeanne C. Rivard, Ph.D.
NASMHPD Research Institute

The work of the President's New Freedom Commission and the Commission's report (SAMHSA, 2003) was instrumental in setting the federal direction for transforming mental health care in the United States (SAMHSA, 2005). Key recommendations called for transforming the mental health system into "...one in which Americans understand that mental health is essential to overall health; mental health care is consumer and family driven; disparities in mental health services are eliminated; appropriate and early mental health screening, assessment, and referral to services occurs; excellent mental health care is delivered and research is accelerated; and technology is used to access mental health care and information." (SAMHSA, 2005, p. 4). The Federal Action Agenda for transforming mental health in America (SAMHSA, 2005) translated the Commission's recommendations into actionable objectives centered on five core principles:

- Focus on outcomes to attain each individual's maximum level of employment, self care, interpersonal relationships, and community participation
- Focus on community level models of care that effectively coordinate health and human providers and public and private payers
- Focus on those policies that maximize the utility of existing resources by increasing cost-effectiveness and reducing unnecessary and burdensome regulatory procedures
- Consider how mental health research findings can be used most effectively to influence the delivery of services
- Ensure that the Commission's recommendations promote innovation, flexibility, and accountability at all levels of government and respect the constitutional role of the States and Indian tribes.

Numerous possible initiatives are suggested in the Agenda to attain the five objectives above (SAMHSA, 2005). Some that are directly applicable to children's mental health include:

- Provide technical assistance on resilience and recovery
- Promote the transition of youth with serious emotional disturbances, and those involved with the juvenile justice system, from school to post-secondary opportunities and/or employment
- Initiate a national effort focused on meeting the mental health needs of young children as part of overall health care.
- Disseminate learnings of, and build on, juvenile justice and mental health collaborations
- Support the interagency Autism Coordinating Committee
- Review standards and set guidelines for culturally competent care
- Create a national Strategic Workforce Development Plan and conduct research to reduce health disparities
- Promote strategies to appropriately serve children at risk for mental health problems in high risk service systems
- Develop a demonstration project for children in foster care
- Foster joint responsibility and implementation strategies for children and youth with co-occurring disorders, and for children in juvenile justice and child welfare settings
- Help parents avoid relinquishing custody and to help them obtain mental health services for their children
- Develop new toolkits on specific evidence-based practices
- Award Child and Adolescent State Infrastructure Grants
- Develop statewide systems of care for children with mental disorders, and provide technical assistance
- Expand the partnerships for Youth Transition Grant Program

This leadership at the federal level in articulating the vision of transformation and in setting objectives for achieving the vision will need to be carried through at state, community, and organizational levels. The challenge to leaders is quite massive, considering the complexity of changes needed in values and attitudes, in ways of interacting between consumers and providers and between agencies, in organizational and interorganizational structures and financing, and in policies and regulations. Reshuffling the board with a reorganization of departments and agencies is not likely to be the first course to follow. Rather the task is to start from scratch and reengineer how the vision will drive our business (Hammer & Champy, 1993) in children's mental health. Whether the objectives at hand are to create a seamless system of care, to bring about a family-driven and culturally competent system, to utilize knowledge from *science to service* and from *service to science* to foster continuous quality improvement, or to integrate the use of new evidence-based and promising interventions, the task is the same for leaders--to foster innovation that will lead to transformation.

The Functions of Leadership

The Director of SAMHSA's Center for Mental Health Services recently remarked that leadership is key to advancing every aspect of transformation—for building the momentum for change, for making the change happen, and for sustaining the change. All the while the aim of leaders is to achieve the mission and take care of people (Power, 2005). There is not a very firm evidence-based to guide leaders on the transformation path, specific to mental health. Results of a qualitative survey of state mental health agencies showed that leadership was one of the most important factors that provided the impetus to bring evidence-based practices into state mental health systems (NRI, 2005). This was accomplished through top leadership's advocacy, consensus-building, and collaboration with stakeholder, agency, and legislative leaders. In a review of the mental health research literature on leadership, Aarons (2006) reported that positive leadership has been associated with process and quality indicators such as organizational commitment, organizational climate, clinical alliances, and consumer satisfaction. In his own research, Aarons (2006) found that that for child mental health service providers, more positive leadership ratings were associated with more positive attitudes toward adopting evidence-based practices. These findings were true for two types of leadership styles: *transformational*, in which leaders inspire and motivate followers and *transactional*, in which leaders emphasize meeting specific objectives without encouraging innovation in subordinates. Corrigan and colleagues (2003) found transformational leadership styles to be positively associated with mental health team functioning and negatively associated with burnout. However, transactional leadership was not associated with either of these outcomes.

