

GEORGETOWN UNIVERSITY'S
**LEADERSHIP
ACADEMY**
TO ADDRESS DISPARITIES
IN MENTAL HEALTH CARE



AUGUST 30 – SEPTEMBER 2, 2010
SANTA FE, NEW MEXICO

WRITTEN BY

AFYA  inc.

Background and Introduction

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Mental Health Services, in conjunction with Georgetown University and AFYA, Inc., held a Leadership Academy offering an opportunity for participants to enhance their leadership skills with a focus on addressing disparities in mental health care. The Leadership Academy is a part of SAMHSA's Eliminating Mental Health Disparities initiative. The Academy was designed for individuals who are actively engaged in mental health care policy, practice, research, and advocacy and who are invested in developing their leadership roles. The goal of the Leadership Academy was to equip participants with knowledge, skills, and tools that allow them to address disparities in mental health care and to spur the necessary changes within their respective environments.

The Leadership Academy was an intensive course comprising 3 months of preparatory activities and a 4-day residential learning experience. The 4-day training took place August 30 – September 2, 2010, in Santa Fe, NM. A total of 50 people attended the training. The logistics and evaluation coordinator, AFYA, Inc., asked attendees to complete an evaluation form. These evaluations help inform SAMHSA, Georgetown University, and AFYA, Inc., about the effectiveness of the Leadership Academy in achieving its goals. Evaluation results also suggest possible improvements for future Leadership Academies.

Evaluation Results

The complete Leadership Evaluation Report comprises the following sections.

1. Leadership Academy Application—In order to participate in the Leadership Academy, the attendees had to fill out an application. SAMHSA received 96 applications. The application asked respondents to provide information about their background, the organizations they work for, and the communities and populations they serve. Analyses were only conducted for applications from those 46 respondents selected to attend the Leadership Academy.
2. Evaluation—AFYA received evaluation forms from 46 participants for analysis. The Leadership Academy evaluation survey included four multiple choice questions about respondents' roles, primary work areas, and years of experience. The survey also included 37 five-point Likert-scale questions, categorized as Evaluation of the Academy, Evaluation of Academy Components, and Impact of the Leadership Academy to Address Disparities in Mental Health Care. Finally, the survey included 22 open-ended questions. Possible responses for the Evaluation of the Academy questions about format and faculty effectiveness ranged from 1 for "Poor" to 5 for "Excellent." Responses to questions assessing atmosphere and core messages ranged from 1 for "Strongly Disagree" to 5 for "Strongly Agree." The range of responses for the Evaluation of the Academy Components section was from 1 for "Strongly Disagree" to 5 for "Strongly Agree" for the peer group sessions and from 1 for "Poor" to 5 for "Excellent" for the exercises/activities. Finally, the range for the Impact of the Leadership Academy was from 1 for "Strongly Disagree" to 5 for "Strongly Agree." Results showing the average scores are rounded to the nearest 10th (e.g. 4.55). All percentages are rounded-off to the nearest 10th and indicated within parentheses [e.g., (99.9%), (100.0%)]
3. Pre- and Post-Training Evaluations—A total of 46 respondents completed Pre- and Post-Training Evaluations. These questionnaires assessed how the respondents felt about their roles and capabilities as leaders. The questionnaire measured dimensions such as consensus building, shared vision within the community, alliances and partnerships, leadership style, and ability to confront challenges. The questionnaires consisted of 11 five-point Likert-scale questions.

Application

Applications were juried and scored by five groups of three reviewers each. The AFYA team invited those with the highest scores to attend. The applications provide information about the respondents and the communities they serve, including organizations they work for, racial and ethnic groups they serve, roles in their organization or community, and background about their leadership roles and reasons for working in this area. Analyses were conducted on 28 applications that could be matched to attendees at the conference.

TABLE 1 shows how the respondents found out about the Leadership Academy. Twenty-six respondents provided answers to this question. Most of the attendees found out through a colleague or via e-mail notification. "Professional contact/meeting" means the respondent reported finding out about the conference from a SAMHSA publication or during a SAMHSA meeting.

TABLE 1. How the Respondent Found Out About the Conference

Source	N
Colleague	12
E-mail	10
Professional Contact/Meeting	4

Population Served

The next part of the application asked respondents to provide information about the populations and communities they serve. **TABLES 2A, 2B, 3,** and **4** summarize these responses. Respondents could select multiple categories for each question to describe their community. The racial categories most frequently used to describe client communities were "White" and "African American/Black." Of the 20 respondents that indicated they serve the "White" racial group, 17 serve the Hispanic ethnic group and three serve other ethnic groups. One of the respondents that specified serving a non-Hispanic ethnic group serves American Indians. One of the respondents specified the "other" population they serve as different Asian and Pacific Islander ethnicities, including Chamorros, Filipinos, and Micronesian Islanders. The respondents were also asked which primary language they used in their work. They could select as many as applied. The only two languages the respondents indicated from the available selections were English and Spanish. Of the respondents who indicated "other," one specified their organization uses multiple Native American languages, and the other specified they use Chamorro, Filipino, and languages from neighboring Micronesian Islands.

TABLE 2A. Racial Group Served

Racial Group	N
African American/Black	16
American Indian or Alaska Native	6
Asian	2
Native Hawaiian	1
White	20

TABLE 2B. White Racial Group and Hispanic Ethnic Group

Population	N
White, Hispanic	17
White, Non-Hispanic	3

TABLE 3. Ethnic Group Served

Ethnic Group	N
Hispanic	18
Other	5

TABLE 4. Language Spoken in Served Community

Language Spoken	N
English	26
Spanish	6
Other	2

The respondents were asked to report which age group they served. Of the 27 applicants who answered this question, 14 served children and 13 served a combination of all age groups

TABLE 5. Age Group Served

Age Group	N
Children	14
Adults	0
Seniors	0
Combination	13

The application invited the respondents to provide any further special characteristics about the populations their organization serves. **TABLE 6** provides the answers to this open-ended question. Many reported serving the lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) community, faith communities (Christian and Muslim were noted), and immigrant groups. Some respondents provided multiple special characteristics.

TABLE 6. Special Characteristics of Client Populations

Characteristics	N
Faith Community	4
Formerly Incarcerated	3
LGBTQ	6
Low Income	1
Undocumented People	1
U.S. Military	1
Women	1

Organization Scope

TABLES 7 and 8 provide information about the organizational scope of the groups the applicants represent. Most of the respondents who answered this question work for local or State organizations. Only five respondents work for organizations that focus on mental health issues on a national level. None of the respondents work for international organizations.

TABLE 7. Organization Scope

Organization Scope	N
Local	10
State	12
National	5
International	0

TABLE 8 shows the primary focus of the organizations the applicants represent at the Leadership Academy. The respondents could indicate as many focus areas as applied to their organizations. The most frequently reported focus was "mental health" (n=20). Of the two respondents who marked "other," one specified that his/her focus was substance abuse and the other specified his/her focus was early intervention.

