

Leadership During Challenging Times

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Disclosures

- I have no financial or intellectual disclosures



Overview

- A framework for understanding stress
- Challenges and burdens faced by staff
- Ways that leadership and systems can address stress
- Resources



Core Principles

Everyone Has Innate Value and
Worth

All Work is Meaningful and
Honorable

Everyone is Here to Honor and
Serve Veterans

Context Matters



Stress and Coping

- Not all stressors work the same
- Key predictors to psychological disorders (i.e., predict depression and other disorders in the next year):
 - Severe life events (acute onset, disrupt multiple aspects of functioning)
 - E.g., Job loss, death of loved one, divorce/separation
 - Severe difficulties (ongoing for at least a month that severely limit one or more area of functioning)
 - Persistent unemployment; chronic, limiting health conditions

(Brown & Harris, 1989)



Recent Context

- We're emerging from a global, pervasive stressor
 - Causing both acute life events and chronic difficulties
 - Limiting access to normal protective factors
 - Social support
 - Rewarding/leisure activities
 - Access to normal care resources (healthcare, community, religious institutions)
 - Disrupting routines and structure



Additional Stressors

- Internal/VA
 - Increased focus on productivity
 - Changing metrics/requirements
 - Reduced sense of autonomy/independence
- External
 - Economic challenges
 - Political division
 - Existential threats (e.g., environmental concerns)



With
Challenges
Come
Opportunity

- Many are coping well
- Developing creative solutions can be empowering
 - Adoption of Telework/TMH has increased options for patients and staff
 - Support systems have been created teams and colleagues



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Vulnerability

- Those especially vulnerable to adverse medical, psychiatric, social outcomes from stress include:
 - Chronic medical problems
 - Family needs, caregivers
 - Mental illness, SUD
 - Financially vulnerable
 - Inequities due to individual differences/biases
 - Difficult living environment
 - Limited social/community supports; Isolation, loneliness



Bringing it Together

- We're facing
 - Unprecedented stress
 - Reduced resources
 - Serving veterans who are already vulnerable
 - While learning to do so in new ways
- How do we do this?
 - We draw on our collective knowledge and wisdom



Experiences in Supporting Staff

- Content- What resources and tools can help
- Process- How to bring these tools to bear in a way that is most likely to be helpful.



What do Staff Need From Leadership?

- Definition of their role
 - Clinician, Educator, Administrator, Researcher, Combination
 - Clear understanding of role and how to succeed
 - Function of that role in the overall mission
- Structure
 - Organizational Clarity
 - Supervisory Guidance
 - Effective Communication Channels
- Resources to do the job
 - Space
 - Tools
 - Training
 - Time
- Advocacy
 - Translate staff concerns for upper leadership
 - Work to improve systems that do not meet staff and veteran needs
 - Align staff needs with leaderships needs



Example:
Initial
response to
pandemic:
SFVA

- 1A medical facility with 7 outpatient clinics
 - Farthest clinic is 268 miles north
 - 194 MH fte
 - System serves about 60,000 veterans, of whom about 12,000 enrolled in MH
 - Full range of MH services (although inpatient unit currently closed for remodeling)
 - Serves a veteran population that is
 - Primarily male
 - Lower SES
 - Older adult (average age approximately 60)
 - Ethnically diverse
 - Range of urban, suburban, and rural settings



What was needed

- Procedures for maintaining safety
- New models for serving veterans that did not increase risk
- Accommodation for disruptions in personal life (e.g., school closures)
- Equipment for changes to work



How to provide

- Need clear communication structure
- Leadership needed to acknowledge and validate dialectic:

We are here to serve veterans

&

Everyone's life is being simultaneously disrupted

- Staff voice is critical for guiding change
- Capitalize on individual talents and interests



Pandemic Initial Steps

- Arranging telework for all outpatient providers
- What does this require:
 - Equipment: Phone, computer, internet access
 - Space: Working with staff to identify appropriate environment
 - Training: Both supervisors and staff in telework and telemental health services.
 - Trainees: Need incorporate in planning
 - Flexibility



Leadership Structure

- Learned from previous experience with disasters/crises (as we are doing now)
- Critical to have dedicated leads for key roles
- Associate Chief of Staff for MH (ACOS) reported up to hospital leadership
- Assigned leaders for sections reported to ACOS
- This is applicable in multiple challenges



