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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



Principled Leadership Defined

The concept of “principled leadership” that emerged from these interviews is “principled” in two ways. The most straightforward explanation is that these are the fundamental principles that guide effective leaders’ actions. Answers were sought to the questions about the common principles and accompanying tasks that guided leaders in creating, building, and/or maintaining needed services.

Leadership is also referred to as “principled” because the services provided by the leader’s organization are designed to help people recover from serious mental illnesses. We learned that while leader strategies for changing their organizations differed, the place where they started from varied, and the characteristics of their organizations, their personalities, and their strengths did not conform to one model, but they all shared the belief that promoting recovery from severe mental illnesses was the direction their organization must pursue. In that context the leaders included in this text were “principled” in pursuing this new paradigm of recovery.

The definition of Principled Leadership that emerged from the interviews was: *leadership is creating a shared vision and mobilizing others toward specific organizational goals consistent with the vision.*

—William Anthony and
Kevin Ann Huckshorn,
Co-authors of *Principled
Leadership*

health leadership and invited leaders from around the country to lecture on the basic principles that guided their work. Dr. Anthony knew sixteen lecturers as leaders who had been trying to change the segregated, authoritarian, and/or restrictive way that services of the last century were often organized. The course, originally structured around twelve principles that leaders in business seemed to favor, gave rise to a set of eight, based on the mental health leaders’ comments, examples, and suggestions.

That early effort in the 1990s led to a lengthy process of identifying the accompanying tasks helpful in implementing these principles. With Kevin Ann Huckshorn, RN, MSN, CAP, ICDC, Director of the Office of Technical Assistance for the National Association for State Mental Health Program Directors, Dr. Anthony conducted extensive interviews with over 40 leaders selected for their ability to create significant organizational change toward a consumer-centered, noncoercive, accountable system of care that facilitates recovery for people with severe mental illness. Based on these interviews, the Eight Principles and 8–10 tasks associated with implementing each of them were identified.

Principles in Action

By understanding leadership principles, reading examples of them in action, and reflecting on one’s personal development in relation to them, current and future leaders can improve their own leadership performance.

The Eight Principles of Leadership are the foundation of Anthony and Huckshorn’s newly published book, *Principled Leadership*, in which real-life examples of each principle (and the accompanying tasks) were taken from interviews with leaders who help explain the process. For example, Len Stein’s story about what has become known as the ACT program speaks powerfully to the importance of a shared vision (Principle 1). Gene Johnson’s recollection of an organizational initiative that empowered his employees in a crisis/inpatient unit is an example of how organizational structure and culture can

THE EIGHT PRINCIPLES

1. Leaders communicate a shared vision.
2. Leaders centralize by mission and decision-making.
3. Leaders create an organizational culture to live by key values.
4. Leaders create an organizational structure that empowers their employees and their leaders.
5. Leaders ensure that staff are trained and can translate vision into reality.
6. Leaders relate constructively to employees and their leaders.
7. Leaders access and use information as an ingredient of their organization.
8. Leaders build their organization around their vision.

empower employees and leaders (Principle 4). Pam Womack’s story about the use of data to spur the development of a unique respite program illustrates the importance of information in bringing about change (Principle 7).

Principles 1, 2, and 3 concern the differences between vision, mission, and values and how understanding those differences contributes to the capacity to move people and organizations forward. A vision (Principle 1) captures the future of the organization; however, the train will never leave the station for the vision destination if the organization lacks a mission and a way to implement it. Perhaps the worst situation occurs when an organization has an exciting vision but doesn’t understand how to pursue it. A vision is *not* a mission; it gives you an *image* of the future while the mission speaks to what the organization’s primary purpose is and what it must do immediately. The mission focuses the organization’s energy, intellectual resources, and passion on the operations necessary for the consumer to realize the benefits of receiving services from the organization (Principle 2). A *vision* tells what future the organization is trying to create; a *mission* defines what role the organization has in

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creating that future. *Operations* describe the daily, high-priority activities that must take place to accomplish the mission. The *values* provide the template that guides the organizational decision-making that directs daily operations (Principle 3).

An excellent illustration of how a leader attempts to align vision, mission, operations, and values (6) was provided by Kathy Muscari. When Kathy was interviewed, she was a leader in the West Virginia Mental Health Consumers' Association and the Director of CONTAC, the Consumer Organization and Networking Technical Assistance Center. Kathy first described the vision and the organization's role in moving the field closer to it: "The vision of the West Virginia Mental Health Consumers' Association (WVMHCA) has been to create a consumer-driven, behavioral health system. When that became the vision years ago, it seemed like a distant dream; today, it has become a very real possibility. The mission of our organization is to work toward this vision through developing services and supports that promote education and training, build strong peer networks, and assist with independent living in the community."

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 team 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 assures there is common understanding of roles and responsibilities as well as mutually prepared work plans for each program. We capture outcome data. To help make operations effective and communication 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 has interesting programs, projects, and services. Even so, 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. They recognized that situation 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 (7). Leadership style 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 you could probably even 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 Rudy 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 a crisis. So I think you can be 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 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 cry out 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 become mental health leaders and will probably



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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 that 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.

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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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