# THE PEREGRINE CENTRE

# Leadership and Management in Mental Health

A practice toolkit for mental health practitioners working in regional and rural areas

# So, you've become a leader
## Congratulations!

Leadership is a skill and yet, as health practitioners, it's not one we're really explicitly taught. There are many components to leadership, not only managing people and ensuring business outcomes, but also nitty gritty aspects such as budget management, project management, and resource allocation. This toolkit will cover different management styles, common difficulties in leadership, and fundamental skills for managing a team or unit.

## Who is this toolkit for?

The following toolkit is designed for all mental health practitioners working across remote, rural, or regional NSW who wish to understand more about leading and managing a mental health team, or service unit.

## What does this toolkit include?

There are whole degrees intended to teach leadership and management, including courses available on HETI for NSW Health employees. This is an introductory toolkit designed to help you reflect on what kind of leader you want to be and to get you started in developing the kind of skills needed by good managers in the mental health sector. This guide would be of benefit to leaders of all levels of experience but would be particularly helpful for those new to leadership.

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# What's the difference between a leader and a manager?

In recent years, <u>some</u> have proposed a difference between Leadership and Management. **<u>Management</u>** is a role we can fill, that has clear expectations and responsibilities assigned to it. To be a manager requires a <u>specific set of skills</u>, that is generally the same across most settings; the ability to see through the noise to make the right decisions, keep the team aligned towards the collective goal, and track progress along the way.

Some models say that the role of **<u>leadership</u>** is not to manage the day-to-day details but to create shared direction, alignment, and commitment in teams (see DAC Model later in this Toolkit). Leadership is often associated with creating strategy to achieve a common goal and some say it involves a particular <u>mindset</u>. Leaders will each have their own strengths and weaknesses – the importance is the awareness of these and how they are harnessed to facilitate growth.

<u>This article</u> discusses different leadership types, and the elements that are important to consider within leadership. There is no one right way to be a leader – but <u>finding what feels authentic</u> to you is a good place to start. This <u>YouTube video</u> talks about different leadership styles, and how there is rarely a 'one size fits all' approach to leadership. Indeed, it is suggested that a good leader will know how to move between different styles, depending on the situation.

It's also important to consider your team. Individuals in your team will each need their own approach. Some people may prefer a straightforward approach, and others may need a softer touch. All people will need a good relationship to be able to hear what you are saying, and to tell you what they need.

## The Good News

**A lot of the skills you have developed through your mental health career will be useful in leadership and management.**

Consider your skill in building rapport, understanding the motivations and needs of others, working with resistance, and developing collaborative goals and plans. All of these skills can be translated to the workplace.

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# Values

Your approach to leadership is a choice you can make, and it is worthwhile making it an intentional choice. As you step into the new role, take some time to consider your mindset. Feeling grounded in yourself will go a long way to managing the challenges of stepping up.

## Here are some questions to consider:

Think about past leaders you've had – what did you appreciate about the way they led you and others? What didn't you appreciate? This goes beyond a leader who makes decisions you do or don't agree with. Consider how they gave direction or gathered information. How did they approach and manage conflict or disagreements?

Imagine you are leaving this position – what would you like your team members to say about you when you've left?

What prompted you to move into this role? Why did you want to step up and lead?

What have you tried in the past when in a leadership role? What worked? What would you like to do differently?

How will you understand your team's needs? Knowing yourself is important, however individuals will need different things from you at different times.