Qualities of Leadership

Much has been written and hypothesized about the qualities of leadership. Jordan (2006) recently traced the history of leadership theories from the "Great Man" theory of the mid 1800s which assumed that leaders are born, not made, through trait theories (e.g., certain individuals

have natural abilities to lead), behavioral theories (e.g., there is one best way to lead), situational contingency theories (e.g., leaders act differently depending on the situation), to recently introduced theories (leadership is relational, transformative, empowering). Integrating these theories and other sources of information on leadership characteristics, Jordan (2006) developed a framework for the Seven Hills Foundation that models key aspects of leadership characteristics, leadership skills and competencies, and leadership behaviors and actions.

The term transformational leadership actually refers to a process that changes and transforms individuals (Northouse, 2001), not systems, in the way we think of it in mental health today as transforming systems. Yet, the framework is helpful in describing the qualities of leadership aimed at influencing people and processes toward innovation. Northouse describes the four factors that are critical to transformational leadership as:

- *Idealized influence* - characterized by leaders that are exemplary role models, and that can be trusted and respected by associates to make good decisions for the organization.
- *Inspirational motivation* - characterized by leaders that motivate associates to commit to the vision of the organization, and encourage team spirit to reach goals of increased revenue and market growth.
- *Intellectual stimulation* - characterized by leaders that encourage innovation and creativity through challenging the normal beliefs or views of a group, and promote critical thinking and problem-solving to make the organization better.
- *Individual consideration* - characterized as leaders that act as coaches and advisors to their associates, and encourage associates to reach goals that help both individuals and the organizations.

The Minnesota Innovation Research Program, a longitudinal study of 14 diverse innovations in human services and business field settings, resulted in a book called *The Innovation Journey* (Van de Ven, Polley, Garud, & Venkataraman, 1999). A separate chapter describes their findings on leadership roles in innovation processes. On the qualities of leadership they found three distinct patterns in leadership behavior:

- Many top leaders were actively involved in developing innovations in their organizations.
- The managers were not homogeneous in their perspectives, but held opposing views and often served as checks and balances on each other in making new investments.
- Their decision-making was characterized by debate where justification and legitimacy of decisions were highly visible.

Seven Hills Foundation Leadership Framework (Jordan, 2006)

Leadership Characteristics

Emotional Intelligence
 Determined resolve
 "Other"-interest
 Desire to nurture/develop others
 Passion of ideals
 Vision
 Systems thinker

Leadership Skills and Competencies

Coaching and mentoring
 Ability to manage change
 Effective communicator
 Conceptual skills
 Analytical skills
 Ability to motivate others
 Self-reflection

Leadership Behaviors and Actions

Leads by example
 Exhibits moral and ethical behavior
 Acts with humility
 Maintains a positive attitude
 Honest with self and others
 Empower others

The authors concluded that "...in uncertain and ambiguous situations, organizational learning and adaptability are enhanced when a balance is achieved between diverse, opposing, and conflicting views among innovation leaders". (Van de Ven et al., p. 97). They also stressed that a negotiational style of decision-making is required to accommodate the divergent perspectives; and the flexibility needed to shift core assumptions, make and unmake decisions based on changing premises, redevelop new interpretive schemes, and thus create a learning community.

Such diverse leadership has been encouraged in innovations in children's mental health. In *Building Systems of Care: A Primer* (Pires, 2002) a core leadership group is designated to initiate and sustain the process of system building. The components of effective core leadership are considered to be constituency representativeness, credibility with the community, capacity to engage other stakeholders, and commitment to the task of system building (Pires, 2002).

How to Lead Change

In a discussion of why transformation efforts fail in the corporate sector, Kotter (1995) elaborated on the eight steps essential to success:

- Establishing a sense of urgency - examining market and competitive realities; identifying and discussing crises, potential crises, or major opportunities
- Forming a powerful guiding coalition - assembling a group large enough to lead the change effort, encouraging the group to work together as a team
- Creating a vision - to help direct the change effort and developing strategies for achieving that vision
- Communicating the vision - using every vehicle possible to communicate the new vision and strategies, and teaching new behaviors by the example of the guiding coalition
- Empowering others to act on the vision - getting rid of obstacles to change; changing systems or structures that seriously undermine the vision; and encouraging risk taking and non-traditional ideas, activities, and actions
- Planning for and creating short-term wins - planning for visible performance improvements, creating those improvements, and recognizing and rewarding employees involved in the improvements
- Consolidating improvements and producing still more change - using increased credibility to change systems, structures, and policies that don't fit the vision; hiring, promoting, and developing employees who can implement the vision; and reinvigorating the process with new projects, themes, and change agents.
- Institutionalizing new approaches - articulating the connections between the new behaviors and corporate success; and developing the means to ensure leadership development and succession

Closer to home, Torrey and colleagues (2003) described strategies for leading innovations in implementing evidence-based practices in mental health systems. Their framework involves different strategies at the system and program level during three stages of implementation: the motivational phase, the enacting phase, and the sustaining phase. Examples of helpful strategies at each stage include:

Motivational phase strategies - Advocating for the practice, engaging key allies, building consensus and support, bringing in outside speakers to connect with and inspire key stakeholders, and enlisting local opinion leaders who can attest to the local need.