TABLE 8. Primary System Focus

Primary System Focus	N
Aging	0
Child Welfare	2
Education	2
Health	1
Housing	0
Juvenile Justice	4
Mental Health	20
Social Services	0
Vocational	0
Physical Health	0
Other	2

Open-Ended Application Questions

The respondents answered four open-ended questions about their roles and perceptions of the leadership academy. The following tables present the most prominent classifications or themes mentioned in this section of the respondents' applications. Since these included lengthy passages, each application may discuss more than one item for each question. Excerpts from the answers to those questions are also presented below.

TABLE 9 presents selected answers to the question "Tell us about your leadership role(s) in your community, organization or setting." Most of the respondents are leaders or managers at their organizations. Many are involved in the funding processes at these organizations. Several of the respondents lead or coordinate service delivery. This indicates that respondents represented a full range of the backgrounds and capabilities necessary for mental health service delivery.

TABLE 9. Applicant Leadership Role(s)

Leadership Role	N
Executive Position	13
Advisory Committee Member/Chair	4
Board Of Directors/Workgroup Member	6
Service Provider	3
Ta Provider/Community Organizer/Planner	4
Principal	1

Examples of the answers provided in the application are below.

“I work for the New Mexico Department of Health (NMDOH) as a Health Promotion Specialist providing technical assistance to community groups and NMDOH-sponsored initiatives. I health connect the NMSPC with local and national experts to address some of the barriers to care that New Mexicans can encounter when seeking crisis intervention services.”

“I am a clinical social worker at the University of New Mexico Center for Rural and Community Behavioral Health (CRCBH). I work with went two tribes in New Mexico providing advocacy, clinical training, systems consultation and act as a tribal liaison for the CRCBH when interacting with tribal communities.”

“I am the Program Director for two programs that serve pregnant women and their families, focusing on health and development issues and strengthening the parent-child relationship.”

“As the Chief Operating Officer at The Providence Center, one of Rhode Island s largest non-profit community behavioral health centers, I am responsible for the leadership, oversight and direction of Center s clinical program division.”

“I am Principal of a specialized Public Day school, serving students in grades K-12. In addition to running the school I also work with our 33 feeder schools,” when they encounter emotional/behavioral problems with students.”

“I am involved in a county wide strategic planning process that includes several different systems (educational, mental health, juvenile justice, foster care etc.). I am the only bilingual, Hispanic family advocate funded by the county to work with families who have children involved in the juvenile justice system and/or receive services from care coordinator for mental health.”

“I am a founding board member of a national youth/ young-adult-run organization devoted to improving systems and services designed to serve children and youth. In my local community, I am a child and family therapist and serve youth and families engaged in wraparound serves through the ACTION for Kids SOC Project. I support and coach a team of care coordinators in their delivery of care to families served by the project.”

TABLE 10 presents excerpts from responses to “Describe your current role in addressing disparities (include examples of relevant activities and projects).” Most of the respondents plan services for clients, influence policy decisions at different governmental levels, participate in community outreach, provide services, and serve in leadership roles at organizations that provide mental health services to underserved populations.

TABLE 10. Applicant Role in Addressing Disparities

Role	N
Advocacy/Policy	8
Community Outreach	5
Coordination	1
Executive Leadership	1
Planning	11
Research	4
Service Delivery	5

Examples of the answers provided in the application are below.

“We are working to change this practice of erroneously sending suicide patients home without speaking to family members because not only does it not meet the standards of care for assessing suicide risk, it is directly responsible for sending home acutely suicidal people. A second initiative that is very meaningful to me is expanding the field of suicide prevention to include suicide attempt survivors.”

“We are working with two Pueblo communities who received SAMHSA funding for a substance abuse treatment program and a Circles of Care grant to plan and map how to provide behavioral health services in the community so it is a coordinated effort. We are also working with a Native American community on historical trauma and how to coordinate care when suicide is a factor using telehealth equipment.”

“I ensure that equal access for all is emphasized in any program of services. The services we provide at the Prosumer Action Center are designed to provide supervised referrals and advocate for services where they are lacking, or hard to access. We also are a work readiness program, designed to have people enter the work force where they can access insurance and care.”

“I work with schools to help identify reasons behind behavior, to familiarize them with different cultural behavioral norms, and to help grow in knowledge about children of our time - their needs and behaviors.”

“I have and will continue to work closely with USDA to develop agriculturally based mental health programs which are community and grass roots based programs. These programs will be used to develop blueprint models which may be used in rural communities and Native American Reservations Nationwide and perhaps internationally.”

“We work in social research identifying case studies, collecting and analyzing data on social concerns that adversely impact disadvantaged communities and giving testimonials to legislative bodies.”

“My role is to open access to services and supporting and looking for the creation of services that respond to the needs in the Latino community. Relevant activities are the Parents support group for Latino parents with children with special needs. Education in Spanish about subjects in mental health area is a component in the support group.”

“I have spearheaded and subsequently led efforts that have resulted in new laws and funding streams for culturally and linguistically competent mental health care delivery, successfully held four free statewide conferences for 300 individuals each on improving mental health treatment quality through cultural competence aimed at enhancing service delivery to African Americans, Asian Americans, Arab Americans, Hispanics, and to individuals from the Gay, Lesbian, Bisexual and Transgender communities.”

TABLE 11 presents the responses to the question asking “Explain your interest in addressing disparities in mental health care.” Nearly all respondents to this question are interested in improving the overall health system with regards to people seeking mental health services. Many of the respondents discussed their personal experiences with care situations for their own mental health needs, or those of a family member or friend. These were inspiration to help address disparities by promoting equal access to necessary services for all groups. Other experiences include first-hand and professional encounters with the effects of disparities. The respondents want to use their work to minimize the effects of these disparities on those who need these services.

TABLE 11. Applicant Interest in Addressing Disparities in Mental Health Care

Interest Theme	N
Equal Access	7
Improve Care/Eliminate Disparities	15
Community Improvement	1
Social Perceptions	8
Research	1

Examples of the answers provided in the application are below.

“It’s the right thing to do. As we all know, there is tremendous overrepresentation of minorities in various systems, such as the criminal and juvenile justice systems, child welfare, and others. Working in Mental Health is one way to help address these overrepresentations - by giving people the services they need, many of the negative consequences can be reduced or eliminated.”

“As a recipient of mental health services for 25 years I have experienced inferior care, discrimination, stigmatizing behavior and prescribing practices, even misdiagnosis, which I believe were related to my race, ethnic background, even educational background. I have also seen firsthand what happens in the lives of people who don’t get the treatment they need because of where they live, whether they have insurance, or what their race is.”

