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BETWEEN A ROCK AND A HARD PLACE?

Training & Personal Development Issues for Mental Health Service Managers

The “in between” position in which middle managers find themselves in organisations such as the mental health services results in huge demands and stresses. Jane Gilbert highlights the importance of caring for those who manage, and discusses why the demands of this very specific role must be addressed in training and personal development.

Mental Health Services' greatest assets are the practitioners who care for others and the managers of those services. No matter how comprehensive Mental Health policies and strategies, no matter how many documents are written, nothing can be implemented without those within the services being able to fulfil what is required of them. It is well recognised, though not always acted upon in practice, that continuing personal and professional development is essential for practitioners providing clinical services. However, appropriate and relevant support specifically for managers in Mental Health Services is often neglected.

This paper argues that the development of managers' personal resources needs to be seen as essential, particularly in the present context of ongoing, unremitting change. What follows outlines some of the issues which constitute the “daily bread” of Mental Health Service managers. It is argued that addressing these issues directly in training and support initiatives could make a substantial difference to managers' confidence and competence in fulfilling the tasks required of them.

Can managers be leaders?

All public services, including Mental Health Services, are prone to the use of ambiguous terminology and words which appear to be self explanatory are, in practice, not clearly and accurately defined. The words “team leader” and “manager” are examples of this. They are often used synonymously as if they referred to the same role or function, but there are differences between **managing** and **leading**. A clearer definition would reveal that to **manage** means to control or organise, whereas to **lead** is to inspire others to follow – two fundamentally different processes.

In terms of the demands placed upon Mental Health Services managers, coping with **complexity** and limited resources requires a manager, but coping with **change** requires a leader. Thus, management and leadership are fundamentally different and require different attributes. However, lack of clarity and interchangeable use of terms contributes to unspoken assumptions, both within an organisation and within individuals themselves, that the same person can automatically fulfil **both** roles. Although this is possible, despite the fundamental conceptual differences, it is not necessarily the case, as a person may not possess the necessary attributes required for both managing and leading.

This confusion of terms is further complicated in practice by attempts to distinguish between clinical leadership and management leadership. Often this reflects tensions in some parts of Mental Health Services, particularly Community Mental Health Teams (CMHTs), between Consultant Psychiatrist, who carry clinical responsibility, and managers, who are accountable for the management of a service/team and the allocation of finite resources.

Teams/groups

Another word that can lead to confusion is “team”. This word is often used, inaccurately, to describe simply a **group**. A group of people is often assembled together and told the members are now a team, and then expected to behave as such, even when they do not have the necessary characteristics.

To work effectively as a team requires sustained commitment in terms of time and development, otherwise teamwork cannot take place. Managers can be appointed as “team leaders” when in reality a team in the accurate sense of the word does not exist. This can lead to unrealistic expectations and feelings of frustration and failure, both within individual managers and within organisations. The ongoing process of developing integrated teams, with personnel drawn from both Health and Social Services is an example of this. Sometimes the fundamental differences in culture between the two organisations are not explicitly addressed, and essential team building processes do not take place. Many managers are left to struggle with how to reconcile these difficulties but are also held accountable when problems arise.

Change/change/change

Much of the pressure felt by those working in Mental Health Services is directly attributable to the extremely rapid and frequent changes that have been initiated in recent years, at all levels. There is no doubt that positive proactive change was necessary to improve services for users, however many clinicians express frustration that so much energy and resources are taken up in the process.

Managers are regularly expected to implement, and be accountable for, a vast number of changes, often without the benefit of a comprehensive understanding of the **processes** involved in initiating, implementing and sustaining change and the accompanying processes of loss – both at organisational and individual levels. Support and help in terms of how to inspire and lead through change, how to maintain the necessary vision and continuity, how to understand the factors that enhance or inhibit the change process, and the effects of organisational change upon individuals and the personal caring service that practitioners are trying to provide is very rarely given. If managers were given sufficient support and specific training in managing change, expectations of what can be achieved, both from individuals and organisational systems would be more realistic and the levels of cynicism and burn out amongst staff would be greatly reduced.

“Carrots not sticks” – The principles of behaviour change

High levels of change mean that managers often want their staff to behave differently, and sometimes to make fundamental changes in their day to day work. These changes often entail managers having to encourage staff to change and fulfil their roles in ways that will be more congruent with the aims of the organisation. Because managers are judged and held accountable for the performance of their staff, it can be a source of great anxiety that staff are not changing in the ways that are required or within the expected timescale. However, although implementing changes can be difficult and challenging, **how** staff are managed and how changes are negotiated can either enhance or damage staff motivation and morale.

A very common problem which adversely effects the morale of front line staff is how decisions are made and who is perceived as being responsible for them. Although sometimes decisions may have to be imposed, it is always more productive to **facilitate** decision making such that staff feel that their expert knowledge and experience is valued. With most policy guidelines and changes there is a degree of autonomy as to how changes are to be achieved in local circumstances. Staff themselves will have ideas and solutions. If the generation of suggestions/solutions/ideas from practitioners is actively acknowledged and facilitated, it will have a radical effect on how change can be implemented and maintained. It is also likely to **enhance** morale.

Supporting and raising awareness amongst managers and leaders as to how to facilitate change by the use of **positive** strategies could transform many working environments.