What will be your areas of growth? Which people and resources will support your growth?
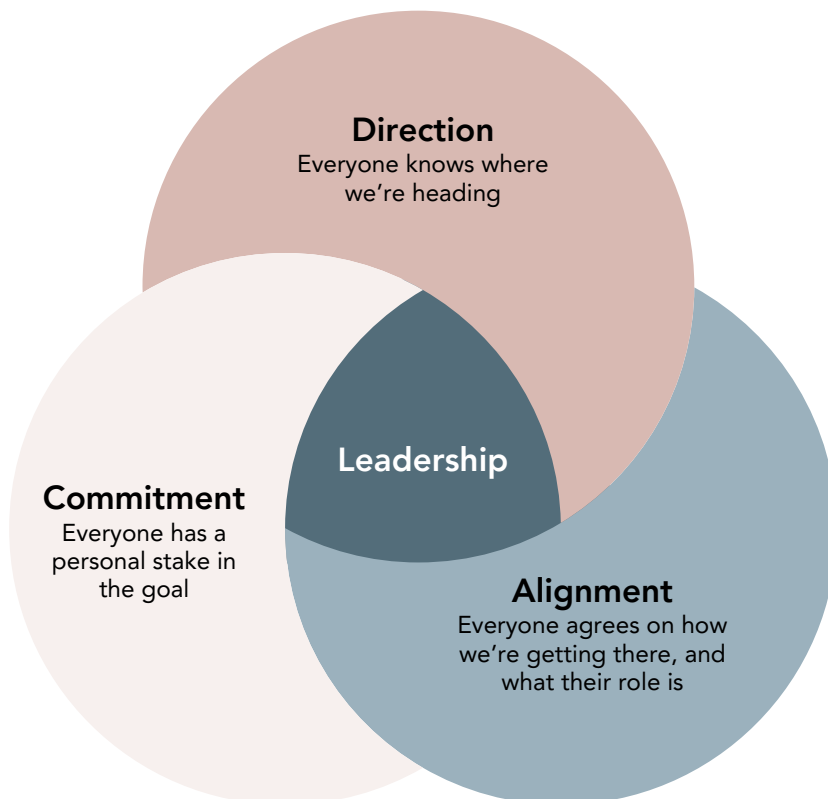
**As you answer these questions, consider how you might hold these answers in mind as you face challenges in your new role. Remember also, your answers may change over time and with learning.**

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# Building Direction and Motivation

**DAC** is a model of leadership. It considers the role of leadership is to create a shared direction, to align resources efficiently to work towards this direction, and to foster commitment from all team members to the shared work. Interestingly, the model suggests that more than one person can share the job of creating direction, alignment, and commitment within the team and so some teams have a "distributed leadership", not just one leader. A key component of DAC is the emphasis on collaboration within the team. It posits that it is not enough to tell people what to do, but there must also be a collective understanding of the why, and collaboration on the how. Here is a blog post discussing questions to ask yourself and your team to facilitate DAC within your organisation.

**Direction**
Everyone knows where we're heading

**Leadership**

**Commitment**
Everyone has a personal stake in the goal

**Alignment**
Everyone agrees on how we're getting there, and what their role is

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# Cultivating Culture

**Team culture** is an important element to pay attention to. The team culture may be evident to you, if you have been part of the team for a time. You may be new to this team and are trying to understand the culture. **Either way, something has changed in the system (i.e., You) and there will be an adjustment.** Shifting culture is difficult, takes time, and it rarely comes from explicit declarations. Showing consistency in your actions, and your response to others, goes a long way to contributing to the organizational culture.

Take some time to think about what kind of culture you want to have within your team. *What is the culture like now? How can you act in a way that is consistent with what you want to see from others?* Even if you're not in a management position, you can show leadership with your behaviour, including building the culture of a team.

> *I learned that if there was an emotional issue in the organization, I was playing a part in it, and if I could modify the part I was playing, the others would do the same* – Murray Bowen, 1985

Below are some **YouTube videos** talking about different aspects of work culture that may be helpful to think about within your role.
- What's Love Got to Do With It? Leadership in New Era of Healthcare (7 min)
- 3 ways to create a work culture that brings out the best in employees (13 min)
- How to start changing an unhealthy work environment (9 min)
- How Leaders Change Brains and Win Hearts (12 min)

## Want to prevent common workplace challenges?

Consider how you might be proactive in creating the team culture you want to see. Leaders can face challenges such as managing gossip in the workplace, needing to build motivation, or addressing and resolving discord or conflict. Even with a great workplace culture, challenges can arise. It is unlikely that leaving these components unchecked will result in a good outcome, so it's worth considering how and when you want to tackle these challenges. However, it is important to retain the ability to receive feedback and adjust based on your own reflections, and your team members' needs. It can be tempting to think that challenges all stem from the one person or environmental factor (like being understaffed) but this mindset can encourage leaders (and followers) to feel powerless, rather than considering what they ARE able to change.

For more about managing team dynamics, see the Practice Toolkit for "Working Well in Multidisciplinary Teams"(free account required).

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**Understanding your workplace culture will also have an impact on the consumers who use your service.**

Consider elements of **cultural safety**. Is this actively practiced within your team?

WorkSafe NSW have a series of guides of establishing and maintaining cultural safety in the workplace. The Diversity Council of Australia has a range of resources on understanding diversity and inclusion, and guides on how to implement good policies (NB: Some access is restricted to paid membership). The Australian Human Rights Commission also has support information for ensuring inclusion in the workplace.

