The purpose of this discussion is to provide an overview of participants' reactions to the paper by Dr. White concerning human resource development in the mental health field. The discussion is presented in the chronological order in which the paper was reviewed by four groups through the day. It concludes with the implications for preservice and inservice training, research, and consultation/technical assistance.

In his introductory remarks to each of the small groups, Dr. White indicated that he was aware that the other three authors had focused their remarks on the area of mental health management technology and trends within mental health service systems. Dr. White indicated that he wished instead to concentrate on the theme of people working through people to underscore the importance of human resources and of interaction among various levels of management and staff personnel in mental health facilities. It was his opinion that this overarching consideration in the mental health field is not bound by particular "fads" which have arisen in the last several years (for example, corporate configuring, various new management theories, and the like). Nor did he wish to discuss only the current situation in the mental health field. Rather, Dr. White wanted to portray the importance of human resources in administration throughout the past several decades and to emphasize that the themes presented in his paper would be as applicable in the future as they have been in the past. His intent, he said, was to describe the enduring nature of certain tenets inherent in human resource development. According to Dr. White, the durability of these tenets meant that future managers would need to pay particular attention to such human resource development as a means of increasing the competence and maintaining the viability of mental health treatment and management personnel.
Group 3: Personal Leadership Style and Changes in the Mental Health Field

The first group to meet with Dr. White focused primarily on issues of personal management style and changes in the mental health field that might influence human resource development. The transition from clinician to manager, which has often created dysfunction between individuals and mental health systems, was discussed. The group considered the question of whether the manager's clinical skills create dysfunction, either by promoting oversensitivity—or, alternatively, a lack of sensitivity (overcompensating)—to concerns and issues of human resource development. Following discussion of this question, group members proposed that managers may ultimately revert to their own psychodynamic processes, indicating that management behavior may be a function of the individual psychodynamic mix within each person who has assumed a leadership role. One participant asked, “Does administrative therapy being where analytic therapy ends?” As further discussion of the theme of personal leadership ensued, another participant suggested that peer review should be initiated to control managers who either exert too much pressure on employees or who are not strong enough to make critical decisions on behalf of the mental health organization.

Personal management style was depicted as often being influenced by the view managers have of the mental health enterprise. In this regard, the group commented on the importance of accounting for and appreciating the diversity of content within the mental health field, a diversity that requires managers to acquire and apply a broad range of skills. It was suggested that at this time there may not be sufficient models or options developed to understand fully the particular nuances of financing, organizational structure, service models, and other elements constituting the mental health system. The importance of developing ways to learn from other systems, both within and without human services, was also noted. Evidence suggests that many managers in the mental health field have become “indepth specialists” rather than being knowledgeable in a number of areas. Performance appraisal (described as “a weak link in an otherwise strong chain”) could be improved to provide structure and clarify directions for staff in bounding the particular range and content of skills necessary to perform at an effective level.

In concluding the session, questions were raised regarding the extent to which the discussion had been considering traditional issues of leadership in the mental health field. Who should manage mental health organizations? Is mental health administration really different from other types of public administration? Do mental health administrators really need clinical skills to be effective? Can administrative and executive power be shared without abdicating administrative responsibility?