“The primary mission of my organization is to eliminate health disparities, and as a manager of that organization, I am personally committed to this endeavor. I have a wealth of experience as a researcher addressing these topics (such as multicultural identity, inter-and intra-personal interactions, and the effect of culture on parenting). I am currently working on a PhD in psychology and I am providing bilingual postpartum depression groups as my dissertation research through my organization.”

“I am deeply aware of the disparities and barriers to care for the less fortunate and less connected. Formative experiences in this regard included 7 years working as a psychologist on an adolescent in-patient unit as well as 5 years work in an emergency room setting. During those years, the importance of availability of quality care and community support often seemed tied to class, culture and ethnic issues.”

“I believe that juvenile lock-ups are not conducive to the mental health needs of some of the juveniles placed in my facility. Ideally, I would prefer that these clients are not placed in this type of facility. However, seeing as this trend will continue for some time, my interest is to learn how I may adapt and implement programming that can be responsive to the needs of these clients and provide a surrounding that will not exacerbate their conditions.”

“[As] a Latina mother of a daughter with Depression I experience firsthand the disparities in the mental health arena. We do not have psychologist that speak Spanish in the area and make the connection linguistically and culturally speaking with the parents. My personal interest is to advocate for better professional competent services in the mental health field.”

“I am interested in addressing stigma and harmful practices that affect children’s mental health. I am particularly interested in developing skills to address racial and ethnical disparities especially those attitudes that contribute to the disproportionate number of minority youth with unmet mental health needs in juvenile justice settings.”

TABLE 12 presents the responses to the question “What gains will your participation bring to your community, organization, or setting?” Nearly all applicants describe how the training will affect their work. Due to the nature of the academy, the respondents discussed how improved leadership skills will help them complete their work in a more effective manner. This includes collaboration with other people and organizations, improvements to the health care system, improving their own knowledge of leadership processes in this field, planning for policy and strategic initiatives, and increasing efforts to educate the public about mental health issues. Most respondents indicated they would use the experience of the leadership academy to build a collaborative vision with their community and organization, and to improve the mental health services in their area.

TABLE 12. What the Applicant Hopes to Gain and How Gains Will Help Their Community, Organization, or Setting

Gains From Conference	N
Coalition Building	6
Collaborative Vision	11
Improve Knowledge	5
Improve Services	12
Policy Planning	3
Public Education	3
Strategic Planning	2

Examples of the answers provided in the application are below.

“To be able to collaborate and share a unified vision to eliminate mental health disparities across the developmental lifespan. This participation would also bring an expansion of the network of strategic stakeholders/collaborative partners from across the region. Finally, re-educating the population we serve by introducing the mental health consumer on what their deserved rights and options are through advocacy, peer support and empowerment can bring about a beginning in eliminating disparities.”

“A more strategic and disciplined approach to addressing disparities: I hope to learn from presenters and other attendees what has worked in their communities. At some point one must transition from passion to strategic planning if one is to be successful in effecting change. I hope to be able to present an approach that my colleagues can understand, and that can be implemented within managed care.”

“I hope to gain skills to assist tribal communities with taking the lead in developing tribal behavioral health programs to implement best practices and build the capacity to evaluate the effectiveness of their program interventions. I will share what I learn with our community partners and local coalitions that I participate in and will provide an overview at an Indian Health Service tribal behavioral health director's meeting that is held quarterly.”

“Help me to further develop my leadership skills to be a true change agent. It will give me the opportunity to network with other leaders who have faced the same or similar challenges so as to better address the lack of services and adequate understanding of recovery based services. It provides experience and information that will improve my systemic advocacy for services that work.”

“My position as Chief Operating Officer, affords me the opportunity to engage staff at all levels in the organization to come together to identify disparities, research best practices, and implement policies and processes to address them. As a committee member at The Rhode Island Council of Behavioral Health Organizations, I will be able to introduce agenda items with my colleagues from other organizations that can result in discussion and the creation of policy recommendations.”

“I hope that my participation will help improve my understanding of issues related to culturally competent and sensitive mental health care.”

Leadership Academy Evaluation

TABLE 13 summarizes participants’ responses to the question identifying their roles. Attendees were asked to select more than one answer choice to best describe their roles. The most frequently selected categories were Community Level Planner/Administrator/ Policymaker and Service Provider. Responses indicate that the Leadership Academy achieved its goal of attracting individuals who are actively engaged in mental health care policy, practice, research, and advocacy.

Survey Question: My role can best be described as (choose all that apply):

TABLE 13. Participant Roles

Survey Item	Responses
National Level Planner/Administrator/ Policymaker	5
Community Level Planner/Administrator/ Policymaker	17
Service Provider	10
Parent/Caregiver	6
Advocate	9
Technical Assistance Providers	1
State Level Planner/Administrator/ Policymaker	7
Family/Consumer Organization Administrator	7
Youth	2
Consumer	7
Researcher	4
Other	3

TABLE 14 summarizes attendees' responses to the question about identifying the primary areas in which they work.

Survey Question: The primary area in which I work can best be described as (choose all that apply):

TABLE 14. Primary Area

Survey Item	Total Responses
Child Welfare	6
Education/Higher Education	6
Early Intervention/Special Education	7
Youth Involvement	8
Juvenile Justice	7
Finance	0
Health	4
Vocational Rehabilitation	2
Family Support/Advocacy	9
Mental Health	34
Substance Abuse	9
Interagency Collaboration	15
Consumer/Peer Support	10
Other	6

Attendees could select multiple responses to describe the primary area in which they work. The majority of the participants selected mental health as their primary work area. A large number of respondents also selected interagency collaboration and consumer/peer support to describe the primary areas in which they work. No respondents selected finance as their primary work area and only two respondents selected vocational rehabilitation for this question. Two of the respondents who marked "other" specified community learning center coordinator as their primary work area. The remainder of the respondents who marked "other" did not provide additional information to describe their primary work areas.

TABLE 15 shows the years of experience participants held in their primary area of work.

Survey Question: I have had the following years of experience in my primary area of work (choose only one):

TABLE 15. Years of Experience

Survey Item	Total Responses
1-4 years	8
5-10 years	11
11-15 years	10
16-20 years	7
21-25 years	6
26-30 years	2
31-35 years	1
35+	1

Participants' experience ranged from 1 to over 35 years, with 5-10 years and 11-15 years being the most frequently reported categories.

TABLE 16 shows the answers to the question asking whether or not attendees were the first facilitator within their peer group.

Survey Question: I was the first facilitator in my peer group.

TABLE 16. First Facilitator in Peer Group

Survey Item	N
Yes	7 (17.9%)
No	32 (82.1%)
<i>Total Responses</i>	39

A total of 39 respondents answered this question. The majority of respondents (82.1 percent) did not serve as the first facilitator within his/her peer group.

Likert-Scale Questions

TABLE 17 summarizes the responses to Likert-scales items assessing the Leadership Academy.