**Consider your own implicit biases and how they might impact your interactions with others.**

It is okay to have these biases pop up; our implicit biases are just shortcuts our brains take to process more information. The problem comes when we don't examine the automatic thoughts and instead just act on them.

Research shows that a diverse healthcare workforce provides many benefits, such as better patient outcomes, financial outcomes, and colleague relationships[1]. A powerful move as a leader is looking around the 'table' and seeing who is missing. Whose voice is not getting heard? Can we make moves to get those voices to the table AND feeling safe to contribute? Be mindful of working towards genuine inclusion, rather than consultation or tokenism. As with any cultural shift, it will take time and persistence to see change. Continual efforts are key.

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# Challenges

Being a leader can mean making tough decisions, and often not being able to please everyone. It can mean hard conversations. As you consider your new role, think about what some of the hesitations or expected challenges were for you.

## Common worries include:

***I don't know how to have difficult conversations.***
Part of leading is saying no or having conversations with people who are not meeting expectations. It can be confronting to have these conversations. However, consider the potential consequences if you don't address problems early. This video from Kim Scott about Radical Candor discusses the benefits for all parties of having difficult conversations early. We will talk more about how to give feedback later in this Toolkit.

***I'll make the wrong decision.***
Maybe. It's pretty unrealistic to expect yourself to get it right every time, so instead of worrying about getting it right all the time come up with a plan about how you will be accountable when you do get it wrong. There is a lot to learn in failure and demonstrating accountability. Your model of reflection can foster a willingness to try and learn in your team, potentially leading to innovation or better practices[2].

***People will expect me to know what to do in clinical situations.***
Depending on your role, you may have people asking for support or guidance with clinical decisions, and some of these decisions may need to be quick. Staying calm is one of the most important elements here. Consider how you might be able to manage your own emotions in the face of others' panic. Being familiar with your organisations policies and escalation procedures will support you in crisis times. Explore what supports are available to you, including Practice Supervision or asking someone to be your mentor.

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*I'm going to get stuck in the middle.*
One model of leadership suggests that a team leader's job is to align the resources they manage with the goals of the strategic decision makers (often senior management).

Depending on your organisational structure and your role, you may find yourself trying to communicate unpopular decisions from higher up to your team. This could include new KPIs, policy directions, or budget cuts. Your job is to parse information both up and down the chain. What components are most relevant to the parties? Being well connected to your team and their work helps you communicate to the policy- or decision-makers the strengths and challenges you can see with implementing new policies or practice.

Similarly, being comfortable asking questions of new policies or decisions allows you to fully communicate to your team the reasoning behind choices. When people feel they are getting the full picture and see the relevance to them, they are more likely to work with you on new challenges. Of course, sometimes you will need to be the advocate for your team, communicating and sometimes even campaigning on their behalf. However, beware of getting into an "us and them" mindset and being seen as closed off to valid opposing points of view. Consider how you can show both sides that you are interested in understanding their point of view and coming to a solution that everyone can live with.

## Ultimately, you will make mistakes!

Some mistakes will be small, and some will be bigger. Mistakes are part of life and can be great avenues for learning. Trying to avoid making any mistakes usually leads to a lack of progress, decisions take longer, and things can stall[3].

*Instead, focus on how to show accountability and how to make use of what you have learned.*

# Providing Feedback

There may be times when your team members are underperforming, or not meeting the milestones as expected. It is tempting to avoid the conversation and hope it resolves, however this strategy rarely works, and usually results in larger problems, such as discord in the team, resignations, and distrust in leadership[4]. In clinical settings, avoiding difficult conversations can also lead to poorer patient outcomes[5].
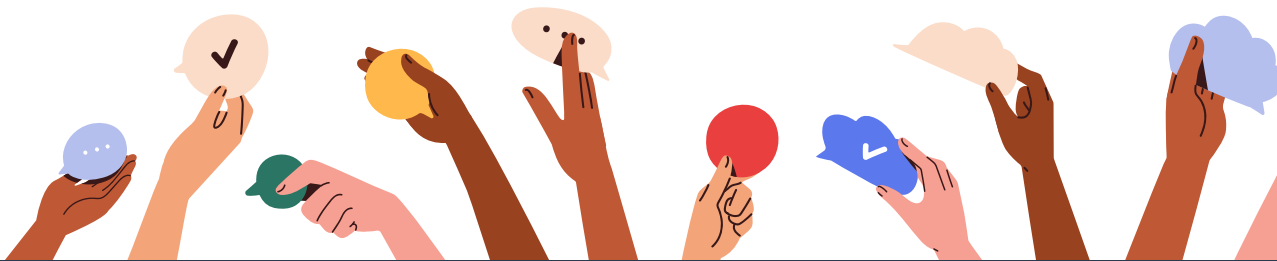
## What can you do?

