



## FEBRUARY 2020 (#2)

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### Leader Leader Model

<https://www.davidmarquet.com/>

Also known as intent-based leadership, this model was developed by Captain David Marquet – during his time leading the crew of a nuclear submarine – during war.

Idea is to push power and responsibility down the organisational hierarchy

It is an interesting example of how to 'let go' of directing people - that old style of 'control and command' in favour of giving power to your workers to make decisions.

Based on four pillars:

- Control – give power to workers. Allow them to develop their own metrics to hit a goal, gives accountability to workers, also a stronger sense of accomplishment for the greater good.
- Competence – for safety, and can do the job to succeed, need to give them the right tools, information and opportunities
- Clarity – make sure workers knows what their task is, and how it serves organisational goals.
- Courage – to let power go, not give orders and trust in workers

### British Columbia First Responder Resilience Program

Website: <https://sites.google.com/view/bcfrfp/home?authuser=0>

The British Columbia first responder resiliency program is a peer-based program built from an evidence-based model that was developed over 15 years for military veterans.

It is delivered as a partnership between the University of British Columbia's Men's initiative and the BC Firefighters Association.

It's offered us a three-day, four-night residential retreat (in the mountains) with around ten participants, 2 or more professional facilitators and two team leads. The team leads are first responders who have already gone through the program.

The program has minimal grand rules (such as no mobile phone or email checks during program time, no drinking, and an active respect for members of the group and the learning environment)

The program is:

- partly informative
- partly to foster social connection and open sharing.



- partly operates as group therapy
- Gives practical tips for dealing with memories of difficult events and other triggers of accumulative stress
- Gives space to share and discuss how service effects family life and so on.

There is good evidence for its effectiveness, watch Prof Shields talk about program 12 mins into this video: [https://www.youtube.com/watch?v=hxtBz\\_7nBR8](https://www.youtube.com/watch?v=hxtBz_7nBR8)

And great testimonials, watch this video from a leader who did the retreat (from 5 mins in): [https://www.youtube.com/watch?time\\_continue=1&v=dytRpO0gsJQ&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=1&v=dytRpO0gsJQ&feature=emb_logo)

## Best-practice leadership for mental health

Coates, D. & Howe, D. 2015, Combatting Staff Burnout in Mental Health: Key Managerial and Leadership Tasks that are Fundamental to Staff Wellbeing and Retention, Asia Pacific Journal of Health Management 2015; 10: 2

Aim: Review article on what organisational management and leadership style are linked to protecting staff against burnout and creating workplace environments that buffer against stress and mental injury

Method: A range of databases including Medline, PsychLit, CINAHL, Evidence based Practice (including Cochrane Library) and PubMed were searched using the key words 'mental health' and 'leadership'. Then searched the reference lists of articles for further suitable articles.

Findings:

Table 1: Key tasks for Leadership for Worker Mental Health

Leadership Tasks	Notes
Inspire positive emotions	While eliminating negative emotions is not possible, research suggests that increasing positive emotions in the workplace has positive effects on staff wellbeing (fun at work, flow, meaningful work, healthy lifestyles, daily exercise) As noted, positive emotions can be nurtured by developing a workplace climate of trust or psychological safety.
Create an organisational culture of authenticity	Creating workplaces that encourage emotional support and the open expression of emotion



