

Current Challenges and Opportunities in Psychiatric Administration and Leadership

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This special issue of *Psychiatric Quarterly* is a work product of the Group for the Advancement of Psychiatry's (GAP) Committee on Psychiatric Administration and Leadership. The special issue is devoted to psychiatric administration and leadership. Founded in 1946, GAP is a think tank of top psychiatric minds whose thoughtful analysis and recommendations serve to influence and advance modern psychiatric theory and practice. Its mission include:

- Bring together top psychiatrists across all disciplines
- Offer an objective, critical perspective on current issues facing psychiatry
- Develop smart analysis and recommendations
- Shape psychiatric thinking, clinical practice, and mental health programs
- Advocate for necessary changes in the psychiatric field
- Inspire the next generation of leading psychiatric thinkers

This mission is carried out through the work of GAP committees. The Committee on Psychiatric Administration and Leadership was founded in 2011 and its goal, as of GAP in general, is to facilitate the creation and dissemination of knowledge in the field of administration and management; to advance the field by the creation of innovative ideas that can clarify key issues for the public and leaders in organized psychiatry; and to serve the profession by advancing its body of knowledge through the synthesis and distillation of the key issues in psychiatric administration. While psychiatrists, whether in a hospital, in private practice, or in a group organization, are routinely involved in some administrative work, it is not always recognized that we all have administrative roles and responsibilities. Psychiatrists generally feel that administration is unrelated to their key role—the care and treatment of

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patients. Institutional administration, especially in hospitals, is often considered a matter of budgets, red tape, politics, and compromises, a job done by non-clinicians. GAP's Committee on Psychiatric Administration and Leadership has most recently worked on areas that present both as challenges and opportunities for psychiatrists involved in the field of psychiatric administration and management. This issue is comprised of the papers that are product of this work.

Merlino et al. start the special issue with discussing how we can use the lean model for getting the outcomes that we need with the limited funding we may have. They discuss how lean and other quality management methodologies have been used by industry and manufacturing for many years. More recently these approaches have been adopted by health care. The authors describe their experience with the lean way of continuous quality improvement, first developed by Toyota, at one of New York's largest behavioral health departments. The relevance and application of these methodologies to the mental health sector is presented.

In the next paper, Saeed et al. discuss the role of leadership in narrowing the gap between science and practice, as they discuss ways to improve treatment outcomes at the systems level. It has been well documented that health care does not reliably transfer what we know from science into routine clinical practice. As a result, Americans do not always receive the care that is supported and recommended by the scientific evidence. This can often lead to poor clinical outcomes even when we have best intentions of a dedicated and skilled healthcare workforce. As research and technology rapidly advance, this gap between science and practice appears to be widening. There now appears to be an increasing public concern about a lack of access to appropriate treatment, prevalence of unsafe clinical practices, and wasteful uses of health care resources. They assert that leadership has a critical role in creating and sustaining the environment that supports health services for individuals and populations that increase the likelihood of desired health outcomes and that are consistent with current professional knowledge. They add that leadership has responsibility to improve outcomes by insuring effective use of evidence-based treatment guidelines; measurement-based care; knowledge and skills management; care coordination; and information technologies. This paper addresses leadership issues in these components of a system's ability to improve treatment outcomes.

In the following paper, Mohyuddin et al. discuss the career paths and trends as regards to how does one become a leader in psychiatric administration. They start with describing how in the changing landscape of healthcare the number of psychiatrists entering leadership positions has declined steadily over the years. They contend that one factor contributing to this may be lack of leadership training during residency training. They describe how international competency frameworks have started to address this and how some programs, both national and international, have designed innovative curricula to provide didactic and experiential learning in administration during and after residency. However, despite guidelines by the Accreditation Council for Graduate Medical Education regarding competency in administrative aspects of health care delivery, most psychiatrists feel ill equipped to assume a leadership position after residency training. Inculcating comprehensive administrative training into residency faces many challenges related to funding and saturation of existing curricula. They suggest that administrative training should be a mandatory element in the training of all residents irrespective of the setting in which they intend to practice. They recommend that Accreditation Council for Graduate Medical Education should consider taking a prescriptive approach in shaping competency frameworks to address the need for residents to be fluent in administrative aspects of practice.

