The roles and relationships of psychiatrists
and other service providers in mental health services

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Abstract

Objective: A number of the problems facing psychiatry are identified as having common origins in unresolved issues about teamwork. The aim is to identify the issues and formulate recommendations for dealing with these obstacles.

Method: The RANZCP Professional Liaison Committee (Australia) of the Board of Professional and Community Relations convened a number of meetings and discussions, with assistance from a change management consultant (JW) and technical expert (TT).

Results: Much of contemporary mental health care is delivered either directly or indirectly by several persons, often working in teams. Teamwork and collaboration are central to good working relationships and service delivery. Effective teamwork and collaboration is supported by key elements including agreed goals, an agreed approach, effective communication styles, established ground rules, clear team roles, and competent leadership. The obstacles to effective teamwork and collaboration associated with team roles and leadership: problems with role, conflict and confusion over leadership, differing understandings of clinical responsibility and accountability, and poor understanding between the professions.

Conclusions: Developing an understanding of these issues opens the way to a series of recommendations in relation to education, professional organisations, and workplaces and government, which can be considered by a number of sectors and groups.

Introduction

The way that psychiatrists and other mental health professionals work together has an impact on standards of clinical care and professional satisfaction. Although in the past many psychiatrists have worked in relative isolation, today it is rare for mental health care to be provided by a single professional, even where one person is designated as the primary direct-care provider.
Public-sector mental health services in Australia and New Zealand are predominantly provided by specialised multi-disciplinary teams working in inpatient and other community settings [1, 2]. As teams often work across settings to promote the required continuity of care, there is growing acknowledgment of the need for an expanded notion of ‘teamwork’ operating between professionals, relatives and carers, self-help groups, non-government agencies, and statutory authorities providing housing and social security [3, 4]. Although the range of available professionals and services may be narrower in the private sector, most people receiving services from psychiatrists will receive services from others as well, regardless of the setting.

The advantages of teamwork include continuity of care [5], the capacity to take a comprehensive view of the patient’s networks and problems [6], the availability of a range of skills [7], and mutual support and education [8]. A well functioning team with a shared sense of responsibility may be more than the sum of its parts: the team can produce more and better work than its individual members working as solo practitioners [4 p. 349]. However, working in clinical teams which are not functioning well can also be a source of professional dissatisfaction for psychiatrists and other clinicians [9], and can contribute to unsatisfactory care for patients and families.

**Method**

The Professional Liaison Committee of the Board of Professional and Community Relations of the Royal Australian and New Zealand College of Psychiatrists (RANZCP; the College), identified the betterment of working relationships between psychiatrists and other mental health professionals as a matter of pressing concern. The Committee obtained a strategic planning grant from the College to examine the problems facing psychiatrists in professional relationships, and to make recommendations to the College in the areas of training, maintenance of professional standards, and leadership and management.

The Committee is based in Melbourne and has representation from a range of mental health professions. It convened a workshop “Defining Best Practice in Inter-Disciplinary Teamwork” at the Mental Health Services (THEMHS) Conference in Sydney in 1997 and
presented the central themes emerging from that workshop at the THEMHS conference the following year in Hobart [10]. The work was also presented at the Congress of the RANZCP in Melbourne in May 1998. Subsequently, the Committee held a series of meetings facilitated by JW. Research and writing support was provided by TT. The Committee reached a number of conclusions which are summarised here.

The Committee has produced a report that will form the basis of a College position statement after the College consults with consumer and carer, government and other professional organisations.

**Effective teamwork and collaboration**

A team is a small group of people who come together for a common purpose. Effective teamwork and collaboration is supported by key elements including:

- *agreed goals*, usually seen as patient benefit;
- an *agreed approach*, including a common understanding about the philosophy of care and a collaborative style between the patient, family and clinicians;
- *effective communication styles*, with agreements to aim for clear and open styles of communication through opportunities for all members to contribute to decisions, and adequate face-to-face meetings. In particular this includes an attitude of openness in expressing disagreement and acknowledging the presence of conflict, together with agreed avenues for conflict exploration and resolution;
- *established ground rules* which guide interpersonal behaviour within the team. An attitude of respect for the professionalism of every member when disagreement and conflict arise, will both enhance the possibility of conflict resolution and reduce destructive interactions;
- *clear team roles*; and
- *competent leadership*, which has more than one component, is distinguished from professional responsibility, and can be a contentious issue in clinical teamwork.
The first four key elements (i.e., agreed goals, an agreed approach, effective communication styles, and established ground rules) can usually be achieved with a general commitment to and understanding of the benefits of teamwork. The last two elements (i.e., clear team roles and competent leadership) are more difficult to achieve, and can be obstacles effective teamwork and collaboration [11].

**Obstacles to effective teamwork and collaboration**

Obstacles to effective teamwork and collaboration include the following:

- Ambiguity or conflict over roles;
- Conflict and confusion over leadership;
- Differing understandings of responsibility and accountability;
- Interprofessional misconceptions; and
- Differing rewards between professions.