Leadership Structure, continued

- MH Service leadership roles:
 - Supplies/logistics
 - Telework coordinator
 - TMH implementation
 - Veteran outreach
 - In person outpatient care coordinator
 - Trainee coordinator
 - Volunteer staff and clinical coverage coordinator
 - Stress management/staff support
 - Public affairs/communication



Leadership Structure, continued

- Provides:
 - Efficient communication, people know who can help with what
 - Specialization: those with expertise overseeing the right task
 - Opportunity: A chance for early/mid-career staff to be engaged
 - Coordination with external partners



Key Policy Decisions (Context)

- SFVA: telework was approved ad hoc prior to completion of formal documentation
- State and VA training regulations
 - Approved video rather than in person supervision
 - Approved trainees providing care, including TMH, with supervisor available rather than on site
- VA Equipment policies
 - Expanded those eligible for phones and laptop computers to all clinical staff and trainees providing clinical care
- Change in RVU value for phone visits (equivalent to F2F)



Resources

- Equipment
- VA/SFVA
 - Staff
 - Accessed and distributed hundreds of laptops and phones
 - IT accelerated distribution
 - Patients
 - VA National iPad distribution- staff can submit a consult and configured iPad sent directly to veteran
 - Some delays due to overwhelming demand in early weeks
- UCSF- donated additional laptops to fill gaps



Process- How to Provide Needs

- At the Core: Communication of Respect
- Listening
 - Office Hours
 - Team/Staff meetings with structured opportunities for feedback
 - Know goals and career aspirations
- “Stone Soup” model
 - Provide opportunities to step up and contribute
 - Recognize and celebrate when people do
 - Identify and help people know how they can contribute
 - Supervisory Guidance
 - Effective Communication Channels
- Support Mentoring
 - Both Formal and Informal



Supporting Staff

- Folks need information
- Acknowledge and validate challenges
 - Ethical/moral dilemmas
- Recognize external pressures (e.g., childcare)
- Leaders can acknowledge their own challenges
- Know available resources (EAP, support efforts)
- Provide flexibility and clear expectations
- Advocate and provide feedback to leadership



Supporting Staff

- Support for patient care roles
 - Trust in professionalism and compassion
 - Have champions to help with:
 - VVC/video adoption
 - Personal guidance for both staff and veterans
 - Telework
 - Address both timekeeping and setup/equipment
 - Data
 - Can identify where there are challenges
 - Provides opportunities to reach out and help staff develop safer options



Supporting Staff

- Developing crisis resources
 - Drew on experienced leader (Keith Armstrong, LCSW)
 - Tiered model of support, provided by MH staff
 - Individual consultation/coaching to team/service leaders
 - Group sessions to specific teams
 - Stress management education to teams
 - Monthly distribution of wellness/stress management resources
 - Important to maintain boundaries/roles
 - Created a clear agreement with hospital leadership about function
 - For acute MH needs, referred to Employee Assistance Program (EAP) and other resources
 - This program was extensively used and valued by staff.



Supporting Staff (in general)

- Wellness support
 - Wellness Committee
 - Wellness Challenge:
 - Team Event
 - Award for team with best participation
- Quarterly awards for MH disciplines
 - One for each major group (Admin, Nursing, Peers and Allied MH professionals, Psychiatry, Psychology, Social Work/MFTs)
 - Nominated by colleagues and selected by committee
- Team and Service Retreats



Supporting Staff (in general)

- Diversity, Equity, Inclusion, and Belonging
 - It is important to acknowledge and address different experiences
 - Examples
 - SFVA Psychology DEI Committee provides
 - Education
 - consultation for patient care
 - Sponsored events (e.g., Tuskegee Airmen event)
 - SFVA DEI Council
 - Create new hiring process to follow best practices
 - VAPA HIRED PAC
 - Participates in hiring planning and reviews hiring processes



DEIB continued

- Strategies that leaders can consider:
 - Meet with staff who have different backgrounds
 - No agenda required
 - Informal, listening and connecting
 - Difference is defined broadly
 - Participate in events, without being the focus
 - E.g., being one of the staff for the VA booth at SF Pride festival
 - Support reading and/or affiliation meetings.
 - Work with community partners to identify resources and supports.



Supporting Staff: Summary

- The function of Servant Leadership
 - Know the mission and share it
 - Provide each staff member what they need to succeed in their role supporting the mission
 - Understand the needs and demands on those to whom you report and your colleagues around you
 - Translate between your leadership and those you lead so each understands the other and can support the other



THANK YOU!

- Questions?



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