TABLE 17. Assessment of Leadership Academy

Survey Item	Total Responses	1 (Poor/ Strongly Disagree)	2	3	4	5 (Excellent/ Strongly Agree)	Average Rating
1. Format	46	0 (0.0%)	0 (0.0%)	0 (0.0%)	24 (52.2%)	22 (47.8%)	4.48
2. Quality	46	0 (0.0%)	0 (0.0%)	0 (0.0%)	10 (21.7%)	36 (78.3%)	4.78
3. Materials	46	0 (0.0%)	0 (0.0%)	1 (2.2%)	12 (26.1%)	33 (71.7%)	4.70
4. Hotel Accommodations	46	0 (0.0%)	0 (0.0%)	1 (2.2%)	14 (30.4%)	31 (67.4%)	4.65
5. Overall effectiveness of the faculty	46	0 (0.0%)	0 (0.0%)	0 (0.0%)	11 (24.0%)	35 (76.1%)	4.76
6. The Leadership Academy created an atmosphere of trust and respect that encourages participants to openly express their views	46	0 (0.0%)	0 (0.0%)	1 (2.2%)	8 (17.4%)	37 (80.4%)	4.78
7. The core messages of the Leadership Academy had real meaning for me	46	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (15.2%)	39 (84.8%)	4.85

Attendees rated all aspects of the Leadership Academy positively. The average scores for the individual conference aspects range from 4.48 to 4.85. The lowest average score for this section was concerning the format of the Leadership Academy, while the highest rating referred to the core messages of the Leadership Academy and the meanings of these messages to the attendees. A few respondents noted there was not enough time at the end of the academy to work in small groups. The high scores for the item about core messages of the Leadership Academy indicate the theme of the conference and the information presented had significant meaning to the attendees.

Open-Ended Questions

Respondents were allowed to provide general comments regarding the faculty and the Leadership Academy.

Faculty Comments

A total of 29 respondents provided comments regarding faculty effectiveness. Major themes include the outstanding quality of the faculty, their ability to be inspirational and empowering, and their diversity. Participants also liked the one-on-one sessions and a few mentioned that they would have like more time for these sessions. A few comments are provided below.

Faculty Quality

"The quality of Academy as it pertains to materials, knowledge, content, depth, and exercises were exceptional. Thank you ALL"

"Several faculty members were outstanding! (more than excellent)"

"Highly inspiring, motivating faculty - a true honor to spend this time in their presence. Their levels of skills and knowledge were incredible."

"Gary Blau is good and he needs to relate his messages to reducing disparities work more specifically."

"I am very impressed with the entire faculty. All members were highly skilled, knowledgeable, detailed, and caring!"

One-on-One Sessions

"I would like more appt. times to meet with faculty"

"Would have liked more 1:1 sessions"

"Great 1X1 support and feedback in mentoring sessions"

"I really appreciated the opportunity to sit down with faculty members to discuss whatever, it made the entire week seem a bit less overwhelming. I think Douglas needs to be asked not to step in and try to tell participants how they should be writing their challenges, it was a point of concern and confusion that was brought up by several people."

General Comments

A total of 17 respondents provided comments about the Leadership Academy. A common theme was that the training enhanced individuals' perceptions of themselves as leaders and gave them the tools to improve their leadership skills. Two respondents noted that they were uncomfortable with certain aspects including the culture walk and the spiritual emphasis of the conference. A few relevant comments are below.

"The core messages challenge me to rethink my assumptions and revealed some personal biases I thought I had long overcome."

"I learned so much from this experience. I am challenged to experience my perceived 'leadership challenge' in a new way."

"I liked the content parts. Felt very disengaged with the spiritual influence."

"Participants who felt uncomfortable with certain 'open' styles of expression were seemingly marginalized to me. I observed their struggle to conform out of peer pressure at times. For instance, when the majority of the group in the "Trust in Change" activity started to hug, it made a couple people uncomfortable. Though I was one of the comfortable folks, these were my observations."

Evaluation of Academy Components

Likert-Scale Questions

TABLE 17 summarizes the response to questions assessing the Peer Group Session component of the Leadership Academy.

TABLE 17. Peer Group Sessions

Survey Item	Total Responses	1 (Strongly Disagree/ Poor)	2	3	4	5 (Strongly Agree/ Excellent)	Average Rating
My peer group sessions...							
8. ...were successful in creating a culture of safety and trust	46	0 (0.0%)	0 (0.0%)	0 (0.0%)	9 (19.6%)	37 (80.4%)	4.80
9. ...provided me with skills to create a safe and trusting environment of peers and colleagues in my own community	46	0 (0.0%)	0 (0.0%)	5 (10.9%)	13 (28.3%)	28 (60.9%)	4.50
10. ...allowed me to work on my leadership challenge by...							
10a. ... giving me an opportunity to reflect, reframe, and rethink my challenge in new ways	45	0 (0.0%)	0 (0.0%)	0 (0.0%)	17 (37.8%)	28 (62.2%)	4.62
10b. ... giving me new ways to approach relationships	45	0 (0.0%)	2 (4.4%)	3 (6.7%)	21 (46.7%)	19 (42.2%)	4.27
10c. ...giving me new ways to address barriers	44	0 (0.0%)	0 (0.0%)	4 (9.1%)	13 (29.5%)	27 (61.4%)	4.52
10d. ...helping me discover new opportunities to provide leadership	45	0 (0.0%)	2 (4.4%)	5 (11.1%)	12 (26.7%)	26 (57.8%)	4.38
10e. ...helping me obtain a clearer path to reach the vision	45	0 (0.0%)	1 (2.2%)	5 (11.1%)	14 (31.1%)	25 (55.5%)	4.40

Survey Item	Total Responses	1 (Strongly Disagree/ Poor)	2	3	4	5 (Strongly Agree/ Excellent)	Average Rating
10f. ...making me more hopeful about achieving the vision	45	0 (0.0%)	1 (2.2%)	4 (8.8%)	16 (35.5%)	24 (53.3%)	4.40
10g. ...helping me develop specific strategies that I will use to address my leadership challenge	45	0 (0.0%)	0 (0.0%)	4 (8.8%)	10 (22.2%)	31 (68.9%)	4.60

The respondents felt the peer group sessions were beneficial and provided key tools and skills to help them develop their leadership skills. Average ratings ranged between 4.27 and 4.80. Fewer than 5 percent of respondents gave a "disagree" rating for any item, with the majority of items receiving no "disagree" ratings. The responses that had the highest average ratings related to respondents' viewing the peer groups sessions as creating a culture of safety and trust, giving attendees the opportunity to view their challenge in new ways, and helping them develop specific strategies to address their leadership challenges. In addition, a major theme from the open-ended questions regarding the peer group sessions was that respondents thought the sessions provided new tools to solve their leadership challenges.