Enacting phase strategies

System - Identifying and designating individuals who are responsible for the implementation initiative, communicating the initiative goals, planning the initiative, building the required infrastructures, securing initial funding, providing training and administrative consultation, and promoting experience sharing.

Program - Anticipating staff needs to transform practice, providing staff with an implementation plan, arranging training and supervision, measuring relevant processes and outcomes, redesigning the daily work flow, considering optimal timing for the change, dealing with personnel problems that detract from the practice, and anticipating setbacks.

Sustaining phase strategies

System - Establishing a sustainable flow of funding, monitoring program successes and outcomes, celebrating success, building a trained workforce, establishing technical assistance centers to support the new practice, and requiring that the practice be offered as part of a contractual or certification process.

Program - Tracking consumer outcomes, sharing success stories, assessing practice fidelity, measuring practice penetration, monitoring financial performance, collecting feedback on the practice from stakeholders, and using data and feedback to foster continuous quality improvement.

Leading Change in Real Time

Results of the NRI survey of state mental health agencies' strategies for implementing and disseminating evidence-based practices (2005) found that system leadership was essential for establishing a long term goal of system transformation; for consistent alignment of the vision, mission, and values; for priority setting; for marketing and public relations; and to promote consensus building and buy-in of multiple stakeholders.

Ohio

The Coordinating Centers of Excellence (CCOE) comprise one set of strategies used by the Ohio Department of Mental Health (ODMH) to promote best practice approaches in the state and to facilitate transformation of the mental health system in Ohio. CCOEs are partnerships between the ODMH and the individual CCOEs to provide training, technical assistance, consultation, and research. Some of the CCOE's focus on special populations such as adults with mental illness and developmental disabilities, or persons with substance abuse and mental illness. Others focus on training professionals in specific evidence-based practices such as supported employment, illness management and recovery, medication algorithms, and services for jail diversion. Two specialize in meeting children's needs through disseminating technology on multisystemic therapy, diversion from juvenile justice, and mental health services in schools.

An example of one of these centers is the Cluster-Based Planning Alliance CCOE, which provides partner agencies with training in cluster assessment, service planning and recovery planning, outcomes management, and utilization of outcomes data. The technology of cluster-based analyses promotes better understanding of the challenges, problems, and issues confronted by individuals with similar profiles to allow for more target service planning. The CCOE analyzes prevalence, utilization, billing and outcomes data, and provides individualized reports with comparative data to allow agencies to improve service and organizational planning, resource management, and quality improvement efforts. The CCOE also provides more in-depth

experts training and holds an annual user's group to encourage the sharing of best practices (Ohio Department of Mental Health Office of the Medical Director, 2005).

Connecticut

Connecticut has had consistent strong leadership in establishing quality as a defining characteristic of its initiative for sustained practice change. The legislature passed a bill called the Community Mental Health Strategy Board that created a special set aside beyond the general mental health funds to provide momentum for the implementation of evidence-based practices. The state partnered with national research experts for technical assistance on implementation and collaborated with the Governor's Mental Health Policy Council. Connecticut has nested implementation of EBPs for children and youth within 27 local systems of care called community collaboratives, and partners with the University of Connecticut and Yale to operate the Connecticut Center for Effective Practices to support the collaboratives. Some of the functions of the center are: identifying, implementing and evaluating effective treatment models appropriate for the state's system of care initiative; developing and implementing statewide training for mental health care coordinators; and developing tools and resources to empower families with children who have mental health conditions and/or are involved in the juvenile justice system.

New York

Another example of system leadership can be seen in the State of New York where the state mental health agency convened a series of focus groups and conferences to develop consensus among providers, consumer and family groups, and other agencies regarding evidence-based practices to target for development and methods of implementation. New York marketed the initiative with a title, "Winds of Change" and disseminates a great deal of information about the developing demonstration projects (information about and definitions of EBPs, fidelity standards) on their state website. The state mental health agency has worked with child welfare agencies to implement functional family therapy, and with schools to implement a large-scale initiative to disseminate positive behavioral intervention and supports. Another major initiative with schools and universities involves training school-based clinicians in the use of evidence-based practices for anxiety and depression, and in the use of functional behavioral assessment to develop behavior management plans for disruptive classroom behavior.

