Principled Leadership

in MENTAL HEALTH SYSTEMS AND PROGRAMS

William A. Anthony and Kevin Ann Huckshorn

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ABOUT THE AUTHORS

William A. Anthony, PhD, is executive director of Boston University's Center for Psychiatric Rehabilitation and a professor in the University's College of Health and Rehabilitation Sciences.

For the past 35 years, Anthony has worked in various roles in the field of mental health and psychiatric rehabilitation, and has been honored for his performance as a researcher, an educator, and a clinician. He is currently co-editor of the *Psychiatric Rehabilitation Journal.*

In 1988, Anthony received the Distinguished Services Award from the National Alliance on Mental Illness in recognition of "his efforts that challenge outdated ideas which limit the potential of mentally ill people. The innovative programs created through Bill Anthony's leadership offer hope and opportunity." Anthony has appeared on ABC's "Nightline," which featured a rehabilitation program developed and implemented by Boston University's Center for Psychiatric Rehabilitation. Ted Koppel characterized it as a model program: "a small beacon of sanity in dealing with the problems of those whose sanity has crumbled."

In 1992, Anthony received the Distinguished Service Award from the President of the United States for his efforts "promoting the dignity, equality, independence, and employment of people with disabilities."

Anthony has authored over 100 articles in professional journals, 14 textbooks, and several dozen book chapters. A few of Anthony's latest professional books are: *Psychiatric Rehabilitation Programs: Putting Theory into Practice* (co-edited with Dr. Marianne Farkas), *Psychiatric Rehabilitation* (authored with Dr. Mikal Cohen, Dr. Marianne Farkas, and Dr. Cheryl Gagne), *Readings in Psychiatric Rehabilitation* (co-edited with Dr. LeRoy Spaniol), and *Toward a Vision of Recovery.*

Kevin Ann Huckshorn, RN, MSN, CAP, ICDC, is director of the Office of Technical Assistance for the National Association for State Mental Health Program Directors (NASMHPD) and the National Coordinating Center for Seclusion and Restraint Reduction.

Ms. Huckshorn is a licensed and certified mental health nurse and substance abuse clinician with practical knowledge from 25 years of professional frontline experience working in a variety of public and private mental health organizations and substance abuse programs. She has extensive experience in both inpatient and outpatient program development including peer-run projects, psychiatric rehabilitation treatment programs for persons with serious mental illness, and recovery-based mental health and

substance abuse services. In her current role, she manages multiple technical assistance projects, organizes state and national meetings, and monitors all services and products—from action plans to pragmatic tools and training for applying promising and evidence-based practices.

Ms. Huckshorn is a frequent speaker at national conferences related to behavior health and also works internationally on such issues as the prevention of violence and the use of seclusion and restraint in mental health settings. She is currently in the dissertation phase of her doctoral program; has published articles on violence, treatment adherence, and workforce development; and serves on the editorial boards of three U.S. peer-reviewed mental health journals.

FOREWORD

Many books have been written about leadership, but few, if any, have addressed leadership in the world of mental health services. Historically, books on leadership have fallen primarily into three categories: those written by academics who have researched the topic, those written by consultants who make a living advising corporate executives on leadership, and those written by successful executives who tell their own story and articulate the principles of leadership that they created or followed. Unlike business leadership books that focus on sustainable competitive advantage, topline growth, and/or improved profitability, *Principled Leadership* has human satisfaction and success as its outcome metric. For the authors, as well as the leaders who were interviewed for *Principled Leadership,* the desired outcome of an effective mental health organization is *people who can live, learn, and work in the environments of their choice.*

Anthony and Huckshorn have studied leadership, advised leaders in the field of mental health, and have been leaders themselves in transforming services for people who experience mental illnesses. Each has played a critical role in shaping a mental health movement—psychiatric rehabilitation and seclusion/restraint reduction, respectively—and each has extensive leadership experiences in mental health that are value based, outcome focused, and recovery oriented. Yet this book is not about Anthony and Huckshorn's leadership activities. In line with the leadership principle advanced in chapter 8, which is to build organizations around exemplars, Anthony and Huckshorn have organized this book around exemplary leaders who model principled leadership.

