(PERSPECTIVE): THE IMPORTANCE OF STRENGTHENING THE MANAGEMENT SYSTEM WITHIN MENTAL HEALTH SERVICES

Author: Eddie Molloy

PH.D is a Management Consultant, Chairperson of Mental Health Reform and Carer Representative on the Dublin South Central Area Mental Health Management Team.

Abstract

Within the civil and public service there are people appointed to managerial roles who have little or no training in management skills. Even where they have acquired the necessary skills, for example through their own initiative in attending a formal training programme, they commonly find themselves operating in a context where there are poor management processes, very patchy management tools and management role structures that are unfit for purpose.

There are many problems with management structures in the health system generally and major weaknesses in all elements of the management system of the Mental Health Services (MHS) of the HSE. Managers are often not given the necessary delegated authority and, even if they are, people who are supposed to be accountable to their manager can simply refuse to accept that the manager has such authority over them, for example inappropriately citing 'clinical independence.' This article outlines the key management skills, tools, processes and structures that make up a coherent management system and argues that significant and sustained strengthening of the management system, will lead to a safer service, major cost savings, better service user outcomes and a higher job satisfaction among staff.

Key words: **management system, mental health, teams, public service, culture.**

Introduction

Within the civil and public service there are people appointed to managerial roles who have little or no training in management skills. Even where they have acquired the necessary skills, for example through their own initiative in attending a formal training programme, they commonly find themselves operating in a context where there are poor management processes, very patchy management tools and management role structures that are unfit for purpose. All of these deficits are rooted in in a weak management ethos or culture which is manifested in an antipathy to managerial work, resistance to being managed and in some cases hostility to "management" as a cohort of staff. Taken together we can refer to these elements as the management system.

There are major weaknesses in all elements of the management system of the Mental Health Services (MHS) of the HSE, as follows:

Management Skills

In broad terms, the skill set needed to manage any business would include the management of operations, money, people, change, culture, innovation and external relations.

Operations management involves the mapping and continuous improvement of the core 'business' processes and procedures. In MHS this means the care pathways, most especially the process of hand-over from one professional to another. Effective operations management is the key to efficiency, good customer experience, safety and good outcomes.

Managing money: Depending on the level one is operating at, means being able to calculate the cost and benefit of each activity in the care pathway and to make informed choices about the most cost-effective use of allocated budgets. It means developing among reporting staff a high level of 'financial literacy' so that they develop a conscientious attitude to money, eg the cost of overtime, absenteeism, convening a meeting, or doing home visits. Senior managers, although not trained as finance professionals, would typically be competent in discussing the finances of their area of responsibility. Within the MHS there are executives overseeing multi-million budgets that have little training in finance and, to compound matters, receive little professional finance and accounting support from the centre.

Managing people: There are specific skills to be learned in regard to managing people, for example, how to conduct authentic, grown-up performance reviews; how to build a well-functioning team out of a collection of different professionals; how to manage conflict between individuals and different units; how to motivate staff; and so forth. In well run businesses these skills are taken very seriously but in the MHS it seems as if everyone assumes that they have these skills, but they don't. In the wider public service it is still the case that over 99% of staff receive performance ratings of 3(out of 5) or higher. What is the story in the MHS?

Managing change: A Vision for Change (AVFC) set out a huge change agenda and for as long as it remained in existence the Independent Monitoring Group was very critical of the pace of implementation of AVFC recommendations. In addition to the prescriptions of AVFC the need to change is a constant in all organisations. The skills required to implement are the so-called 'hard' skills of project and programme management and the 'soft' skills of communication, engagement and negotiation. Programme management involves managing multiple projects simultaneously, taking account of the capacity of a busy organisation to absorb the changes.

Managing culture: Commentary on practically every case of institutional failure in recent times has cited a dysfunctional culture as the root cause. The prevailing culture is in turn the biggest obstacle to change and reform; "culture eats strategy for breakfast", as the saying

goes, and it also eats new processes, structures and all other progressive moves. The relevant skills involve codifying core values and then systematically embedding these values in all elements of the organisation and in people's behaviour. For example, the core value of 'putting the patient first' would challenge numerous established aspects of the MHS such as opening hours for access, demarcations among the various professions, the role of the service user and so forth.

Managing innovation: The rate of innovation in all sectors has accelerated due to customer demand, breakthrough in basic sciences like genetics and in information and communications technologies. Innovation management involves repeatable innovation processes, innovation measurement, formal innovation structures, specific innovation skills and so forth. Innovation is no longer the preserve of research 'reservations', the private, enclosed 'spaces' of independent researchers and R&D departments or labs. Innovation effort is dispersed through all functions and staff levels.