Although many of these examples of the influence of leadership came from a survey of states on strategies used for implementing evidence-based practices, we see in these examples ample evidence of the new system-drivers aimed at innovation and transformation. They reflect the recommendations of the President's New Freedom Commission Report and the key principles of Federal Action Agenda in being consumer/family-driven, based in collaboration, giving attention to the unique needs of diverse target populations; and focusing on quality, outcomes, and the use of technology.

To learn more about training and resources on leadership:

The Center for Community Leadership is to assist counties, cities, territories, Native American Tribes, and public and private organizations to successfully serve the needs of children and adults, especially those with disabilities, in their homes, schools and communities. The center convenes Leadership Institutes with the following topics: creating a shared vision,

anatomy of change, risk and courage, leadership styles and choices, formal and informal leadership, ethics n leadership, information as power, and thriving in chaos. For more information, go to: <http://www.centerforcommunityleadership.com/>.

National Council for Community Behavioral Healthcare: A Leadership Academy for the Behavioral Health Industry – To prepare organizational leaders in core competencies and leading for the future, the NCCBH Leadership Academy offers three-day training events on leadership topics such as key leadership practices, dealing with difficult people and assertiveness, coaching for commitment, performance management and accountability, and resource management. Training and follow-up can include individualized assessment, goal-setting, coaching, and facilitating sessions with staff. For more information, go to: <http://www.nccbh.org/SERVICE/Leadership-Academy.htm>.

The Center for Creative Leadership is a nonprofit institution dedicated exclusively to leadership. The center integrates cutting-edge research with innovative training, coaching, assessment and publishing. The center offers a series of five-day courses on individual leadership development; on leading groups, teams, and organizations; and on specialized topics, such as: navigating Complex Challenges, The Women’s leadership Program, and Coaching for Development. For more information, go to: <http://www.ccl.org/leadership/index.aspx>.

The National Center for Healthcare Leadership is a not-for-profit organization that works to assure that high quality, relevant and accountable leadership is available to meet the challenges of delivering quality patient healthcare in the 21st century. NCHL’s goal is to improve health system performance and the health status of the entire country through effective healthcare management leadership. NCHL has become an emerging authority on the development of healthcare leadership as a necessary tenet to cross the quality chasm and advance the nation’s healthcare. For more information, go to: <http://www.nchl.org/ns/about/aboutnchl.asp/>

References

Aarons, G.A. (2006). Transformational and transactional leadership: Association with attitudes toward evidence-based practice. *Psychiatric Services, 57* (8), 1162-1169.

Corrigan, P.W., Diwan, S., Campion, J., & Rashid, F. (2002). Transformational leadership and the mental health team. *Administration and Policy in Mental Health, 30* (2), 97-108.

Hammer, M., & Champy, J. (1993). *Reengineering the corporation: A manifesto for business revolution*. New York, NY: HarperCollins.

Jordan, D.A. (2006). *A framework of leadership for Seven Hills Foundation*. Seven Hills Foundation. Worcester, MA: Seven Hills Foundation.

Kotter, J.P. (1995). Why transformation efforts fail. *The Harvard Business Review, Mar/April, 59-67*.

National Association of State Mental Health Program Directors Research Institute, Inc.

- (2005). *Results of a survey of state directors of adult and child mental health services on implementation of evidence-based practices*. Alexandria, VA.
- National Technical Assistance Center for Children's Mental Health. (2002). *Building systems of care: a primer*. Washington, D.C.: Sheila A. Pires.
- New Freedom Commission on Mental Health. (2003). *Achieving the promise: transforming mental health care in America. Final report*. (DHHS Pub. No. SMA-03-3832). Rockville, MD.
- Northouse, P.G. (2001). *Leadership theory and practice*, second edition. Thousand Oaks, CA: Sage Publication.
- Ohio Department of Mental Health Office of the Medical Director. (2005). *Tools for transformation: A guide to Ohio's Coordinating Centers of Excellence and Networks*. Columbus, Ohio: Author. [Available at <http://www.mh.state.oh.us/medicaldirdiv/ccoeguide.pdf>]
- Power, A.K. (2005). Leading transformation through evidence-based practices. (2005, June). Paper presented at the conference on Change Management in Mental health Systems: Key for Implementing Evidence-based practices. Albuquerque, NX.
- Substance Abuse and Mental Health Services Administration. (2005). *Transforming mental health care in America. Federal action agenda: first steps*. (DHHS Pub. No. SMA-05-4060). Rockville, MD.
- Torrey, W.C., Finnerty, M., Evans, A., Wyzik, P. (2003). Strategies for leading the implementation of evidence-based practices. *Psychiatric Clinics of North America*, 26, 883-897.
- Van de Ven, A.H., Polley, D.E., Garud, R., Venkataraman, S. (1999). *The innovation journey*. New York, NY: Oxford University Press.