Open-Ended Questions

Respondents were asked to answer three open-ended questions and were given the opportunity to provide general comments about the peer group sessions.

11. What aspect of the peer group process did you find most useful?
12. Did the way you think about your challenge or question(s) change?
13. Will you address your challenge in new ways? If so, how?

Question 11: What aspect of the peer group process did you find most useful?

A total of 44 respondents provided comments on what they considered the most useful aspect of the peer group sessions. One major theme was the respondents' perception that the peer group sessions were beneficial. Attendees believed the peer group sessions provided a platform for them to look at issues from other viewpoints that improved their leadership and problem solving skills. Multiple respondents also mentioned that peer group sessions allowed them to bond with their group members and be more open and honest during discussions. Several (n=11) respondents made positive comments about the use of Socratic questions in peer group sections. This teaching technique is to ask students questions that encourage them to develop answers and conclusions, rather than to convey information didactically. Respondents had positive comments about this technique stating that it contributed to the success of their peer group, provided opportunity for new insights, and helped to improve their interactions with stakeholders. Select answers to this question are provided below.

"The small group interaction. Safety covenant. The methodology of not problem solving for the present but giving opportunity to reflect, reframe, and rethink challenges."

"Overall sharing of ideas from everyone's own perspective/culture"

"The opportunity to talk through challenge with supportive audience with matched solution experience."

"Using the process of the Socratic questioning to lead participants to an action without problem solving"

"As a participant - asking questions instead of giving advice made me realize that framing the question helps one in interacting with stakeholders in a more collaborative - including manner. As a presenter (Let's be nice and assume poor handwriting rather than poor spelling.), I liked the opportunity to reflect back to the group what helped and where I may go with my decision - the reinforcement that it is still my decision."

Question 12: Did the way you think about your challenge or question (s) change? If so, please explain.

A total of 46 respondents provided comments for this question. Ten respondents (21.7 percent) answered "No" and 36 respondents (78.3 percent) answered "Yes." Respondents who answered "Yes" were encouraged to explain how their perception of their challenge or question changed. The most frequently mentioned theme was that the Leadership Academy caused respondents to focus more on changing themselves versus attempting to change others as the most effective strategy to achieve results. Their comments are below.

"I had the solution all wrong... Turned out focusing on myself and my vision would be the most effective strategy."

"I looked more deeply at my internal challenges vs. external. It helped me explore more on how I played a role"

"Completely different than the one I brought. New challenge is focused on "me" in a growth development way vs. me being overwhelmed or angry at external"

"I started thinking of my challenge as needing technical solutions outside of myself then realizing I needed to adapt and change myself"

Question 13: Will you address your challenge in new ways? If so, how?

The next open-ended question asked respondents whether or not they will address their challenge in new ways. Forty-five attendees provided answers to this question; 1 attendee answered "no," another attendee answered "not sure," and 43 attendees answered "yes." Those who answered "yes" were encouraged to provide answers on how they will address their challenges. Many of the new ways in which respondents will address their challenges involve soliciting support from other stakeholders, including community and family members, actively listening to others, and being more open to other people's opinions and communication. Respondents explained that these factors will contribute to developing a shared understanding that will help them understand their challenge and provide better solutions. Another theme involved attendees using the adaptive versus technical approach to address their challenges. Selected comments are below.

"Yes. I learned when I see people as the problem, I must gather their thoughts and get a shared understanding."

"Approach it as an adaptive rather than technical challenge."

"Yes. It's adaptive so can't apply tech solution trait has been in place. Fear was due to probably failure from using technical solution. So relaxed my sense of fear and failure."

"Yes. More listening. Ask more challenging questions. Ask the tough, 'elephant' questions."

"I will implement better tactics to ensure I am communicating with my communities in their language, instead of pushing them to understand mine."

General Comments

A total of 10 respondents provided general comments relating to the peer group sessions. All of the comments were positive. A common theme was that the peer group session allowed them to better recognize and define their leadership abilities. Respondents also believed the sessions gave them invaluable tools to ultimately reduce mental health disparities. Two respondents provided suggestions that might improve the format of the peer group sessions. A few relevant comments are below.

"I was nervous about this part of the process initially - not having psychology/counseling type background. It proved to be one of my most valuable pieces."

"I have a more constructed vision of leadership."

"I feel much lighter and more empowered to continue the fight of ending disparities in Mental Health and in all aspects of human existence."

"It is important that the first facilitator gives complete instructions to the group and/or everyone should be instructed to read description before first meeting."

"Peer groups need to be faculty facilitated to stop the problem solving and remind people that leadership challenges are internal not external."

Likert-Scale Questions

TABLE 18 summarizes the response to questions assessing the Exercise/Activities component of the Leadership Academy.

TABLE 18. Exercises/Activities

Survey Item	Total Responses	1 (Poor)	2	3	4	5 (Excellent)	Average Rating
14. Addressing Disparities in Mental Health Care - Webinar	45	1 (2.2%)	1 (2.2%)	8 (17.8%)	21 (46.7%)	14 (31.1%)	4.02
15. Cultural and Linguistic Competence: Conceptual Frameworks and Definitions - Webinar	45	1 (2.2%)	1 (2.2%)	8 (17.8%)	18 (40.0%)	17 (37.8%)	4.09
16. Opening Role Play	45	0 (0.0%)	1 (2.2%)	7 (15.6%)	18 (40.0%)	19 (42.2%)	4.22
17. Overall Experiential Evening Exercise	34	0 (0.0%)	0 (0.0%)	3 (8.8%)	12 (35.3%)	19 (55.9%)	4.47
17a. Culture Walk	42	1 (2.4%)	0 (0.0%)	3 (7.1%)	15 (35.7%)	23 (54.8%)	4.40
17b. Historical Trauma	42	0 (0.0%)	1 (2.4%)	3 (7.1%)	20 (47.6%)	18 (42.9%)	4.31
17c. Project Implicit	45	0 (0.0%)	4 (8.9%)	5 (11.1%)	18 (40.0%)	18 (40.0%)	4.11

Survey Item	Total Responses	1 (Poor)	2	3	4	5 (Excellent)	Average Rating
18. Stepping Into the Void	46	3 (6.5%)	2 (4.3%)	7 (15.2%)	16 (34.8%)	18 (39.1%)	3.96
19. Reflection Journal	45	0 (0.0%)	1 (2.2%)	9 (20.0%)	14 (31.1%)	21 (46.7%)	4.22
20. Leadership Practices Inventory (LPI)	46	0 (0.0%)	0 (0.0%)	3 (6.5%)	12 (26.1%)	31 (67.4%)	4.61
21. My experience with the faculty consultation was	43	0 (0.0%)	0 (0.0%)	0 (0.0%)	8 (18.6%)	35 (81.4%)	4.81

The Leadership Academy attendees also rated the exercises/activities positively. The average scores ranged from 3.96 to 4.81. The highest average rating was regarding the attendees' experience with the faculty consultation. The high average for the faculty consultations indicates that attendees valued this activity and it was very well-received. The open-ended question asking attendees to describe their faculty consultation (see analysis below) provided additional detail about why respondents valued this experience. One key theme was the overall skill and style of the faculty, which attendees reported as significantly contributing to their leadership development. The lowest average score for this section was the rating for the "Stepping Into the Void" exercise/activity and the highest rating referred to the faculty consultation. Five respondents rated the "Stepping Into the Void" exercise as poor or fair. From the "Comments" section, respondents who assigned poor ratings to this exercise explained that some issues were left unaddressed at the end of this exercise, the purpose of this exercise was not clear, and the format was overly sentimental for some people.

