Chapter 19

Acquiring Leadership Skills: Description of an International Programme for Early Career Psychiatrists

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Introduction

Leaders are people who are characterized by features that make it probable that others will follow them almost regardless of the direction that they propose to take. Among the features likely to characterize most leaders are self-confidence (i.e. behaviour that gives the impression that the leader knows where to go and how best to get there), determination in the pursuance of goals, willingness to make personal sacrifices in order to make progress, and endurance and energy that are superior to those of the other members of the group. Not all these traits are present in all leaders – indeed, sometimes only one is sufficient.

In addition to leadership skills that can be acquired there are other characteristics of leaders that are important but usually cannot be gained through training. These include behaviour shaped in early childhood, personal experience, physical and mental stamina, cognitive capacity and the ability to handle competing demands at the same time.

Developing leadership is of particular importance in the field of mental health. Mental disorders are a problem of major public health importance. They are highly prevalent and can have severe consequences. They cause a great deal of suffering for those who are ill and for those who care for them. Their prevalence is likely to increase in the years to come. Their treatment is possible and the results of treatment in terms of a significant reduction of symptoms and the prevention of impairment are better than those obtained by the treatment of other serious non-communicable diseases. Yet, despite the importance of such disorders and the availability of the means to deal with them, most people with severe mental disorders do not receive treatment. The main reason for this is the stigma attached to mental illness – a stigma that indicates that the mentally ill are incurable, often dangerous and in general unlikely to be ever again useful to society.

Yet despite the severe obstacles that stigmatization places before anyone intending to develop a mental health programme, there are examples of successes even in countries in which the resources that can be used for mental health programme development are severely restricted. Some of the numerous examples include: the introduction of mental

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health elements into the primary healthcare system in Iran; the extension of mental health services into rural areas in Ethiopia relying on a small but dedicated group of nurses trained in mental health; the remarkable work done by mental health assistants in Zambia; the village care system in Nigeria;[1] the programme of extension of mental healthcare in Senegal, the Philippines, Colombia and India;[2] the programmes of promotion of mental health in the north of Pakistan; and the programmes in Colombia,[3] Bolivia and other countries in Latin America[4] and in other countries.[5] Although different in style most of these successes have been linked to charismatic leaders rather than to structural and enduring changes of the health system. Also, most of these highly encouraging programmes have been limited to an area in the country or to a particular mode of service provision, for example, the involvement of nurse practitioners in mental healthcare. The 'export' of strategies and techniques developed for use in one setting to the totality of a country or to a region is often difficult and when successful, often of short duration. The pioneering efforts of leaders who managed to make a difference rarely find an echo and acceptance in areas in which there are no leaders who could learn from achievements of others and develop them further and wider.

The recognition of the fact that leaders make the difference and are necessary for progress led to a variety of efforts to create leaders, usually without much success. There is a huge literature on leadership qualities and many highly commercialized agencies provide training that –they promise – will make the participants become leaders.

While it is probably unrealistic to expect that leaders can be created, it is certainly true that those who have leadership potential can be equipped with skills that will make them more effective once they take a leadership position. Most of these skills will also be useful for those who are not leaders, nor want to become one.

A first group of skills that can make leadership more effective and easier are communication skills. These include the skill of listening to others and understanding what they are saying or want to say; the skill of presenting one's plans or goals in a way that will make others want to participate in them or share them; and the skill of limiting the amount of information being offered to others to digestible quantities. Some people seem to have been born good communicators; the majority, however, have to be taught communication skills. This can be done and usually takes a relatively short time.

