Guest Editorial

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Expert leadership – why psychiatrists should lead mental health services

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Stephen Allison Discipline of Psychiatry, Flinders University, Adelaide, SA, Australia
Amanda Goodall Cass Business School, City University London, London, UK
Tarun Bastiampillai Discipline of Psychiatry, Flinders University, Adelaide, Australia, and South Australian Health and Medical Research Institute, Adelaide, SA, Australia

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In most Anglosphere nations, managers have replaced doctors in the executive suites of the health sector. Managers were expected to be more efficient, effective and responsive. However, with many health services in disarray, it is fair to ask whether the switch from doctors to managers could be partly to blame.

In this special international issue, we hear from medical experts and management scholars. The President of the World Psychiatric Association, Professor Dinesh Bhugra, has helped define the field of psychiatric leadership.[1] In his current article he introduces the concept of expert leadership, and the requirement that expert leaders combine knowledge, experience and technical competence with innate ability and leadership training, in order to meet the challenges of changing times.[2]

Goodall (2016) presents a theory of expert leadership (TEL) in psychiatry that raises testable hypotheses about how psychiatrist-leaders might improve organisational performance.[3] She suggests that psychiatrist-executives are viewed as being more credible by their peers. Because they have the same training, they are also more likely to understand the motivations of other psychiatrists, and therefore set appropriate goals, and evaluate and support their colleagues. We are currently investigating TEL in a collaboration between Cass Business School, City University London and Flinders University in Adelaide.

Doctors used to be trained as 'heroic lone healers', but training programmes now emphasise doctors as multidisciplinary leaders. The US has a mature culture of medical leadership. The Cleveland Clinic provides an outstanding example. It is a prominent US healthcare provider in Cleveland Ohio, which has been doctor-led since its foundation in 1921. In the current issue, Christensen and Stoller (2016) describe their medical leadership programmes.[4] One specific programme, which emphasises emotional intelligence, is also reviewed by Farver et al. (2016).[5]

In the UK, the National Health Service has been going through one of the hardest periods in its history. Leadership and management failures are widely reported; money is tight, staff morale is low, and junior doctors have been on strike for the first time in 40 years. Linked to these difficulties, and possibly as a result of the ensuing crises, medical leadership and management have been gaining ground. In 2011, the 21 UK Royal Colleges created the Faculty of Medical Leadership and Management, with the aim of improving patient care through better leadership. Kyratsis et al. (2016) describe, in this issue, the former decline of medical leadership, and its impending rise in the British context.[6]

Australian mental health services are experiencing similar problems. We spend proportionally less on mental healthcare than the UK, and the Australian sector has reached a tipping point. In South Australia (SA), psychiatric bed occupancy was effectively above 100% in 2014, and patients faced excessive waiting times in hospital emergency departments (EDs).[7,8] Despite these difficulties, further acute bed closures were planned, even though psychiatrists were warning about the untoward effects on patient care.

This clinical issue escalated into a leadership dispute before the SA Industrial Relations Tribunal. After a protracted negotiation, clinical directors were recognised as being responsible for the 'total management' of regional mental health services with single-point accountability for strategy, clinical services, consumer flows, consumer outcomes and efficiency.[8] In effect, these tough negotiations enabled the return of psychiatric leadership to SA.

Corresponding author:
Stephen Allison, Discipline of Psychiatry, Flinders University, Bedford Park, SA 5042, Australia.
Email: stephen.allison@flinders.edu.au

In this issue, Long and Allison (2016) describe the impact of these events on state-wide eating disorder services.[9]

The increased involvement of psychiatrists in state-wide strategy and clinical service planning has been associated with improved patient care in SA mental health services.[7,8] Emergency department waiting times were halved from an average of 15.7 hours (October 2014) to 8.0 hours (December 2015). These promising results from expert leadership might have implications for other jurisdictions.