Open-Ended Questions

Participants were encouraged to provide general comments on the Exercises/Activities component of the Leadership Academy. The survey also included one open-ended question regarding faculty consultation.

General Comments

A total of 23 respondents provided general comments regarding the exercises/activities at the Leadership Academy. A significant number of attendees commented that while most exercises were beneficial and contributed to the success of the Leadership Academy, a few specific activities were not well-received. Specifically, respondents mentioned the Stepping Into the Void, Culture Walk, and Trauma exercises as needing improvement. The majority of respondents provided positive comments about the faculty and the Leadership Practice Inventory (LPI) exercise. A few respondents noted that the webinars were not a useful tool. Selected comments are listed below.

Exercises

Stepping Into the Void

"The void exercise was good. It would have been excellent if at the end there were some issues addressed. From my observations there were some people who were still hurt or defensive about what had transpired that was never addressed. Though discussed the next day - it should have had some closure immediately following."

“Did not like the “Stepping into the Void” or the “Spiritual Talking Circle” exercises. For the void exercise and even for the Talking Circle exercise - purpose was not clear from the beginning. Plus not everyone is comfortable in mushy stuff. Plus didn’t think the Talking Circle was culturally competent.”

Culture Walk and Historical Trauma

“Did not enjoy cultural walk or historical trauma, but they were useful in demonstrating the concepts.”

“I think the historical trauma exercise was a more accurate representation of trauma in general. The historical aspect was not really covered. Perhaps having a second tier of less? “

Leadership Practices Inventory (LPI)

“Having more time for groups to process LPI results with a faculty per table would have been better as opposed to sharing as one big group.”

“The LPI was very useful to me and has pointed out both my strengths and weaknesses. This information will help me become a better leader.”

“LPI provides invaluable feedback!”

Webinars

“The first webinar had major audio issues.”

“My lecturing style preferences have not yet evolved to enjoying webinars.”

“Had some technical difficulties in accessing webinar from Guam. But content of presentation were very helpful in clarifying these topic areas.”

21. My experience with the faculty consultation was...

A total of 41 respondents provided comments for this question. Most respondents provided positive comments describing their faculty consultation experiences. Attendees described the consultations as “empowering,” “insightful,” “invaluable,” “truly amazing,” and “life changing.” Another major theme was the faculty’s ability to relay the information and help attendees see their strengths for becoming better leaders. Two respondents suggested providing more time to meet with additional faculty and providing more direction regarding the purpose of the one-on-one sessions. These comments indicate that respondents valued the faculty consultation. Selected comments are below.

“The faculty consultation was extremely beneficial because of the time and assessment as well as the valuable input was given to me in reference to my leadership faculties.”

“It was great to be able to talk personally with a faculty member. It was a great highlight for me.”

“Life changing! I am excited to continue the discussion with the person and utilize them in a mentorship role as I strive to figure my life out.”

“More ‘slots’ need to be created to participants can see more than one.”

“Would appreciate more direction as to purpose of the ‘coaching’ sessions.”

Potential of the Leadership Academy to Address Disparities in Mental Health Care Likert-Scale Questions

TABLE 19 summarizes responses to questions assessing the potential impact of the Leadership Academy on attendees’ work to reduce disparities within the mental health care service delivery/systems for children, adults, and families.

TABLE 19. Impact of the Leadership Academy

Survey Item	Total Responses	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)	Average Rating
After attending the Leadership Academy...							
22. ...I am more likely to see myself as a leader in addressing disparities in the mental health services delivery/ systems for children, adults, and families	46	1 (2.2%)	0 (0.0%)	1 (2.2%)	13 (28.3%)	31 (67.4%)	4.59
23. ...I am leaving with a new mental model of leadership as it pertains to disparities in mental health care	45	0 (0.0%)	0 (0.0%)	7 (15.6%)	14 (31.1%)	24 (53.3%)	4.38
24. ...I am better prepared to provide leadership in the areas of mental health disparities	46	0 (0.0%)	0 (0.0%)	0 (0.0%)	19 (41.3%)	27 (58.7%)	4.59
25. ... I am better prepared to provide leadership in the process of adaptive change in my community	46	0 (0.0%)	0 (0.0%)	1 (2.2%)	22 (47.8%)	23 (50.0%)	4.48
26. ...I am better prepared to create a shared vision with my community	46	0 (0.0%)	0 (0.0%)	1 (2.2%)	26 (56.5%)	19 (41.3%)	4.39
27. ...I am better prepared to take risks to improve services and supports for children, adults, and families as it pertains to disparities	45	0 (0.0%)	0 (0.0%)	0 (0.0%)	19 (42.2%)	26 (57.8%)	4.58
29. ...I have a good foundation upon which to grow as a leader in addressing disparities in mental health care service delivery/systems	46	0 (0.0%)	0 (0.0%)	1 (2.2%)	19 (41.3%)	26 (56.5%)	4.61

Survey Item	Total Responses	1 (Strongly Disagree)	2	3	4	5 (Strongly Agree)	Average Rating
30. ...I have new skills/tools/knowledge that I will use to safely address leadership challenges that arise when addressing disparities in mental health care service delivery/systems	46	0 (0.0%)	0 (0.0%)	0 (0.0%)	18 (39.1%)	28 (60.1%)	4.61
31. ...my work in system building will be more focused on addressing issues of disparities within my community	45	0 (0.0%)	2 (4.4%)	7 (15.6%)	18 (40.0%)	18 (40.0%)	4.16
32. ...I will approach my work in new ways	45	0 (0.0%)	0 (0.0%)	0 (0.0%)	19 (42.2%)	26 (57.8%)	4.58

Overall, respondents believed the Leadership Academy had a positive impact on their ability to reduce disparities in mental health. Each aspect of the impact of the Leadership Academy had an average score between 4.16 and 4.61. In each instance, fewer than 5 percent of the respondents indicated that they disagreed with the statement, with the majority of the items receiving no "Disagree" or "Strongly disagree" ratings. The responses that had the highest average ratings related to the following topics:

- providing attendees with tools, skills, and knowledge to safely address their leadership challenges;
- giving respondents a good foundation to grow as leaders in addressing mental health disparities; and
- allowing them to view themselves as leaders in addressing mental health disparities.