- **Have clear benchmarks** to provide objective measure of success. This may be set by your organisation (e.g., KPIs) or smaller goals as set by you, based on what the organisation is working towards. Objective measures are things like number of reports completed on time. Subjective assessments, such as consumer rating scales, can also be considered but remember these are open to interpretation.

- **Address failure to meet benchmarks early.** If you set a deadline an employee didn't meet, take 5 minutes to check in with them. Aim to 'course correct' early, to avoid a major detour later.

- **Avoid personalising the problem.** Avoid phrases such as 'You are not performing well' and instead be specific about the issue, e.g., 'I've noticed you have a lot of cancellations. What thoughts do you have about that?'

- **Be curious about the problem**. It may be that they lacked necessary resources, or the benchmark was unrealistic. This also gives you information about their capacity for self-reflection.

- **Remember to include conversation** about what you value about their work and ask how you can support them continuing to contribute in that way.

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The book Radical Candor by Kim Scott discusses how to manage providing feedback, and the traps people can fall into when providing feedback.

**A key takeaway is that providing feedback does not always need to be a big meeting.** Taking a few minutes to talk to someone privately when the issue is small saves a lot of trouble down the line. Try to do this in person as much as possible. For remote teams, a phone call or virtual meeting is the next best thing. Email should be an absolute last resort as text can often be misinterpreted.

**Managing yourself in this conversation is an important part of the process.** Feeling uncomfortable about these sorts of conversations is entirely normal. Depending on your own experience and personality, you may notice strong worry, resentfulness, or a desire to avoid the conversation entirely. Take some time to regulate yourself, and consider what you might need to help you stay grounded. Is it helpful to jot some notes? Do you want to practice the conversation with a neutral third party? Having clear goals for the conversation can also help you feel more centred, however try to remain flexible and able to hear the other person.
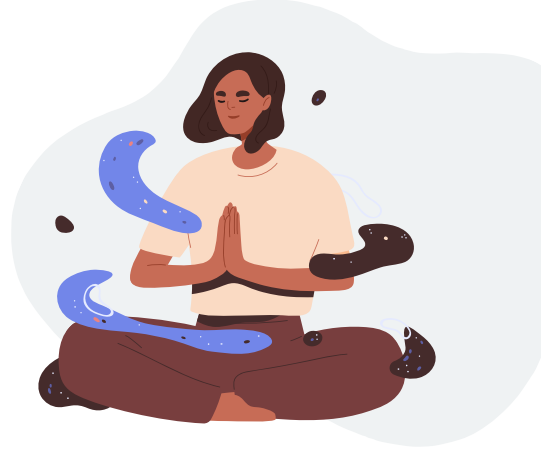
Here is a short 5-minute YouTube video discussing a four-part structure about giving successful feedback. Overall, it helps to have specific examples, with a clear link to the impact of missed milestones or undesired behaviours. Try to maintain a dialogue, rather than a monologue; encouraging your team members to reflect on their own progress also supports their learning and growth. It also helps them feel heard by you, encouraging collaboration rather than facilitating defensiveness.

For further reading, you can check out this piece from Harvard Business Review on creating a safe environment for giving and receiving feedback.

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# Working Efficiently

One of the tricky elements of management is navigating the competing priorities. How do you choose where to spend your time when there is so much to do? In healthcare, it is likely you will also face multiple interruptions and knowing how to prioritise these can be helpful.

## One framework to think through this is the Eisenhower matrix:

> *"I have two kinds of problems, the urgent and the important. The urgent are not important, and the important are never urgent"*
> – Dwight D. Eisenhower

Made popular by Stephen R. Covey through his book The 7 Habits of Highly Effective People, the Eisenhower Matrix separates out tasks by their urgency and importance. Urgency refers to tasks that are time sensitive and need to be done quickly. Important refers to task that contribute to progress of goals, both organisational and personal.

It is easy to get waylaid by the 'urgent but not important' tasks. You may catch yourself thinking, 'This won't take long, I'll just do it' however if you continue to fall into this trap, the 'important but not urgent' tasks often get neglected, which stalls progress and can cause problems down the line. Studies have shown that people struggle with prioritizing important over urgent tasks[6].