The vision, values, principles, and tasks discussed by these leaders go beyond any one specific approach to solving the difficult problems faced by the people affected by serious mental illnesses and their families who support them. Effective leadership, as described in this book, is based on understanding the possibilities of transformation, rather than predicting and controlling probabilities. Most of all, *Principled Leadership* offers leaders, and would-be leaders, a vision that goes beyond methods and approaches that can be divisive and exclusive. It describes mental health systems and programs that are driven by the unifying constructs of recovery, hope, and choice, and it articulates the principles and tasks that are critical for effective leadership of these organizations.

Anthony and Huckshorn convince us that principled leadership in mental health is necessary and possible—and that principled leaders can make a difference in the lives of people and in our society. They convince

us that principled leaders can be developed, and they provide a blueprint for doing so. Further, they argue that a critical mass of principled leaders can transform our mental health system—and that it is our responsibility to build that critical mass of principled leaders.

I congratulate the authors on this breakthrough book, which I believe will be a landmark in the leadership literature. Like *Principled Leadership,* business leadership books stress the importance of outcomes—but profit and market share outcomes are not focused singularly on helping people, families, and communities to become more successful and satisfied. Unfortunately, too often the goals of our business leaders create the conditions for human suffering, rather than human success and satisfaction. *Principled Leadership* is an invaluable text for leaders and future leaders in the mental health field—and the basic principles and tasks articulated in *Principled Leadership* are relevant for all business leaders.

BARRY F. COHEN
EXECUTIVE VICE PRESIDENT
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PREFACE

In our respective travels, nationally and internationally, we have been intrigued with the drastic differences in how mental health organizations innovate and change. Some organizations (centers, hospitals, programs, units, etc.) embrace the opportunity to improve. Others are much less enthusiastic about the possibility of improvement and seem to impede or ignore their prospects for continued progress. We attribute much of these organizational differences to leadership, and it is that strong belief that led to this book.

In the United States, during the latter part of the 20th century and the beginning of the 21st century, the need for transformational change in the mental health system has been magnified by reports of commissions, mental health research, and the voices of people with psychiatric disabilities and their advocates. Mental health organizations are pressured from all corners to develop recovery-oriented practices and systems. Some mental health leaders have distinguished themselves by their capacity to initiate this needed change. We set out to learn from these successful transformational leaders.

During the course of writing this book, we were amazed and heartened by the leaders' accounts of their leadership experiences. Many leaders were nominated by us and their peers as people who had brought about positive change in their organizations. All leaders we approached (save one) consented to be interviewed. Each leader agreed to be tape recorded and spoke with one of us for one to two hours. They were informative, modest, and self-critical. What we learned from these leaders about leadership in public mental health settings provides the foundation of this book. We hope you learn from reading it, as we learned from writing it.

WILLIAM A. ANTHONY
KEVIN ANN HUCKSHORN

Introduction

*Leadership remains an art as well as a science—some of the tools of
leadership are not simply the tools of science—some are the tools of the self.*
—William A. Anthony

There are questions many of us in the mental health field
have thought about repeatedly. Such as:

- Why do some organizations prosper while others deteriorate?

- Why do some organizations flourish during a period of change
  while others calcify?

- Why do some organizations, previously known for their medi-
  ocrity, become exemplary organizations?

For years questions such as these have intrigued, puzzled, and
bothered people in the mental health field (Anthony, 1993a). They
often are summarized in the plaintive question of advocates, tax-
payers, consumers, administrators, and practitioners—"Why isn't
our program progressing as well as theirs?" Indeed, it is clear that
there are some state departments of mental health, mental health
centers, hospitals, rehabilitation centers, or individual units or pro-
grams that are just more advanced than others.