The second group of skills concerns the discovery of those who are likely to share the vision and to participate in the venture that the leader wishes to undertake. It is rarely possible and usually not necessary to have all members of a group become enthusiastic about a particular goal or plan: convincing a small proportion of the group to follow the leader's ideas is usually sufficient. Penfield, a social scientist in Canada, once analysed voting behaviour and established that, in groups of people who are not committed to any particular line of action, it usually suffices to have on one's side the square root of the total number of those who need to accept a proposal. Thus, to move a group of 100 people in a particular direction, it is sufficient to have 10 who believe in the proposal made by the leader. The corollary of this rule is, of course, that the proportion of people whom a leader should convince in order to move the mass in a particular direction will diminish with the growth of the group as a whole. Thus, to convince 25 people, the leader has to convince five – or 20% – to become fervent followers; to lead one million people, the leader has to be certain of having 1000 people on side – or only 0.1% of the total. This rule explains

how it is possible for leaders to get very large groups of people to accept their proposals while relying on a relatively small group of firmly committed followers.

The third group of skills concerns the timing of a leader's action. This is probably the most difficult skill to acquire because it depends on several other skills that need to be acquired– such as the ability to simultaneously assess (several) trends of behaviour in a particular group of people and to interpret these assessments in the context of the leader's plans and of the broader environment that might influence the members of the group that is to be steered in a particular direction.

These considerations led me to design an educational programme whose main objectives were to provide young psychiatrists with some of the skills that would help them in their professional development and to bring them together under conditions that would be likely to facilitate the creation of networks of young psychiatrists and the collaboration between them.[a]

The programme had two components: first, intensive interactive courses during which psychiatrists who were early in their career (ECP) acquired leadership skills; and second continuing support and mentorship when necessary and possible, following the workshops. The programme started during my presidency of the World Psychiatric Association (WPA) and for the first few years was conducted under the aegis of the WPA and in collaboration with WPA member societies. Subsequently the programme was conducted by the Association for the Improvement of Mental Health Programme (AMH), a not-for-profit non-governmental association located in Geneva. Since its beginning we organized more than 60 courses in Asia (China, India, Indonesia, Japan, Korea, Singapore), the Americas (Chile, Mexico), Europe (Belarus, Croatia, Czech Republic, France, Germany, Hungary, Latvia, Poland, Romania, Russia, Serbia, Slovakia, Turkey), Africa (Kenya, Nigeria, Ethiopia) and the Middle East (Egypt, Tunisia) involving more than a thousand young psychiatrists from some 80 countries. In some instances the courses helped in the initiation of national and international associations of young psychiatrists (e.g. in Japan and Korea) and led to collaborative studies that strengthened the networks and produced publications in international scientific journals as well as in local professional journals (e.g. see Gater *et al.*,[6] Jordanova *et al.*[7] and Hashimoto *et al.*[8]). Figure 19.1 shows the countries from which participants have attended the AMH Leadership course.

The faculty for the courses usually involved two internationally well-known experts[b] and two leading experts from the country in which the course was held. Over time the curriculum of the courses changed in the light of the experience and observations and suggestions made by the members of the faculty and the participants: yet, the basic structure of the courses remained the same.

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[a]The programme was directed at psychiatrists early in their career although many psychiatrists at more advanced stages in their career could benefit from the courses: the problem, however, is that most often they do not believe that they need to learn any such skills at their age and position.

[b]Professors Sir David Goldberg and G. Thornicroft were the international expert members of the faculty in numerous courses, and their contributions to the programme were of particular value. Professor J.E. Cooper, D. Bhugra, E. Chiu, J. Furedi, C. Hoeschl and J. Libiger were members of the faculty for some of courses and added significantly to their success.