Offer direction and order while encouraging autonomy and initiative	This task covers many of the workplace factors (provide employees with a sense of control over their work; freedom to manage their work in their own way; autonomy and the freedom to take initiatives; job clarity and clear direction.
Achieve flexible working arrangements with regular time outs and job variety -	Significant evidence underscores the importance of workplace policies and practices that support flexible working arrangements. Staff should also be able to manage their own time and workload so they can organise client contact when they feel emotionally available and do paperwork or other tasks when they are feeling the strain of the work.
Hire the right people for the right jobs	To create work environments that facilitate staff wellbeing, it is important to hire the right people for the right roles
Encourage reflective practice though clinical Supervision	Promote supervision that encourages self-reflection and addresses issues around emotion management, and it facilitates increased self-awareness and emotional intelligence is fundamental to preventing burnout.
Breaks and time outs to replenish	<p>When there is limited desire or capacity for non-frontline work, it is important to ensure workers can get some distance from work that is emotionally demanding through regular breaks to 'time outs' to replenish emotional resources.</p> <p>A short break can sometimes be more effective than talking. A five-minute brisk walk can be helpful to restore emotional equilibrium. In addition to improving wellbeing, it is well established that taking a break from emotionally demanding work improves subsequent performance.</p>
Support professional and career development	<p>It is important for staff to remain intellectually engaged and challenged.</p> <p>To encourage ongoing learning, mental health providers should provide appropriate professional development opportunities</p>
Offer rewards and staff recognition	Staff recognition and appreciation is another important protective factor against burnout.



## Evidence about Leadership and Mental Health Training

### Leadership Training

#### **Glozier N., 2016 Review of Evidence of Interventions to Reduce Mental Ill-health in the Workplace, Brain Mind Centre, University of Sydney.**

One review article (Tsutsumi 2011) found only two of seven studies linked leadership training with impact on employee mental health.

In a systematic review of nine published trials (in press by author) some (but not all trials) showed that manager training in workplace mental health can:

- improve mental health literacy
- reduce stigmatising attitudes towards mental illness in the workplace
- promote confidence in supporting employees

However, all trials demonstrated a lack of effect on:

- the levels of perceived support
- mental health or sickness absence in teams where managers receiving this training compared to those of the control group.

### Mental health education for leaders

#### **Hanisch, S. E., et al. (2016). "The effectiveness of interventions targeting the stigma of mental illness at the workplace: a systematic review." BMC Psychiatry, vol 16, no. 1.**

Reviewed 16 studies on training like MHFA (5 RCTs & 7 with some form of control; almost all were in the public sector for impact on:

- *mental-health knowledge* - the majority showed a small effect of increasing employees' MH knowledge
- *Attitude change* - mixed but positive overall.
- *Stigmatising attitudes* – 9 of 16 studies reported improvements for participants
- *Short term effects* – positive results in supportive behaviour, self-efficacy, and offers of advice.
- *Long term effects* - minimal evidence of sustained change and NO study reported any impact upon other employees or colleagues in the workplace



Psychological First Aid Training (MHFA, R2MR, PFA etc.)

**McCreary, D. R. (2019, August). Veteran and first responder mental ill health and suicide prevention: A scoping review of prevention and early intervention programs used in Canada, Australia, New Zealand, Ireland, and the United Kingdom. British Columbia, Canada: Donald McCleary Scientific Consulting.**

This review found “little evidence (in the scientific literature) of overall effectiveness when it comes to psychoeducation and skills-based programming. Where there are any improvements ..the effects tend to be small and diminish overtime” (p. 7). Looked at evidence of programs delivered in 5 countries, including Australia

The program most often used “by first responders, the Road to Mental Readiness, has *no evidence supporting its ability to reduce mental health symptoms over time*. The evidence for R2MR and stigma reduction is mixed. (p. 7).

**Carleton, R. Nicholas, Stephanie Korol, Julia E. Mason, Kadie Hozempa, Gregory S. Anderson, Nicholas A. Jones, Keith S. Dobson, Andrew Szeto, and Suzanne Bailey. 2018. ‘A longitudinal assessment of the road to mental readiness training among municipal police.’ *Cognitive Behaviour Therapy*, vol. 47, no. 6, pp. 508-528.**

Evaluated the R2MR program among police in Canada

Evaluation found no significant changes in mental health symptoms, resilience, or work engagement ( $p > .05$ ). There were small, but significant ( $p < .05$ ), reductions in stigma at post-training that may facilitate help-seeking among police.

Interesting – verbal reports say helpful for changing attitudes and improving communication.

To explain this discrepancy between verbal and quantitative measures possible that lack of large and long-term changes not seen by participants who report training was helpful or quantitative measures not sufficiently sensitive to change.