It is the thesis of this book that many, if not most, of the fun-
damental differences between organizations are due to differences
in the quality and effectiveness of the leadership. The focus of this
book is on the leadership within those organizations that serve
people with severe mental illnesses. Big or small, public or private,
independent of professional discipline, the book's spotlight is on

the leadership as a major source of what makes one mental health organization more successful than another.

Principled Leadership is also a call for the development of a new type of leader. Leaders are urgently needed who can respond to the mental health field's new paradigms and challenges, as outlined in this introductory chapter. Especially needed are leaders who respond to these new opportunities with the requisite direction and strategies.

THE NEED FOR LEADERSHIP IN MENTAL HEALTH

As a result of many new developments in the mental health field, the need for leadership in serving persons with severe mental illnesses has never been greater. As we begin the 21st century, change seems to be the only constant factor. Leadership is needed to take advantage of the opportunities that accompany environments characterized, not only by constant change, but by a change so dramatic that the very foundation of the mental health system is being built anew. Some of these changes are due to the evolution of the field itself, such as a better understanding of the comprehensive needs, wants, and potential of persons who have serious mental illnesses. Others have been thrust on the field by forces operating in society in general, such as the movement toward managed care; the increasingly articulate and powerful voices of the people our field serves; the release of the first surgeon general's report on mental health in 1999 (U.S. Department of Health and Human Services, 1999); the Institute of Medicine's *Crossing the Quality Chasm* series (2001, 2005); and the *President's New Freedom Commission's Report on Mental Health Care in America* (2003).

> It is the thesis of this book that many, if not most, of the fundamental differences between organizations are due to differences in the quality and effectiveness of the leadership.

The most telling changes, however, will be driven by new ways of thinking that now exist with respect to the consequences of serious mental conditions, as well as the potential for recovery from these illnesses. Concerning the consequences of mental illnesses, previously the negative effects of mental illnesses were seen primarily as symptomatic impairments of mood or thought. This is

no longer the case. The emergence of the rehabilitation paradigm has enlarged the potential consequences of severe mental illnesses to include not only symptom impairment but also dysfunction, disability, and disadvantage (Anthony, 1979; Anthony, Cohen, Farkas & Gagne, 2002). The importance of psychiatric rehabilitation services to address the now apparent, more comprehensive needs of people with serious mental illnesses was emphasized by the Community Support Program, initiated by the National Institute of Mental Health in the late 1970s (Turner & TenHoor, 1978). Gradually over the last quarter century, the mental health system not only became concerned with how to impact the person's impairment or symptoms, but also the person's ability to perform tasks (dysfunction), roles (disability), and deal with the discrimination and poverty (disadvantage) that he or she may face. (See table 1.)

The philosophy underlying psychiatric rehabilitation also brought to the field of mental health its unique value base that emphasizes values such as a person's involvement, choice, strengths, and growth potential, as well as outcome accountability for providers (Anthony, 1979). The inclusion of a rehabilitation paradigm and the push toward community support services (Turner & Shifren, 1979) enlarged the scope of the mental health system and its values, and challenged the leadership to think more comprehensively and respectfully about how to help people with serious mental illnesses. Outcomes related to improving people's skills; impacting people's residential, vocational, and educational statuses; increasing people's satisfaction, as well as reducing the effects of poverty and discrimination on people with mental conditions began to be included within the concerns of mental health leadership.

The other more recent, dramatic major change within the mental health field itself has been the growing acknowledgment that people with severe mental illnesses can and do recover.

The other more recent, dramatic major change within the mental health field itself has been the growing acknowledgment that people with severe mental illnesses can and do recover (Anthony, 1993b, 2000; Deegan, 1988). While there are many definitions of recovery from severe mental illnesses (Ralph, 2000), a succinct and straightforward definition is, "the development of