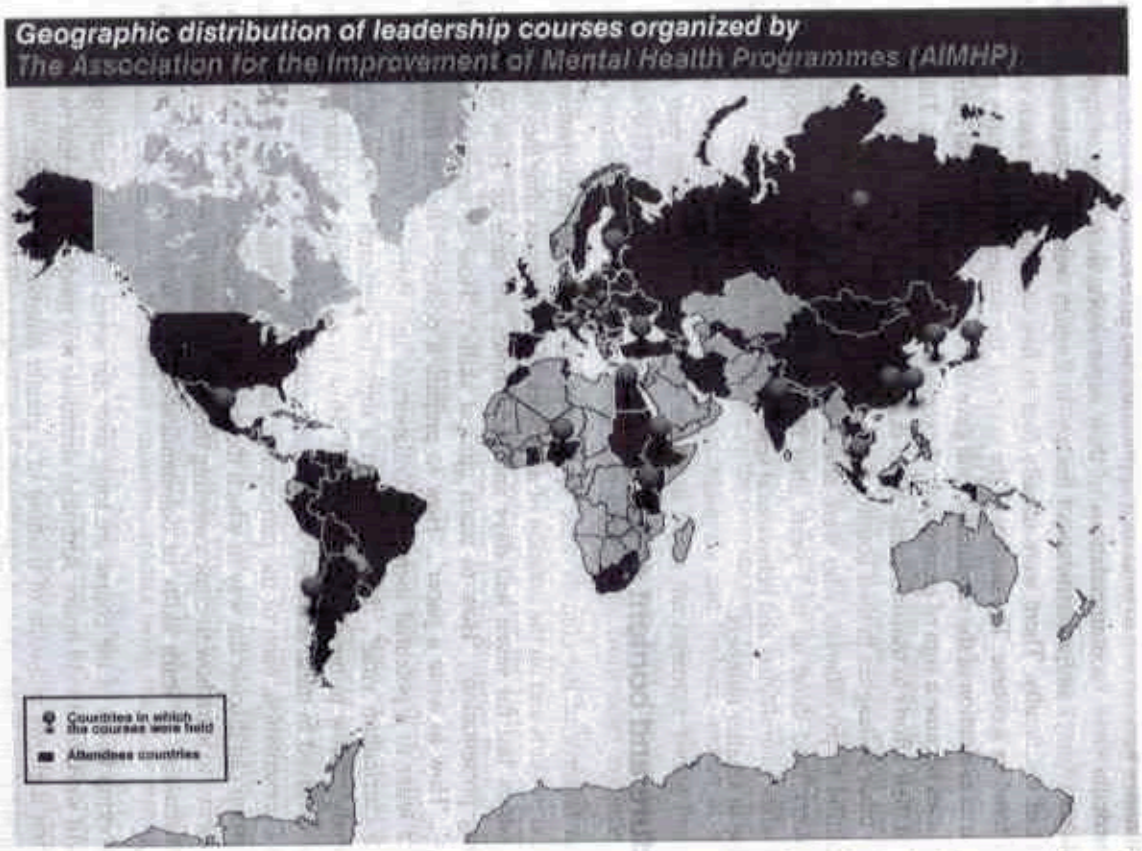

Figure 19.1 Countries from which participants have attended the AIM Leadership courses. Countries in bold type are those where courses have taken place. With kind permission from Alejandro Hernandez

Selection of the participants

In order to make the teaching as useful as possible the selection of the participants was given particular attention. Societies of psychiatry were invited to participate in the selection, and in the early years of the programme regularly co-sponsored the courses. The candidates were invited to send their application and give reasons for their candidacy. Their curricula vitae, recommendations of their supervisors, their letter of application, publications (if any) and a certificate of fluency in English were then evaluated by the members of the faculty. There were usually four to five candidates for each of the 16 places offered by a course. The quality of the courses, the names of the faculty members and the strict evaluation of the candidates soon gave the courses prestige, and participation in the courses became a sign of recognition of excellence for the participants. This in turn facilitated their efforts to transmit some of the skills and information they obtained in the course to other colleagues in their country.

In addition to psychiatrists who were about to complete their postgraduate training in psychiatry (and those up to 5 years after they obtained the specialty recognition), psychologists, neurologists and behavioural scientists of the same age also participated in the course in smaller numbers.

Structure and content of the courses

The main features of the courses were their emphasis on active participation, on the acquisition of skills and on the creation of a network of participants after the course.