In the next paper Aggarwal addresses cultural issues in psychiatric administration and leadership through two issues: (1) the changing culture of psychiatric practice based on new clinician performance metrics and (2) the culture of psychiatric administration and leadership in light of organizational cultural competence. Regarding the first issue, some observers have discussed the challenges of creating novel practice environments that balance business values of efficient performance with fiduciary values of treatment competence. This commentary expands upon this discussion, demonstrating that some metrics from the Centers for Medicare & Medicaid Services, the nation's largest funder of post-graduate medical training, may penalize clinicians for patient medication behaviors that are unrelated to clinician performance. A focus on pharmacotherapy over psychotherapy in these metrics has unclear consequences for the future of psychiatric training. Regarding the second issue, studies of psychiatric administration and leadership reveal a disproportionate influence of older men in positions of power despite efforts to recruit women, minorities, and immigrants who increasingly constitute the psychiatric workforce. Organizational cultural competence initiatives can diversify institutional cultures so that psychiatric leaders better reflect the populations they serve. In both cases, psychiatric administrators and leaders play critical roles in ensuring that their organizations respond to social challenges.

The special issue concludes with an article on ethical challenges in psychiatric administration and leadership by Moffic et al. As with all professional ethical principles, those in psychiatry have to evolve over time and societal changes. They argue that the current ethical challenges for psychiatric administration and leadership, especially regarding for-profit managed care, need updated solutions. One solution resides in the development by the American Association of Psychiatric Administrators (AAPA) of the first set of ethical principles designed specifically for psychiatric administrators. These principles build on prior psychological theories of leadership, such as those of Freud, Kernberg, and Kohut. Supplementing these theories are the actual real life models of psychiatrist leadership as depicted in the memoirs of various psychiatrists. Appreciating these principles, theories, and models may help emerging leaders to better recognize the importance of ethical challenges. A conclusion is that psychiatrists should have the potential to assume more successful leadership positions once again. In such positions, making the skills and well-being of all in the organization seems now to be the foremost ethical priority.

In summary this special issue of the journal devoted to psychiatric administration and management focuses on the expanding horizons for the psychiatric administrators and leaders. The reader may take home several specific points pertinent to these evolving areas in psychiatric administration, as outlined above. Additionally, these papers underscore that basic principles of administration and management are relevant and useful to our clinical roles even when we may not fully realize it in our daily professional roles/activities as physicians. The literature also suggests that those who manage mental health services increasingly regard clinician leadership as an essential administrative element in the effective introduction of innovation and quality improvement of clinical care. The special issue also highlights that clinician administrators require not only specific skill sets, but they also need clear vision, commitment, and a broader view of systems and people. Clinician leaders face challenges related to both their clinical and administrative roles.

We live in a time of change as highlighted by the papers in this special issue. Managing change is one of the core competencies for psychiatric administrators and we now have ample opportunity to hone this competency. Change can prompt both excitement and fear.

Knowledge helps in managing fear and it can help turn excitement into gains. It is my hope that this issue will help us in that regard.

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Guest Editor

Sy Atezaz Saeed MD, MS, FACPsych Since 2004 Dr. Saeed has been serving as the Chairman of the Department of Psychiatry and Behavioral Medicine at the Brody School of Medicine, East Carolina University. He also serves as the Chief of Psychiatry at the 960-bed tertiary care academic medical center, Vidant Medical Center; the Director of the Center for Telepsychiatry at ECU; and as the Director of North Carolina Statewide Telepsychiatry Program (NC-STeP). A 1982 medical graduate of Dow Medical College, Dr. Saeed completed his residency training in psychiatry at the Illinois State Psychiatric Institute, Chicago. He is a diplomat of the American Board of Psychiatry and Neurology. He is also certified in Psychiatric Administration and Management by the American Psychiatric Association and holds a M.S. degree in Counseling and Psychotherapy. Prior to his appointment at East Carolina University, Dr. Saeed served as Professor and Chairman, Department of the Psychiatry and Behavioral Medicine at the University of Illinois College of Medicine at Peoria (1995–2004) where he was also the Clinical Director for the Comprehensive Community Mental Health Service NetWork of North Central Illinois, a state-operated Network serving people with serious and persistent mental illness in 23 counties and covering 1.5 million lives in north central Illinois. Dr. Saeed was the founding Editor of the American Association of Psychiatric Administrator's Journal, *Psychiatrist Administrator* (2000–2010). He is currently the Editor-in-Chief of the *Journal of Psychiatric Administration and Management* (JPAM). He serves on the editorial board for the Academic Psychiatry and North Carolina Medical Journal. He is a fellow of the American College of Psychiatrists and a Distinguished Fellow of the American Psychiatric Association. He also serves on the Group for Advancement of Psychiatry (GAP), a think-tank for psychiatry dedicated to shaping psychiatric thinking, public programs, and clinical practice in mental health. Dr. Saeed has published extensively in the areas of evidence-based practices; anxiety and mood disorders; telepsychiatry; cross-cultural issues; psychiatric administration; and psychiatric treatment integration. He has been involved in funded research both as a principal investigator and co-investigator. He has lectured and presented nationwide.