

JUST MANAGING

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My dad never really cracked it as a manager. A respected supervisor on Birds Eye's factory floor and in the cold store, the trouble began when he was promoted. He was better at working with people directly connected to production than working through others or alongside middle class graduates from management school. Several redundancies later he packed it in and retired early.

You don't read much in *Clinical Psychology Forum* about the experience of being a manager. Service heads write articles on audit, contracting, service design or management structures (see for example, O'Callaghan 1994). Consultant psychologists who also manage services often co-author research or more clinically focussed papers but there's not much on what it is like to manage. Indeed the closest I have come to detecting anything on the personal process involved was a plea many years ago in the correspondence section from a manager trying to juggle the apparent wish of newly qualified clinical psychologists to design their own jobs with the purchaser's demand to deliver a specified service.

The Personal

Are managers made? My earliest experiences of management involved my father coming home late exasperated with the ineffectiveness or incompetence of his managerial colleagues and selfish laziness of his immediate boss. Not that I wasn't doing a little managing of my own. I had been a school prefect and swimming team captain and later organised a football team at university.

As a trainee clinical psychologist I helped set up a primary care psychology service and put together a psychology football team. I was lucky in experiencing contrasting management styles from my first two psychology bosses, one idiosyncratic and inspirational the other systematic and collegial. The former built up a formidable department of clinical psychology; the second spent some years of fruitless effort trying to do the same through formal means but then stepped sideways into organisational consultancy. At the time it was clear that both management styles could be successful if the wider culture was amenable: David Smail and Miller Mair were busily attracting staff through force of character and all over the country other departments were reaping the benefits of Trethowan's recommendations.

Being managed is a good grounding for managing. Factors such as personal style, mutual compatibility or otherwise, generosity, fairness and so on are quickly revealed as the key to management success. Good managers need loyalty so they can be creative without watching their backs, and loyalty doesn't come from treating people badly. A problem for clinical psychologists in all of this is that we are meant to know about people. And if we know about people, managing should be easy, shouldn't it?

The Professional

Many clinical psychologists become managers by default. They stick around long enough to accumulate respect from influential colleagues, write service plans and find themselves with a few staff. Before long they have administrative support and vacancies. So they must learn how to manage secretarial staff, advertise posts, interview candidates and so on. Before the days of management courses, heads of very large departments of psychology may have never read a single line on management before embracing a role where every day brought something new; how to deal with staff absence, how to furnish an office, or find room for a new department member, how to set budgets and deal with the dreaded "vacancy factor" on a financial report, how to discipline or praise colleagues without appearing to favour some over others and so on.

By the early 1980s, a raft of equal opportunities and other legislation made a naturalistic and organic approach to management increasingly difficult. Thatcherism heralded the age of managerialism (Pilgrim and Treacher, 1992) with an explosion of management speak and the crass assumption that essentially flawed human endeavours like clinical psychology could somehow be made efficient. Managers were now to be moulded and the profession embraced MBAs, consultancy and the business ethos with relish. The Harrogate management course for clinical psychologists blossomed (John and Smith, 1994) and some of the earliest books on general management were produced by clinical psychologists who stepped successfully from their clinical past into a bright managerial future (see for example, Koch, 1988).

Curiously the product of all this activity was not straightforward progress for clinical psychologists from small-scale managerial activity, through the Harrogate experience, to career enhancing management success. Many no doubt did well but others rapidly discovered that, as in most areas of life, success in management was dependent upon luck and context. Being in the right place at the right time could mean a rapid rise up the managerial ladder, enabling clinical psychology managers to enhance psychological services while increasing their own power and prestige.

For others life was less sweet. For at least four of the graduates of the Harrogate course management signalled a real career cul de sac. One lost

her entire department due to local re-organisation, another found nothing but frustration in her managerial role and retired on ill health grounds, another finally moved to a quieter rural job when sleepless nights drove his wife to distraction and the fourth left the profession altogether when years of striving using the best management practice and principles achieved nothing. All can be seen as the human fallout from a system where politics are as important as so called needs based planning.