## The Eisenhower Matrix



|  | Urgent | Not Urgent |
|---|---|---|
| **Important** | **Do** — Do it now | **Decide** — Schedule a time to do it |
| **Not Important** | **Delegate** — Who can do it for you? | **Delete** — Eliminate it |

Considering the Eisenhower Matrix and how your tasks fit provides a simple structure to help you time manage tasks. This YouTube video discusses how to apply the matrix, as well as looking critically at its shortcomings. The Eisenhower matrix does not consider the resources (or lack of) at your disposal. It also doesn't consider the effort required for the task, or if tasks can be combined. However, it is a fair starting point to tease out the urgent versus important tasks.

## The Sung Diagram

The **Sung Diagram** builds on the Eisenhower Matrix by considering the fit of the task – that is, how well equipped you are to handle it, or the resources available to you to complete the task – including your time, staff availability, or access to other services or supports. The Sung Diagram is useful in a team setting, as it requires you to consider the resources within your team and how best to delegate tasks. It may also help you identify areas for upskilling, or recruitment within your team.

The Sung Diagram allows for the delegation of important and urgent tasks – if they are not the right fit for you. In healthcare there are many important and urgent tasks that arise, but you may not be the most appropriate person to complete for a range of reasons.
Both the Eisenhower and Sung frameworks are unlikely to be a perfect fit, however they do provide some structure to think about the numerous tasks and requests that will cross your desk. Feel free to adjust them in ways that suit you, and the service you work in.

FIT: Make Time

Schedule    Do Next

Do
Now

IMPORTANT:                    URGENT:
Plan        Delegate        Delegate Next
            Now

**Delegation** is a skill to learn. It's tempting to think 'I'll just do this, it's easy enough, I can do it quicker, and it will be done right.' While this may be true, think of delegation as a potential learning opportunity for your team. What opportunities are you denying your team by not delegating? You might even learn few new tricks from your team's way of working. Of course, not all tasks present as learning opportunities. Some tasks are just work that needs to be done. There is also a simple economic argument for delegation: Your time probably costs more. Is it better spent on a task that someone else could do, or on a task that only you can do?

Understanding the skillsets within your team can support your decision making. You may be interested in our toolkit on Working Well in Multidisciplinary Teams to learn more about different people within an MDT and collaborative clinical care. You will need a free account for our Learning Portal to access this.

# Planning Staff Development

Part of being a team manager is supporting your staff's development. The great part here is that you can use your existing skillset as a mental health practitioner to do this task!

Building off what we have learnt with the **Eisenhower Matrix** and **Sung Diagrams**, this is usually an "important, but not urgent" task. Therefore, it is necessary to schedule the time for the creation and review of the development plans or often this will be neglected. Consider your work context, and staffing numbers, to determine how frequently you want to review this. The next step is to schedule it.

Communicating the importance of this task, your commitment to prioritizing it, and following up will display to your team that this is more than a 'tick a box' exercise.
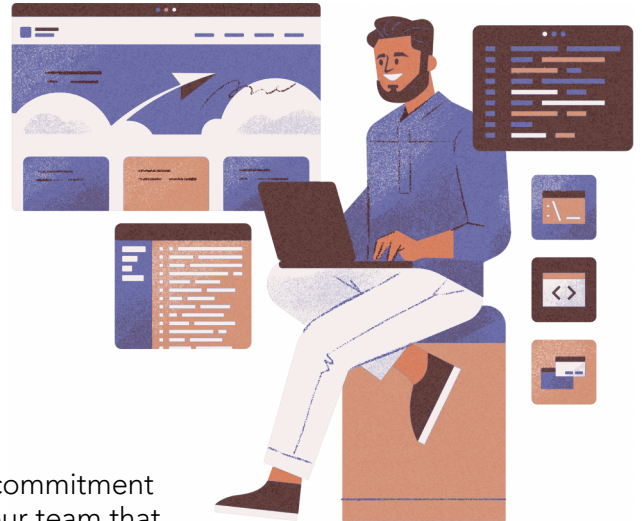
*The trick is to empower employees to take charge of their own learning, with scaffolding from you.* The learning goals should be important to the individual, or they are unlikely to get focus. However, also consider these goals align with the goals of your team and the wider organisation. Consider how many goals is reasonable for a person to have – both in terms of their workload, their working hours, and how much the organisation can support their learning. Prompt for a full range of goals; Team members often focus on goals like clinical upskilling, and seeking career advancement, and neglect goals that serve the wider organisation (or sector), such as becoming a mentor or supervisor.