“Us and them” Personal integrity/divided loyalties

Many managers and team leaders have been appointed as a promotion from direct face to face client work. For most managers it is a shock to discover that those people with whom they have previously worked as friends and colleagues view them very differently once they have a management title and management responsibilities. The newly appointed manager is suddenly perceived as belonging to a different “in

group”, often with added “perks” and advantages. Such changes reflect the reality of different subcultures co-existing within an organisation, but the personal experience of many managers can be of divided loyalties. They are aware, from their own clinical experience, of the practicalities and demands of every day work, but they now have another set of demands from “higher up” the system to which they must also respond. This “in between” position is inevitable in middle management but the struggles to maintain personal and professional integrity need to be addressed directly as part of training initiatives.

Managers’ partial control over the allocation of resources is an illustration of this “in between” position. Middle managers are not involved in the allocation of financial resources at Trust level (many Trusts are in serious financial difficulty) but they are responsible for the implementation and accountability of those financial constraints. Managers can feel in a “no win” situation. They have to simultaneously support staff who are complaining about financial constraints and the effects on clinical services, but simultaneously have to implement the financial restrictions within the Trust, with little capacity or authority to allocate resources differently. This scenario places them very much between a rock and a hard place.

Whose voice? Conflicting demands/agendas

With whose “voice” does the manager or team leader speak? The demands and political agendas of different professional groups within Mental Health Services are sometimes very different. Sometimes managers speak with a voice that matches the group to which they are attached at a particular time; while at other times they talk what practitioners call “management speak”. Both ways lead to a loss of personal credibility with staff. Finding one’s own voice in which to lead, inspire and manage staff when having to be “in between” organisational demands, be responsible for their implementation, **and** respond to the day to day concerns of practitioners, can make speaking with a personal genuine voice difficult for many managers. This issue needs to be addressed directly and managers given the opportunity for appropriate personal development.

Trust - Meaning what you say/saying what you mean

One of the most common complaints about managers in organisations is that they cannot be trusted, that they have hidden agendas or are not addressing topics.

In any large organisation it is not possible for every person to know about every thing that is taking place. Common complaints voiced by practitioners are either that managers give them too much information that they consider irrelevant (particularly now with the capacity of e mail to circulate documents to large numbers of people) or that they are not properly informed about what is happening. Managers therefore, understandably, sometimes feel that achieving appropriate communication with staff is extremely difficult. However, if a manager's working relationship with staff is based on trust, many of these difficulties can be overcome. Some managers do not fully appreciate that trust is not given automatically but has to be developed and earned. Establishing trust can be done in quite small ways, particularly in taking the experience, opinions and concerns of all employees seriously.

Thus, a key issue to be specifically included in support and training for managers is how to listen and validate someone else's experience **and** convey respect while doing so. The establishment of a baseline of trust between managers and those being managed can facilitate the implementation of changes which may not have been possible in a climate of suspicion and mistrust.

Time management/prioritising

Addressing time management may well seem an obvious component to include in management support, but it is nevertheless essential. Too often managers seem to feel trapped by having continuously to react to seemingly unrelenting demands/crises which allow no time for their own proactive contributions or creativity. Some managers feel that they are expected to be "robots", simply responding to a never ending stream of demands with little appreciation for their efforts. Understanding the need for the processes of delegation and prioritising within their own areas of responsibilities, as well as the emotionally damaging effects of

perceived helplessness, need to be explicitly addressed in the support provided to managers.

Training and personal development

As mentioned previously, it is considered essential good practice for practitioners to take time for supervision and reflection on their clinical work. However, most managers are not provided with the time or opportunity for such reflection, and are under pressure to “perform” and achieve measurable outcomes. At the beginning of a Personal Development Day for 12 Mental Health Service managers recently designed and facilitated by the author, participants initially expressed feelings of **guilt** that the day was focussed on their own well being and development and were anxious that there were no quantifiably measurable outcomes. However, once these feelings of guilt had been allayed, it was clear that the managers felt very alone and unsupported with the demands upon them, did not receive the personal support that would enable them to fulfil their roles with maximum effect, and that the provision of just one day had been greatly valued.

It is suggested that providing support and opportunities for personal development, and actively addressing the issues raised in this paper, could significantly improve the morale and effectiveness of Mental Health Service managers, whom in practice are held accountable for the implementation of government policies through the staff they manage and within their own geographical locality. Their unique “in between” position within the organisation does indeed put them between a rock and a hard place.

It is suggested that the following could provide a basis for training and personal development:

- The provision of time and opportunity without guilt
- Explicit examination of problems encountered in practice
- Facilitated supportive joint problem solving within a setting which does not allocate blame

- Understanding normal human responses to loss and change
- Examination of the effects of change within mental health services and the development of positive strategies to facilitate change
- Increased self awareness to develop strengths and acknowledge difficulties, particularly the effects of management style on practitioners
- The development of personal strengths and strategies to support their staff through the processes of change, both professionally and personal

Personal development/self care

Mental health services are human services – services are provided and received by people. Those who provide care for people in emotional distress are not “products” or “assets” in a business sense, they are human beings with vulnerabilities and strengths carrying out personally demanding work. Thus taking care of those who care is absolutely essential. Sometimes managers are stressed and worn out and set a poor example to their own staff as to how to look after themselves and maintain their own personal resources. Sickness levels in Mental Health Services are high. Many managers and practitioners burn out, become demoralised and resign. Managers and team leaders need to be actively taught and supported to ensure that they maintain their own personal resources. This will enable them to be more understanding and supportive of the staff whom they manage, more sensitive to potential burn out in others, and thus able to take restorative action sooner. It is essential that managers and team leaders be given appropriate and relevant support which explicitly addresses the reality of the challenges and demands of their roles within a complex organisation. Provision of such support and training would make a substantial contribution to providing and maintaining services of the highest standard for those who need them.

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