The Politics

"We create most of our posts over lunch or in the corridor." I first heard this in 1979 and have been hearing it ever since. The wise manager prepares and updates bids for service development based on Division of Clinical Psychology purchasing advice and assessment of local factors while simultaneously bending the ear and catching the eye of influential folk at Trust, District, and now PCG level. Government initiatives, start up monies and development funding are always filtered through local planning systems where particular individuals will have well known positions on the usefulness or otherwise of certain services and professional groups. Those well thought out, needs based plans can sit unread for a very long time if significant people have no interest in the professional group you are attempting to develop.

A local example is the exponential development of clinical psychologists in CMHTs. In only four years, Shropshire moved from having one putative team to nine fully staffed adult mental health teams which now incorporate eleven qualified clinical psychologists. Meanwhile, evidence based bids for development in eating distress, alcohol services and health psychology have gone nowhere. Developments in mental health liaison and psychiatric rehabilitation have been made on the back of other developments (e.g. a low secure unit) driven entirely by local purchaser and government agendas. No doubt psychology services throughout England will soon be appointing people to work in Assertive Outreach teams in districts that have singularly failed to develop clinical psychology services in a host of other areas.

The development of PCTs will likewise bring with it yet more idiosyncratic purchasing decisions: chief executives with good experience of employing counsellors in general practice will want more, others may exchange counselling for chiropody. In Shropshire at least there is potential for wildly unbalanced services with some PCTs happily developing the counselling agenda, and others dropping it altogether, and all this despite the welter of research giving a sound evidence base to local counselling activity (see, for example, Booth et al, 1997). Such political swings and roundabouts are all part of the managerial playground; the ability to live with high levels of frustration is a key to avoiding management despair.

Nor should the broader political dimensions be ignored. Eighteen years of Tory government was acutely felt by NHS managers committed to socialised medicine. Thatcherite ideology brought the inequalities of fundholding amidst the rhetoric of a better deal for patients (actually only computer companies really flourished). Clinical psychology was quick to ignore the political dimension for the sake of expansion (see Brunning et al, 1994). And those years eroded individual commitment to a free at the point of delivery service. Private practice flourished and for many clinical psychologists, so did their income. For managers this remains a real challenge; to be seen exploiting waiting lists or earning money from private court reports is not merely a personal affair.

Private practice, the way you vote, commitment to a particular political party all give signals to colleagues and staff about the kind of society you want, a commitment they might not share. It is just as important to know something of a manager's political ideology as it is to know whether they completed their training in two or three years. And for managers, the particular circumstances of staff might prove especially challenging if the manager holds clear political views: it might be a manager's job to develop coherent policy on private practice; it is none of the manager's business what a part-timer chooses to do in the remainder of their week, even if working for, say, a private psychology firm which refers clients back into the NHS. Some such challenges can be virus-like in their ability to generate mistrust if not openly discussed. It is no secret that clinical psychologists, counsellors and others work privately, as well as for the NHS; for some departments, acting as if the activity is of personal concern only can lead to unmanageable disharmony.

The Pain

Firing people must be a miserable experience for all concerned. I have been sacked, but I haven't done the same to anyone else. This is more by luck than judgement and is only half the story. One of the more difficult aspects of managing is attempting to resolve difficulties between staff. Some people just don't get on and, tempting though it may be to turn to group dynamic explanations or family metaphors, or whatever, in the end managers are responsible for a work task in a way quite distinct from a group leader and utterly different from a parent. So difficulties must be approached with care but firmness, another trick we psychologists should presumably pull off with aplomb. A cursory glance around departments of psychological therapy will reveal that psychologists are little better at managing staff conflict and difficulties than anyone else.