Building a development plan is also a key opportunity to understand your team members' capacity for self-reflection.

*How do they perceive their performance?*

*Are they able to identify areas for growth, or challenges in their role?*

Your job is to create an environment where it is safe to discuss areas where the team member might want (or need) to improve and collaborate on a plan to increase skills in this area.

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Just as in goal setting with consumers, it is helpful to use the SMART goal format:

**S**PECIFIC
What is the clearly stated goal? – *I want to learn how to conduct an ACT intervention*

**M**EASUREABLE
How will you measure progress towards the goal? – *Commit to 1 hour/ week learning, with course completion (yes/no) as ultimate marker. I will apply the ACT model with one person and gather their feedback.*

**A**TTAINABLE
Do I have the resources? – *I have identified a good course, it is self-paced and works with my available timeframe*

**R**ELEVANT
How is the goal relevant to you? - *I routinely work with adolescents and am looking to improve my knowledge of relevant interventions*

**T**IMEFRAME
How long will you need to complete the goal? - *I will complete this goal within three months.*

## Following Up

When setting the initial goals, make a timeframe to check back in. Just like setting the initial meeting, it is easy for the follow up to fall to the wayside. Scheduling it at the initial point may help to stick to following up – even if the agreed upon time doesn't work, the event is in your calendar to remind you and your team member of the need to follow up.

At follow up, check on the progress of goals. What has been completed? What did they learn? Were there unexpected barriers to some goals, and how can these be navigated? Again, it is important to create a space where there can be genuine reflection. It may be the case that the timeframe was simply not sufficient to achieve the goal – or it might be the case that there are some fundamental skills required before that goal can be achieved.

Develop some additional goals. These can be revision of the original goals based on learnings that occurred in the timeframe, extensions of completed goals, or new goals entirely. Follow the SMART format and set a review date.

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# Tools to Manage the Day to Day

Being a manager in a health care setting can involve extra pressures. Not only are you responsible for your staff, there are also the consumers of the service, other units you may work with, and potentially the leadership above you. Depending on the service you work in, there may also be time pressures and unpredictable crises you have to manage frequently.

On top of the day-to-day people management, you may also be responsible for the service budget, planning training, managing staff development, recruitment, and retention, running data reviews, writing reports, and much more. Through most health degrees, there is little time spent on the development of these skills, yet they are so important to actually maintaining a well-run health service. ***So, how do you navigate all of this?***

## Getting Organised

Being a manager is a lot easier if you have a system of organisation that works for you. There is no one right way to do this, however, here are a few suggestions for tools that might be helpful:

Consider what is available to you through your workplace. Many workplaces subscribe to **Microsoft Office 365**, which includes a suite of tools to help organisation and productivity. Many of the apps 'talk' to each other, and it can be easy to set up reminders. Consider **Planner**, which allows you to create different work 'buckets', collaborate with others, assign tasks, and set start and finish dates for different stages of projects. Planner automatically sends emails when assigned tasks are coming up or overdue. **To Do** is another useful app that works off Planner and flagged emails in Outlook to help you quickly see what needs to be done today, this week, and more.

**Your calendar** is more than just a place where people book meetings. Use it to block out focus time for you to have an uninterrupted time to get to those "important, but not urgent" tasks. This includes minimizing notifications such as emails or instant messages, and phone calls. Research has shown that multitasking actually increases our stress[7] and we are less productive[8]. While it can be a luxury to get uninterrupted time in a health service, time to plan is integral to successful management.

Gantt Charts are tools that can be used to track the progress and deadlines of multiple deliverables over a period of time. They are visual tools that can assist time management and planning by displaying the competing demands. They also help to track the progress of projects to assist with reporting.

Gantt charts are flexible and can be modified to suit your needs. There are a number of companies that offer project management software, such as Monday.com, Notion, Asana, Trello and Jira. There may be costs associated with these, however finding a system that works for you and your team can save a lot of time (and therefore money). Some companies, such as Click Up offer free versions of their platforms with all the basic functions.

# Navigating your Inbox

Emails are an essential part of our work day, however, they can also be a huge demand on our time. How you navigate this is a matter of personal preference and your job demands, however it may be beneficial to have structure around it, lest you find yourself lost in your inbox constantly. Consider the Eisenhower and Sung diagrams and bring them to your inbox. Consider folders for follow up, or using the built-in flag/remind me tools.