Psychotherapy is being brought to the ED frontline. The Foundation Professor of Psychiatry at Flinders University, Ross Kalucy, began an innovative academic unit in the busy ED of a teaching hospital, and Paul Cammell has extended his work. In this issue, Cammell et al. (2016) call for psychotherapeutic leadership across the public sector.[10]

To consolidate these changes, we argue for the return of academic clinicians to all levels of public mental health services.[11] Historically, academic clinicians led the tripartite mission of research, teaching and clinical excellence, which drove the advances of modern medicine.[4] This vital structure was lost in SA but, in 2015, after the industrial dispute, the Flinders University Professor of Psychiatry, Malcolm Battersby, was appointed as executive leader of the Southern Adelaide mental health service. The return of academic leadership and evidence-based practice have already led to measurable improvements in health services.[7,9]

To conclude, the motivation for the themed issue is neatly summarised by Kyratsis et al. (2016): 'As management academics and clinical leads passionate about medical leadership, we share a desire to unlock doctors' potential, to improve health care and create social value for both patients and… [health services]'.[6] These goals require an active research agenda on how medical leadership contributes to clinical excellence.

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Podcast

Leadership and management in Australasian Psychiatry

Andrew Amos Staff Specialist Psychiatrist, Gold Coast Mental Health & Specialist Service, QLD, Australia.
Email: Andrew.Amos@health.qld.gov.au

The Australasian psychiatric fraternity has long provided leadership in understanding the mechanisms, treating the symptoms, and managing the problems associated with mental illness. An early innovator was John Cade, the Australian psychiatrist who first reported the mood stabilising properties of lithium in the late 1940s. The Australasian Psychiatry podcast has interviewed many psychiatric leaders active in our region, from Professor John McGrath constructing a self-perpetuating framework for performing clinical trials while training the next generation of psychiatrist scientists; to Professor Ernest Hunter's inspiring endeavours to improve mental health care and training for indigenous people in remote Australia and the Pacific Islands; to President-elect of the World Psychiatric Association Helen Herrman's ambitions to identify, develop, and disseminate knowledge and resources appropriate for improving mental health across all the diverse peoples of the world.

In the June issue of the podcast, Dr Nick O'Connor is interviewed. He is Chair of the Section of Leadership and Management of the RANZCP and Clinical Director of the North Shore Ryde Mental Health Service. In a wide-ranging interview, Dr O'Connor discusses the need for a new generation of leaders among Australasian psychiatrists, and opportunities for psychiatrists and registrars such as the Leadership Workshops at the College Congress in Hong Kong in May this year. While acknowledging that not every psychiatrist would be interested in pursuing particular leadership roles such as College President, company CEO, or Clinical Director, Dr O'Connor describes the need for many different types of leader in modern mental health, from clinical leadership of individual treating teams, through academic leadership in research and training, to active liaison between the mental health system and other institutions such as government, business, and NGOs. We discuss how early challenges in becoming a doctor and then a psychiatrist can provide a natural springboard towards a huge and diverse range of leadership positions.

Cover art

The cover art entitled *Regeneration Circular Box* by Werner Theinert comes from the Cunningham Dax Collection. The artwork has been chosen to reflect the theme of medical leadership in psychiatry. The artist says this about his artwork.

> My work is based on the energy sector and climate change. My fire series is based on the many photographs taken the morning after surviving Black Saturday. The photographs have been manipulated into interconnecting cubes, referring to the containers of people's lives. Within this series, the bleak palette of black and grey is replaced by the vibrant colours of regeneration, signalling the return of life and nature's reclamation. My photography explores the grave environmental issues that we face. These environmental concerns became a whole lot more personal after surviving the Black Saturday fires. My wife and I rebuilt our home, gallery and lives, but have now decided to move to the coast to begin anew!

About the Cunningham Dax Collection

The Cunningham Dax Collection consists of over 15,000 artworks created by people with an experience of mental illness and/or psychological trauma. The art includes works on paper, paintings, photographs, poems, textiles, sculpture, journals and digital media. The unique Cunningham Dax Collection is now one of the largest of its kind, with only two other similar collections of comparable size and stature: the Musée Art Brut in Lausanne, Switzerland, and the Prinzhorn Collection in Heidelberg, Germany.

The Dax Centre is a not-for-profit organisation that relies on the generosity of the community to carry out its mission of promoting mental health through art. We aim to change community attitudes to mental illness by increasing empathy and understanding of mental illness, psychological trauma and the mind through art, thereby reducing stigma against mentally ill people. The Dax Centre holds an important history and clinical focus, but it is today visited by many people such as students from a diverse range of learning purposes, artists and those interested in art, community and special interest groups; all who seek to demystify mental illness and address the associated stigma that has historically underpinned individual and community perceptions of mentally ill and traumatised persons.

For more information on the Cunningham Dax Collection and The Dax Centre, visit www.daxcentre.org.