This indicates the Leadership Academy provided the necessary tools for attendees to improve their leadership skills for addressing mental health disparities, which was a key goal of the academy. The item regarding attendees' work in system building becoming more focused on addressing disparities in their communities received the lowest average rating (4.16). The individual who disagreed with this statement explained that the sessions were generic and not specific to reducing mental health disparities while in a leadership position.

Open-Ended Questions

Attendees were asked six open-ended questions about the potential impact of the Leadership Academy on addressing disparities in mental health care. Questions and response summaries are listed below.

22a. After attending the Leadership Academy, I am more likely to see myself as a leader addressing disparities in the mental health service delivery/systems of care for children, adults, and families. How so?

A total of 41 respondents answered this question. A major theme was that respondents believed the Leadership Academy provided them with additional skills, knowledge, and tools to help them to be better leaders in addressing mental health disparities—a recurring theme that emerged in previous sections of the evaluation. Respondents believed these new strategies would help them to reach others and take on new challenges. Another theme was respondents greatly appreciated learning the difference between the technical and adaptive leadership approaches and the benefits of applying the adaptive leadership approach to reduce disparities. Selected comments are below.

“Trying new strategies and rethinking my role in reaching out to others”

“I now understand that leadership can be learned and I now have more tools to accomplish the task.”

“I am ready to take on new challenges, skills set improved”

“I learned the terminology to utilize within my colleagues to translate how we can use technical and adaptive processes”

“I have some tools to utilize. I understand the difference between technical and adapting solutions. I am strong and more center to start a process of alliances.”

23a. After attending the Leadership Academy, I am leaving with a new mental model of leadership as it pertains to disparities in mental health care. Please describe.

A total of 36 attendees provided information for this question. One theme among respondents is the Leadership Academy caused them to be more collaborative and think about things from others’ viewpoints when addressing disparity issues. Another theme was attendees will use more adaptive versus technical leadership styles. Finally, a significant number of respondents noted that it is too soon to determine exactly how the Leadership Academy had affected them. Selected comments are below.

“I can’t make people see things my way. I must gather information to develop a shared vision.”

“I am much more sensitive to the thought that everyone has needs, wishes, and desires. It’s okay for them to have those needs. My job is to hear, look for common ground, build capacity and stay open.”

“The conceptualization and associated strategies of technical versus adaptive leadership was striking. As I’m predominately in (a) role related to change, I will utilize adaptive strategies.”

“I can’t - still processing”

28. How has the Leadership Academy prepared you to provide more effective leadership in addressing mental health care disparities?

The next open-ended question asked respondents to explain how the Leadership Academy prepared them to provide effective leadership. A total of 41 attendees provided responses to this question. A key theme was respondents felt the Leadership Academy provided the necessary tools and skills to reduce disparities. Another theme was attendees felt the Academy made them re-evaluate themselves as leaders by finding shared grounds and incorporating others in their decision-making. Finally, a significant number of respondents felt the use of adaptive leadership techniques will greatly impact their roles as leaders to reduce mental health disparities. Selected comments are below.

“I have been given the tools. I must work toward eliminating fear everyday.”

“Knowing how to work towards common/shared vision is important to addressing my challenge and getting care for those in the public system.”

“Provided me with new tools, new strategies, allies, a new framework, and possible mentors.”

“Using an adaptive process with communities I work with to create a shared vision.”

“By helping me discover who I am as a leader. By giving me some tools to be a better leader. By giving me a better way to think about my leadership challenge.”

29a. After attending the Leadership Academy, I have a good foundation upon which to grow as a leader in addressing disparities in mental health care service delivery/systems. How so?

Attendees were asked to explain how the Leadership Academy provided them with a foundation to grow as a leader in addressing mental health disparities. A total of 34 respondents provided information for this question. All of the responses provided were highly positive. All respondents agreed or strongly agreed that the Leadership Academy provided a solid foundation to develop their leadership skills. The major theme among respondents is the Leadership Academy provided myriad tools and skills that impacted attendees' leadership in a variety of ways that will be used to ultimately reduce mental health disparities. A few comments are below.

“ I've learned so much here and in the past few years - I see this field in an entirely differently way than before I began this work.”

“I have identified new ways to think. I don't need to have all the answers. I need to listen to those around me.”

“The language, the tools, the self care exercises, the 'trust your gut', the 'who you be?' All of it.”

“New perspective on leadership, what shapes it, how styles, models, and strategies need to be in flux.”

30a. The most important skill(s)/tool(s)/knowledge that I gained is...

A total of 41 respondents provided information for this question. Of these, 14 indicated learning the concept of adaptive versus technical change and leadership was the most important skill/tool/knowledge gained at the Leadership Academy. A significant number of respondents also indicated self-care as an important concept learned at the Leadership Academy. Overall, attendees felt the techniques that involved listening to others and viewing things from others' viewpoints greatly impacted their ability to serve as leaders in reducing mental health disparities. Selected comments are provided below.

“You really need to listen to others truth in order to have them work with you towards a common vision.”

“You need to take care of yourself before you take care of others.”

“The difference between technical and adaptive solutions”

“Self awareness”

“Adaptive and technical change and strategies/solutions. How to create shared vision based on different interest.”

31a. After attending the Leadership Academy my work in system building will be more focused on addressing issues of disparities within my community. How so?

A total of 22 respondents provided information for this question. There were no overarching themes in respondents' answers to this question. They reported a wide variety of ways in which their system building work will be focused on addressing disparities in their communities. Some of the responses listed working on developing shared visions, prioritizing needs, not being limited to their own personal models, and being comfortable in conflict as tactics to be used to increase their work in addressing disparities. One person commented there should have been more focus on specifics related to mental health disparities and not leadership in general. Selected comments are listed below.

"I will begin to set a process to create a shared understanding of the disparities in my community. I will clearly define disparities."

"Better equipped to handle & troubleshoot issues in the community"

"I will work on shared vision!"

"Better able to prioritize needs, better leadership strategies"

"If anything, I felt there should have been more info, sessions with specificity to reducing disparities (while in a leadership position)"

32a. After attending the Leadership Academy I will approach my work in new ways. How so?

A total of 37 respondents provided information explaining the new ways in which they will approach their work. Most respondents indicated they will be more inclusive of others and use the participatory process to address issues. Other themes included building coalitions, setting priorities and saying "no" when overwhelmed, and changing their mental models to not view their work as difficult. Selected comments are below.

"Willing to risk as I develop a shared vision since I was uncertain because of the differences I have experienced with the provider community."

"Everything I do will be different. I will be much more open, listen to others, empower others to lead, and I will use my awareness of myself as a leader as an asset."