If you are repeatedly answering the same questions, use templates – you can set these up in Outlook with Quick Steps or in Gmail with Templates and customise before sending. Also consider the distraction your inbox provides. How often is your attention getting diverted by a new email notification? Is it feasible within your job demands to create set times for checking email, and close it other times?

# Balancing the Budget

Often managers are responsible for managing finances to some degree. Many health degrees do not spend all that much time on finance. Your organisation may have specific budgeting software, but Excel is often a decent enough program. It is helpful to be familiar with basic Excel formulas, and this webpage offers a clear explanation and example of how to use formulas.

It can be helpful to review past financial reports to help you gain an idea of what things cost and understand how the budget typically works. See if someone from your organisation's finance department will spend an hour going through your Profit and Loss Statement (P&L) with you to explain how your organisations does its financial reports, including things like cost codes. At a minimum, try to understand which budget line items you have some control over, such as spending on training budgets, and which you don't, such as administration costs. Then ask how you can keep track of spending in those few areas during the year. This can be particularly helpful to avoid that last-minute panic in May every year when you realise your budget is significantly over or under spent.

Cost Benefit Analysis is more than just a therapy tool. When thinking forward to new initiatives, staff training, or investing in resources it can be helpful to consider. If you work in a free-to-public service, costing benefits may take some flexible thought. For example, if you are considering investing in whole team training, you may be balancing the cost of the training and staff time to attend against the potential for staff retention. This means you are factoring in not having to recruit new staff, a costly undertaking. Developing skills in cost-benefit analysis can help you to make a strong case for a new initiative to your executive or explain objectively why you might deny a request from a member of your team.

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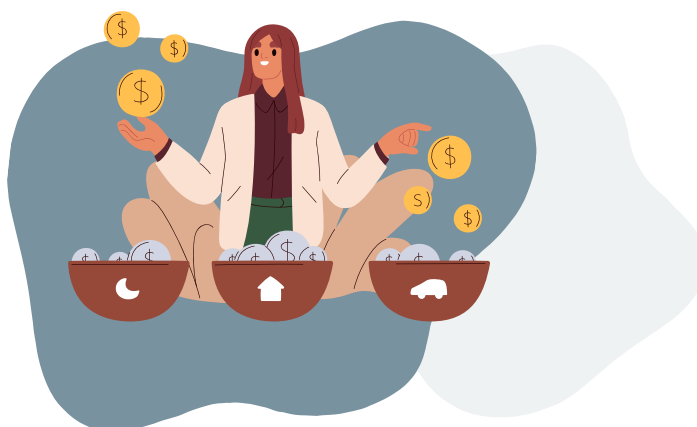
# Supervision and Reflective Practice

## What does supervision have to do with it?

Research shows that reflective practice supervision supports practitioner wellbeing and job satisfaction[9],[10]. This means reduced rates of turnover in your team. There is also early evidence that practitioners who engage in supervision have better client outcomes[11]. Yet, practitioners report multiple barriers to accessing supervision, including lack of available supervisors, lack of knowledge about supervisory practices, and, relevant to you, *a lack of support from management*[12].

If your team is held back by a "lack of available supervisors", consider videoconferencing technology to connect with supervisors from anywhere in the world. Peer supervision, defined as a group of colleagues with no identified 'leader', is another way to navigate this. The group gets to learn from each other and work together if there is an area in which they collectively identify a need to upskill. Peer supervision can also be a good way to raise team cohesion, if the group is established well. ACI has a number of resources to support development of reflective practice.

**If your team has an existing supervision group, think about the ways in which you can support this practice. Some ways of doing this are:**

