Principled Leadership in Mental Health Systems

“Good leaders can be born or made — being born is the more mysterious part.”
— William A. Anthony

There are considerable leadership challenges in public mental health arenas. Mental health leaders are subject to directives from all levels of executive and legislative bodies, the judicial system’s constant interpretation of mandates and boundaries, the machinations of special interest groups, the legitimate pressures for change from people with severe mental illnesses and their families, unmatched media focus, and budget decisions beyond their control. This newsletter provides leadership principles and the experiences of our current leaders as a point of departure in our journey to improve the knowledge base in the field of mental health leadership and demystify the process of becoming a leader.

Leading the Field

The need for leadership in serving persons with severe mental illnesses has never been greater. As we begin the twenty-first century, change seems to be the only constant in the mental health system. We need leaders to take advantage of the opportunities that accompany environments characterized by change so constant and 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, which now has a better understanding of the comprehensive needs, wants, and potential of persons with 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 (1), the Institute of Medicine’s Crossing the Quality Chasm series (2), and the New Freedom Commission’s Report on Mental Health Care in America (3). However, the most telling change—and one incorporated in many of the above developments—has been increased recognition of the fact that people with severe mental illnesses can, and do, recover (4).

Historically, the opportunity to learn about the principles of mental health leadership and the experiences of mental health leaders has been rare indeed. Courses and texts routinely focus on the corporate sector; very little attention is paid to leadership issues in the publicly funded sector—especially in the mental health field. However, the nonprofit world has the largest number of leadership jobs in the United States, the greatest opportunities for growth (5), and is the public sector from which exemplary leaders of the future may emerge.

Learning to Be Leaders

In response to the need for education in leadership principles as they relate to the field of mental health, William Anthony, Ph.D., Executive Director of the Center for Psychiatric Rehabilitation at Boston University, designed a course in mental
THE EIGHT PRINCIPLES OF LEADERSHIP

1. Leaders communicate a shared vision.
2. Leaders centralize by mission and decentralize by operations.
3. Leaders create an organizational culture that identifies and tries to live by key values.
4. Leaders create an organizational structure and culture that empowers their employees and themselves.
5. Leaders ensure that staff are trained in a human technology that can translate vision into reality.
6. Leaders relate constructively to employees.
7. Leaders access and use information to make change a constant ingredient of their organization.
8. Leaders build their organization around exemplary performers.

Kathy described how they organized their separate operational processes toward that mission in a decentralized way: “When I accepted a leadership position at WVMHCA, I knew from my background in nonprofit management that our organization would benefit from reexamining its authoritative organizational structure. Through a series of town hall meetings, we developed a flattened hierarchy that depicted operational components of the organization in the areas of living, learning, working, and connecting. We developed corresponding job descriptions for directors of housing, education and training, and resource drop-in centers. Once a month, representatives from these different components now meet for information-sharing and planning. Between meetings, they run their divisions through teamwork and field-based knowledge.” Kathy then illustrated how the communications necessary to make the organization work are guided by the mission and values:

“Decisions are made based on our mission and values. Instead of the Board of Directors or CEO being at the top of our organizational chart, it is the consumers of the state of West Virginia. Everyone has a key role in the success of our organization and takes pride in their efforts. There is a management coordinating unit comprised of division directors that acts as a team and role-models values and mission support. It assumes that’s common understanding of roles and responsibilities as well as mutually prepared work plans for each program. We capture outcome data. To help make operations more visible, we created an organization open across the organizational structure, we have invested in information technology and staff development and training. I’m pleased to be part of a learning organization that’s interesting programs, projects and services. So even, as the old saying goes, WVMHCA’s whole is bigger than its parts. There is magic when the organization hums.”

The Context of Leadership

In addition to identifying the Eight Principles, the work of Anthony, Huckshorn, and the interviewed leaders revealed the importance of certain variables that influence the development and practice of leadership. The context in which the organization or context can affect, cause substitution, neutralize, or enhance the effects of leader behavior; that effective leaders’ actions are often based on the situations in which they find themselves. We recognize that leadership is not a single but a series of behaviors that appears to be linked to organizational setting. Some scholars believe the relationship between leader and setting is symbiotic; in that while the leader obviously affects the setting, the setting is able to stimulate the emergence of a leadership style (8).

When Linda Rosenberg was interviewed for the Principled Leadership book, she was CEO of the National Council of Community Behavioral Healthcare. Linda raised the issue of the contextual nature of leadership, as did other interviewees (9). She said, “I think the thing about effective leadership for me is that it happens in a context.” You can be an expert at leadership theory and probably try to teach it, but leadership also has to do with a time and a place. So, someone could be a great leader in certain situations and not in others, probably because you need different skills. Take someone like Ruddy Giuliani, who was a great leader after 9/11, he wasn’t always such a great leader at other times but his personality and his natural talents were a fit for it. So there is the possibility of being a great leader sometimes but your skill set won’t work in another situation. You’ve got to be able to live with that and know that’s okay.”

Based on the leadership interviews conducted for this book, we believe Linda’s comments about the context of leadership are valuable; certain times and certain places emerge for leadership. Accordingly, we believe that now is the time—and the mental health field is the place—for principled leadership to emerge. The context, while important, is not as critical as what the leader brings to the context. We return to the premise on which these interviews were based, i.e., that many people can be innovative mental health leaders and will probably...
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The Context of Leadership

In addition to identifying the Eight Principles, the work of Anthony, Huckshorn, and the interviewees revealed the importance of certain variables that influence the development and practice of leadership. Understanding how a system or context can affect, cause substitution, neutralize, or enhance the effects of leader behavior, that effective leaders’ actions are often based on the situations in which they find themselves, that leadership can be understood to be linked to organizational setting. Some scholars believe that the relationship between leader and setting is symbiotic, that while the leader obviously affects the setting, the setting also influences the emergence of a specific leader style (8).

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also lead in other contextual areas, such as social, religious, athletic, and school organizations. However, regardless of the setting or context, we believe people can become better leaders if they are guided by the principles and tasks identified by the leaders who were interviewed.

Growing as Leaders

People—and leaders—can and do learn. People can become better leaders if they are guided by the principles and tasks described by principled leaders. The leaders who spoke of leadership experiences for this project are still learning, much of which concerns “themselves” in relationship to the “tasks of leadership.” In essence, leadership development is about self-development (10). Musicians may have their instruments, engineers their computers, and accountants their calculators, but leaders have only themselves. They are, in fact, their own instruments. Ultimately, leadership remains an art as well as a science. Some of the tools of leadership are not simply the tools of an expanding science but the tools of the self.

Endnotes


New Book Release!

**Principled Leadership**

By William Anthony and Kevin Ann Huckshorn*

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

Through extensive interviews with exemplary leaders such as Mike Hogan, Judi Chamberlin, David Shern, Pablo Hernandez, Len Stein, and Lori Ashcraft, Anthony and Huckshorn uncover the principles behind the ability to transform organizations through leadership and the actions that bring those principles to life.

“... a must-read for current and future leaders in our field.”

—Steven Sharfstein, MD, President and CEO, Sheppard Pratt Health System; Clinical Professor and Vice-Chair of Psychiatry, University of Maryland; Past President, American Psychiatric Association

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