Managing external relations: Wherever we place boundaries around units, functions, professional groups or whole services, like MHS, no entity operates in isolation. To be successful they need to manage the interdependencies with a range of 'external 'entities. Within the MHS, in the interests of service users, a major challenge is to manage the relationships across the various professional 'silos' and then there are the vital relationships with G.P.s, the acute hospitals, housing authorities, the Department of Social Protection, other State agencies and the wide range of voluntary bodies who provide services - the so-called 'value network'. Across the wider public service, senior managers need the skills required to ensure good governance of bodies that come under their remit.

In the context of AVFC and the wider public service reform agenda, unless front line, middle and senior managers are equipped with appropriate levels of the above skills, programmes initiated from the centre have little prospect of being implemented on the ground. As someone put it,

> *"they pull the levers at head office, but the levers are not connected down through the chain of command."*

Although there are undoubtedly many well trained managers within the MHS, there is no formal process whereby, as people move up through the managerial hierarchy, they receive specified training to take on increasingly demanding roles. In the MHS and the wider HSE health professionals and 'lay' staff are frequently appointed or promoted to managerial positions without adequate training for the level of the job they are taking on, which could involve overseeing multi-million budgets, hundreds of staff and delivering very complex services with limited resources.

Management Processes

Managerial processes include the processes of strategic management, business planning and control, and operational planning and control which reflect long term, medium term and short term perspectives respectively.

These processes or disciplines take the form of a rhythm or goal-setting and periodic review and adjustment. It has been said that the purpose of management is to avoid surprises and these disciplines are the key to achieving this purpose.

In addition to these core management processes, there are crisis management disciplines, programme and project management processes – the key to strategy implementation, and innovation management processes.

In the health system it is common to find that what is deemed to be "good management" is in fact skilful trouble-shooting, that is keeping the show on the road in more or less stressed or chaotic situation. A common failure is to create strategic plans, but fail to implement them.

Skills in long range and shorter term planning need to be added to the set of basic management skills set out above.

These management disciples, deployed with good quality info, constitute the spinal cord of good governance at every level. The recent HIQA of infant death in Portlaoise showed woefully deficient these governance disciplines are within parts of the health care system. How good are these governance systems in the MH system?

Management tools

In order to exercise the managerial role trained managers, working through good management processes, need the necessary tools to do their job.

These tools include measurement and information systems that enable them to plan, control and make informed decisions regarding the deployment of resources, safety, quality and other vital indicators of performance. A vital modern tool in any care system where several professionals are dealing with the same service user and family is electronic patient/client records to facilitate continuity of care. Reward and recognition systems that distinguish between good and poor performers are essential to create a sense of fairness among staff.

Other essential tools include HR policies and procedures for dealing at local level with all aspects of managing people including performance management systems, grievance and discipline procedures, induction and promotion systems and so forth. Without such tools embedded and applied at local level by managers, the most trivial issues shoot straight to the top.

Management structures

Essentially organisation design involves the rational division of work to be done both 'horizontally (along the care pathway in the core activity and into support functions like HR, finance, etc.) and 'vertically' in hierarchical levels or echelons down through a 'chain of command'. Crucially, managers or supervisors at each level need to have the necessary delegated authority that makes it reasonable to hold them to account for what goes on in their area.

There are many problems with management structures in the health system generally, including; managers are not given the necessary delegated authority or, even if they are, people who are supposed to be accountable to their manager simply refuse to accept that the manager has such authority over them, for example inappropriate citing 'clinical independence'. Much of this difficulty arises from the inherent tension between administrative managers and clinicians of all kinds. Another problem is the failure to delegate the necessary authority for example to hire in temporary staff or spend small amounts of money. A third big structural weakness is where, for example, an area team comprises the respective heads of social work, psychology, occupational therapy, etc. who essentially represent their own professional staff instead of, for example a role structure that has a 'head of operations', a 'head of development', a 'head of clinical governance' and a 'head support services'.

Management ethos or culture

The issue here is this: is the substantive work of managing valued and respected? Is there disdain for management, for example, and is it seen as work for less clever people?

A good way to judge whether there is a strong managerial culture is the health of the above-mentioned skills, tools, processes and structures.

Misunderstanding or antipathy to management is often expressed in health, educational and other human service 'values driven' organisations in the statement "we are not a business". Of course there is no contradiction between being values driven and caring while at the same time being well managed.

Conclusion

As suggested in this note, there are major shortcomings in the management system of the MHS, the HSE and the wider public and civil service. This fact is acknowledged, for example, in the plan for the renewal of the civil service published by the Department of Public Expenditure and Reform last June. Significant and sustained strengthening the management system, that is all elements, is required. This will lead to a safer service, better service user outcomes, higher job satisfaction among staff, and cost savings.