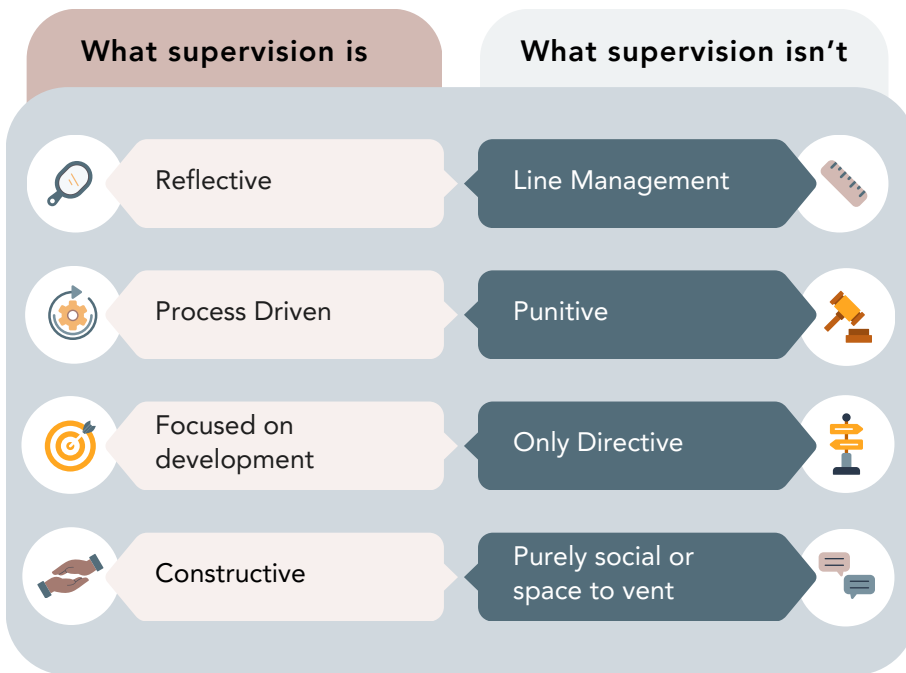**Ensuring the time is protected and scheduled well in advance**

**Holding people accountable when they do not attend supervision**

**Making sure you often talk about supervision as "core business" and not a luxury**

Consider your own supervision as well. You may wish to connect with other team leaders in similar positions to share knowledge and work collaboratively. You may want to find a mentor to support your leadership development or help you with managing complex clinical situations. Your engagement in, and prioritising of supervision practices can be a powerful way to model the importance of this to your team.

| What supervision is | What supervision isn't |
| --- | --- |
| Reflective | Line Management |
| Process Driven | Punitive |
| Focused on development | Only Directive |
| Constructive | Purely social or space to vent |

If you find yourself in a role where you are providing clinical supervision to your direct reports, consider how you will differentiate between your role as supervisor and your role as manager. It is difficult to sit across these two spaces. Being intentional and transparent in what people can expect from you in these spaces will foster relationship. Daphne Hewson has a framework of supervisory spaces as a way to intentionally and collaboratively communicate what 'room' you are residing in and what the other person can expect from being in this room.

# Conclusion

Whether you're new or experienced, being in a senior position is challenging – that's what a lot of people love about it! However, in the field of mental health, we know that a good leader can protect staff against a range of negative consequences, including burn out and vicarious trauma, through simple human factors such as empathy, gratitude, and good communication[13]. This toolkit contains a range of resources to help you, as a manager and leader, create an environment where your staff feel valued, heard, and that their work is having an impact. Therefore, it is worth spending some time in reflection and reading, so you can decide how you want to lead your team. With the right skills, you can not only help solve problems, but you can create a strong team that protects, stretches and inspires each of its members.

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# Additional Resources

## Podcasts:

We are Human Leaders is a podcast all about leading authentically and building thriving teams.

Leaders Unlocked interviews seasoned leaders about their skills and lessons learnt.

Peregrine Rural Mental Health Podcast episode: Tools for Leadership in Mental Health

## Books:

Hidden Potential – Adam Grant. This book rethinks the idea of success and focuses on the journey and how to identify and facilitate growth in ourselves and others.

Dare to Lead: Brave Work. Tough Conversations. Whole Hearts – Brene Brown. This book shifts the narrative from having all the answers to knowing how to ask questions to find answers. A call for genuine and authentic leadership.

Strengths Based Leadership: Great Leaders, Teams, and Why People Follow – Gallup. Based on research from studying teams, this book identifies and discusses three key components to successful leadership.

Radical Candor – Kim Scott. Radical Candor is a framework for delivering and receiving honest feedback, in pursuit of development. The book provides real life examples, as well as tips and strategies to get started with radical candour.

## Websites:

For NSW Health Staff, HETI has an entire Leadership and Management hub

If Brene Brown's work resonates with you, she has an entire Dare to Lead Hub with resources and supports to help you lead authentically

Similarly, Kim Scott has a host of resources on her Radical Candor website, including a podcast.

Monash University lead the Advancing Women in Healthcare Leadership, an initiative which aims to increase the number of women in leadership within health. Their website contains helpful resources, research, and upcoming learning events.

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