A colleague who trained at the Tavistock once commented that the lunchtime dining table was a kind of analytic bear pit; I can well believe it. But the ebb and flow of relationship within a department is generally bearable. What can be much worse is the managerial culture in which we find ourselves. Forum has published many articles on the difficulties for clinical psychologists in

multidisciplinary teams (e.g. Searle, 1991). The Division is so exercised by this it has spent three years producing a document on clinical responsibility roughly the size of War and Peace (though with none of the jokes). For clinical psychology managers this multi-disciplinary culture is no different. It must be a rare clinical psychologist at or near director level who sits alongside another psychologist at a managerial meeting; we remain isolated and surrounded by nurses.

Of course, the same interprofessional strife found at CMHT level is played out at Directorate and similar meetings. Nurses, medics and PAMs struggle for position and power alongside management graduates and accountants. Many boards are dominated by ex-services personnel or executives from industry, few of whom have much regard for psychology and virtually none feel able to openly state their personal political agenda. Feeling the odd one out at the CMHT or in a clinical team for older people or those with learning disabilities is good preparation for promotion; and if you think common sense can prevail in the hurly burly that is modern NHS management, forget it. Managers act as if they care enormously about efficiency, or audit or face to face contact rates. It's all quite mad. (Newnes, Holmes, and Dunn, 1999).

The Pleasure

Growth and development is a wonderful thing. Employing someone fresh from a course who goes on to make a difference locally, publish stimulating work, gain respect as a supervisor or trainer, or someone who falls in love, has children, turns a run-down office into a plant filled sanctuary, or just makes me laugh, makes management a joy. To be inspired by colleagues, forced to re-think values or clinical method, or just be introduced to a new novel are true pleasures, especially if you are lucky enough to be growing alongside other colleagues and have access to a mentor. And good management, like good supervision, is carried through a career. So even when people go elsewhere the sadness is leavened by pleasure at their success and the knowledge they will take good things with them.

Sitting at a Christmas gathering surrounded by members of the department demonstrating the gentle arts of African drumming, Salsa and drinking is a treat. Especially when one of our counsellors is in the Ceilidh band and two of our psychologists are leading the drumming. For years we have gone annually to the open air Shakespeare at Ludlow Castle. We picnic and make merry with the bard. Last year there were sixty of us. Even Othello was a laugh. And then, of course, there's the money.

The Power

Money symbolises much in the management process. Managers are responsible for spending public money sensibly while creating opportunities and salaries attractive enough for people to want to work with them. The power to appoint at a higher grade or approve an expensive course brings

with it the responsibility to act fairly in a system where inequality is simply built in. I earn less than a consultant psychiatrist we employ but four times our clerical officer. Our counsellors earn more than our D Grade nurses but a good deal less than our clinical psychologists, yet demonstrating that the job itself deserves such pay differentials is not easy. It is a quirk of the market place that qualified psychologists are so well paid. As a manager this pay differential is a mixed blessing: disaffected staff can say "He earns more than enough, he'll get no sympathy from me," and non-medical colleagues can be paid a good deal less for similar managerial roles. A HAY formula assessment of my current job revealed that I am paid £13,000 per annum more than a purely managerial assessment would expect.

The rewards of management are by no means purely monetary. We can help make people's jobs meaningful while fighting to get them well paid for good work. Simply knowing more about how things work comes with every step up the management ladder. The power of knowing how things work at district level and beyond can allow for a contained response to the worst managerial excesses. For many, the possibility of a labour return to government and the likely end of fundholding made management bearable. The knowledge that huge systems like the NHS cannot be changed overnight by government or Daily Mirror headlines about murderous psychopaths gives some solace in a world that can feel in constant flux.

We have been warned about the onset of PCTs. It is helpful to know that in Scotland at least this structural change has not lead to wholesale slaughter of psychological therapists. Knowing that certain management systems e.g. data collection, have been chaotic from the outset can give some relief to the occasional panic-stricken thought that one day our every move really will be monitored. And, finally, we have the power and freedom to just write it all down.

So I did.

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