Ambiguity or conflict over roles in teams can lead to personal strain and poor function [6, 12-15]. Conflict and confusion over leadership can disable a team. The distinction between clinical responsibility and clinical authority was identified as a major issue for discussion in policy, services and teams [16, 17].

Leadership of teams is usefully distinguished from clinical responsibility. Equating these can lead psychiatrists to have considerable reservations about working in teams, and to cloud the discussion about team leadership. Responsibility refers to being called to account for one’s actions, while leadership refers to a team function. The former is individual and the latter is interpersonal. Legal responsibility or negligence can apply only to an individual (or legally incorporated company). Team members are responsible for such matters as duty of care and standards of care. The concept of an individual having ‘ultimate’ or ‘overall’ responsibility for the actions of all members of a team is not applicable for this reason [7], but often is a source of concern for psychiatrists.
The concept of clinical authority, on the other hand, is useful [18]. The clinical authority vested in the psychiatrist by virtue of training and experience can be supported rather than threatened by good teamwork. Agreeing on goals, approach and rules of communication, and clarifying roles will allow the tasks of leadership to be defined. Psychiatrists may or may not have the desire, aptitude or skills to assume leadership of the team’s strategic and operational functions and one or more people may undertake this task. Some teams have found that a partnership between a psychiatrist and team coordinator provides a workable combination of skills and functions to cover clinical decision-making, quality reviews, supervision, planning and administration [19].

Psychiatrists along with clinicians from other disciplines need training in the principles of teamwork, an important aspect of community psychiatry [9, 20, 21]. With the move from the hospital as the main focus of care to the less structured ‘ward in the home’ and clinic, the needs of patients and families have changed. The training of all the disciplines including psychiatry will desirably equip them in the principles of teamwork and understanding each other’s roles, in negotiating shared care, and in the skills of leadership. In some settings the need for this cross-discipline training has been translated into encouraging the emergence of so-called ‘generic’ mental health workers. This development can be confusing, lead to loss of focus and discipline-specific skills in a service [22], and potentially make a psychiatrist’s interactions with co-professionals less rewarding.

If mental health care is to advance with mental health service reform, psychiatrists will continue to have an important place in public psychiatry, where work is more clearly based in multidisciplinary teams, as well as in private practice. The need for psychiatrists in mental health care, with or without teams, is equivalent to that of other medical specialties in terms of the effect on service standards. The psychiatrist is an essential contributor to care, working alongside professionals from other disciplines such as clinical psychology, social work, nursing and occupational therapy. Confusion and conflict over team roles, leadership and responsibility are contributing to difficulties in recruiting and retaining psychiatrists in state funded services, and restricting partnership roles for psychiatrists in private practice.
**Recommendations**

The Committee was able to compose a number of recommendations to assist the College in identifying and dealing with each of the obstacles to effective teamwork and collaboration. These can be presented according to actions possible at three levels: **LEVEL 1 - Education and training providers, LEVEL 2 - Professional organisations, and LEVEL 3 - Workplace organisations and government.** One set of these recommendations has been discussed with the RANZCP Training Committee, and educational aims for trainees and supervisors Several recommendations involve collaborative activities with other professional organisations.

At the level of education and training, the recommendations relate to teaching and examination about team dynamics, structure and function, in the context of contemporary understandings about organizations. Training programs, perhaps inter-disciplinary, could aim to produce a conscious shift in attitude toward working in teams, and the syllabus include training in teamwork and the associated personal skills. Such training could include both didactic and experiential aspects. Teaching could also include consideration of the legal concepts of responsibility, accountability, and leadership.

Turning to recommendations at the level of the professional organization, relationships with other professions could be enhanced by joint projects, and joint statements on matters of mutual concern. Recommendations also relate to shaping the expectations of workplace organizations, governments, and healthcare standards bodies about the attitudes and actions of professionals, especially as far as team roles is concerned. Programs for the maintenance of professional standards could give credit for developmental and educational activities relating to teamwork. Professional leaders could acknowledge and promote the fact that there are many valuable and satisfying roles for psychiatrists in teams which include but are not restricted to administrative oversight.
Finally, at the level of the workplace, the recommendations recognise the desirability of clear and agreed job descriptions, which include expectations of collaborative working. Team protocols which establish the service objectives and the roles and functions of the various members, and position specifications making a clear separation between leadership or coordinating functions, and professional and clinical responsibilities, would achieve a great deal. More opportunities could be created for shared leadership functions.

Success in resolving these problems will assist unity of purpose among the College Fellows, and the advocacy role of the College in ensuring appropriate levels of clinical expertise, supervision and standards in mental health care. Discussion of these issues with other professional groups, governments, policy makers, and representatives of consumers and carers, will help shape the ideas and may continue to have an influence on policy and practice.

References


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