The courses last for seven half-days and their topics are such as 'How to make a convincing presentation', 'How to teach clinical skills', 'How to organize and chair meetings', 'How to write a paper', 'How to prepare a poster', 'How to listen', 'How to write a letter to a potential mentor or collaborator in a different country', 'How to prepare a curriculum vitae', 'How to select a topic for research', 'How to design a simple study', 'How to break bad news', and 'How to participate in a team'. Each of the skills involved in these activities is exercised during the course. Thus, to learn how to make a presentation, each of the participants has to give a brief oral presentation so that the group can discuss the way in which the presentation has been made and suggest improvements; to learn how to chair a meeting they chair a meeting and their performance is then discussed; to learn skills of communication they would take part in various role plays.

The working hours of the course are long; over the seven half-days, participants and faculty will work for 35–38 hours. Although strenuous this mode of work has two advantages – first it allows inclusion of training in a greater number of subjects; and second, perhaps more importantly, the intensive common activity significantly contributes to the bonding among the participants and their readiness to remain in contact and work together after the course. The active involvement of participants in all sessions – by reducing the number of lectures to a minimum and by avoiding other forms of passive learning – made long hours of work easier to follow.

All members of the faculty were present in all sessions. All the meals were taken together and – since the courses were often held in a location that was some distance from major town attractions – the faculty was also approachable before and after the course hours. This allowed considerable one-to-one teaching and advice on specific issues of interest to the participants.

The considerable attention given to the room, seating and other arrangements for each of the courses served to teach ways in which the environment of an encounter can be made to support the conduct of the meeting and the achievement of its objectives.

Outcome and follow-up of courses

The courses have been evaluated by the participants and the ratings of the course were constantly high. The participants made comments and suggestions about the courses and these were used to streamline and improve the curricula and organization of the courses over the years. Numerous participants also wrote glowing letters after their return home, telling us that the course was very useful for them in their daily work and in developing programmes. In several instances the courses were repeated by the participants in their countries (e.g. Croatia, Indonesia, Malaysia and Serbia), and in at least two countries they have become a regular event: in Japan the Japanese Young Psychiatrist Organization (JYPO) has conducted courses every year since 2001, first mainly involving Japanese participants and more recently also participants from other countries in the Far East. In Germany the first four courses were conducted under the auspices of the Brandenburg Academy of Sciences focusing on participants from the countries in the Balkans; subsequently, and now for the 11th consecutive year, the University Department of Psychiatry at Charité conducted the course (the Berlin Summer School) involving students from many European countries.[9]

The participants in the courses also undertook joint research on topics identified during the time that they were together at the course. The studies done so far involved participants from different countries – the first such publication brought together researchers from countries that had never before published any joint paper.[7] Some of the papers resulting from the network's collaboration received international recognition – thus the work on pathways to care conducted in Croatia, Serbia, the former Yugoslav Republic of Macedonia and Romania received the Best Young Psychiatrists' Scientific Investigation Award during the World Congress of Psychiatry in 2005. In addition to studies of pathways to care carried out in the Balkan countries, studies using the same methods were done by young psychiatrists in Japan, Mongolia, Nepal,[8] China, Indonesia, Italy and other countries. Other studies focused on: patterns of prescription of treatment for severe mental illness in different countries;[7] the image that psychiatrists have in the eyes of colleagues in other disciplines; and the evaluation of psychiatric services by people who received treatment in these services.[c] In numerous instances the faculty members provided advice to the participants about studies that they have undertaken on their own.

[c]Papers describing the results of these studies are in preparation.

Conclusion

The courses providing professional skills, including those enhancing leadership potential, have proved to be useful to psychiatrists in different parts of the world. By now young psychiatrists from over 80 countries have participated in the courses and it is likely that many of them have transmitted what they have learned to others. This, however, is not sufficient. The acquisition of leadership and other professional skills should become a routine and obligatory part of postgraduate training in psychiatry because this may help to develop strong mental health programmes useful to the mentally ill and to the further development of psychiatry as a discipline.

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