"Slower pace, more critical thinking and application. More census building and sharing responsibility and accountability between partners."

"Self care, Say no, Prepare, Set time for learning/growing"

33. Please list three action steps that you will take/want to take in the next few months because of the Leadership Academy.

A total of 45 respondents listed three action steps they will take in the next few months. One key theme among the action steps is respondents will set meetings with their colleagues and superiors to relay the information gained from the Leadership Academy. Another key theme was respondents will identify which leadership style will yield the best results in their work. Finally, multiple respondents indicated they will make self-care a priority in their lives.

"Empower my colleagues with some of the skills & frameworks learned"

"Identify which style to utilize for items on my work plan for instance technical or adaptive so the outcome will be advantageous."

"Find allies, support, collaboration for there is a story and a voice that must be heard!"

"Make self care and my family a priority - more to the top of my list of to-dos"

Likes, Dislikes, and Suggestions

Respondents were asked four open-ended questions to gather information about their likes, dislikes, suggestions, and to provide general comments about the Leadership Academy.

34. Please tell us what you liked or valued MOST about the Leadership Academy.
35. Please tell us what you liked or valued LEAST about the Leadership Academy.
36. How could the Leadership Academy be improved?
37. What topics and/or strategies would you suggest for continued leadership development opportunities?
38. Other Comments: Please provide any other comments you would like us to know.

34. Please tell us what you liked or valued MOST about the Leadership Academy

A total of 45 respondents provided information for this question. Almost all of the respondents indicated that peer groups and faculty were the most valuable aspects of the Leadership Academy. This indicates that attendees valued the interactions among participants and learned key leadership tools/lessons during the peer group sessions. Similarly, attendees rated the one-on-one sessions and feedback received from the faculty positively. A significant number of respondents indicated they valued the entire conference and did not identify an individual aspect as most valuable. A few comments are listed below.

"I valued the peer groups. I valued that there was family time w/the participants. The staff was always open to help."

"The instructors and participants. Meaty topics handled in an appropriate and informative manner."

"Opportunity to meet and network with highly committed talented professionals from all over. Variety in learning activities. Peer group format."

"The diversity of the faculty and the participants added greatly to the experience."

"What I liked the most was the lessons learned - and the relationships and friendships formed with the faculty and participants. Amazing input from all - I've grown so much!!"

35. Please tell us what you liked or valued LEAST about the Leadership Academy.

A total of 43 respondents provided information for this question. Attendees listed time constraints most frequently as the least valued aspect of the Leadership Academy. The majority of respondents indicated there was not enough time allotted for group sessions and they felt rushed during many of the activities that occurred at the end of the day. Other respondents felt the days were too long and suggested longer and more frequent breaks. Another theme was regarding not being inclusive of all religions and cultures. One respondent noted there was not a ritual for the Christian faith, while another respondent thought the conference should have been more inclusive of lesbians and gay individuals, and another respondent thought there should have been someone there representing individuals with disabilities. Finally, one respondent commented that there was too much emphasis on religion that was not relevant to leadership. Selected comments are below.

"Not enough time to do group work - too rushed."

"Always being mindful of timing - sometimes cut off very lively and helpful discussion; and aborted opportunities to form more comfortable connections with one another."

"I did not like that there was no ritual for the Christian faith. I realize it is a common faith, but I wish there was a tradition that was exhibited and included."

"The lack of inclusion of the 'LGBT' in cultural competence, and the lack of acknowledgement (in a few instances) of atheists"

"Way too much reference to God and spirituality. Not everyone likes group hugging events. This was not a culturally sensitive event. Prayers, reference to "whoever you believe in." Atheists have culture too!"

36. How could the Leadership Academy be improved?

A total of 43 respondents provided suggestions on how the Leadership Academy could be improved. Many of the suggestions were related to addressing issues about time as many respondents wanted more time in their small groups. A significant number of attendees suggested adding another day to the conference and/or starting earlier on the first day. Another theme was regarding the breakfast served. Respondents indicated they wanted breakfast to include protein and not only carbohydrates. Finally, one respondent suggested developing a formal alumni network. It is important to note that a large number of respondents indicated they had no suggestions because they thought the Leadership Academy did not need improvement. Selected comments are below.

"May consider breaking academy to 5 days, not 3.5 days"

"More time for discussion in small groups"

"I would like to see one day w/a hot breakfast."

"A formal alumni network needs to be built. I think this would be a very powerful tool towards addressing disparities."

"Think it's great. No suggestions."

37. What topics and/or strategies would you suggest for continued leadership development opportunities?

A total of 31 respondents provided suggestions for topics in continued leadership development. Multiple participants suggested providing an overview and facts about mental health disparities and the mental health care system. Other suggestions included discussing the impact of health care reform on the mental health care system, tools to incorporate the strategies learned at the Leadership Academy into their workplaces, and ongoing training. Selected comments are below.

"The impacts of health care reform on the system"

"How about some facts about disparities? "

"Strategies to carry some of the skills back to our work spaces. We can't convey our personal experiences, but we can help to empower others"

"Ongoing continuing education (webinars, conference calls, reading circles)"

38. Other Comments: Please provide any other comments you would like us to know.

Finally, respondents were asked to provide any additional comment regarding the Leadership Academy. A total of 29 respondents provided additional comments. The overwhelming majority of the comments expressed their appreciation and indicated they will utilize the skills learned in the academy to become better leaders in addressing mental health disparities. One respondent suggested providing an alumni webpage, discussion board, and reunion conference. Another respondent suggested providing an electronic form of the evaluation to reduce the time needed to complete the evaluation survey.

Perception Assessments

TABLES 20 and 21 show the results of the pre-test and post-test assessments of leadership attributes of the attendees. The scores indicate that attendees came into the academy with high perceptions of themselves as leaders. Most respondents felt they were already in a position to effect change and were prepared to do so. None of the respondents to the pre-test indicated a score of 1 on any of the questions, and few respondents indicated a score of 2. Most respondents indicated a score of 4 or higher on all the questions except that regarding if respondents felt they were prepared to provide leadership in the process of challenging change in their communities. In this case, over 50 percent of the respondents indicated a score of 3, meaning they were unsure.

TABLE 20. Pre-Test Assessment

Survey Item	N	1 (Disagree/Not at all/Never/ Not Important/ Unlikely)	2	3	4	5 (Agree/ Extremely/ Always/ Very Important/ Likely)
I see myself as a leader in mental health delivery/systems change for children, adults, and families	46	0 (0.0%)	1 (2.2%)	8 (17.4%)	20 (43.5%)	17 (37.0%)
I think having a personal vision is...	46	0 (0.0%)	1 (2.2%)	0 (0.0%)	23 (50.0%)	22 (47.8%)
I have the skills needed to create spaces of trust and safety in my community	44	0 (0.0%)	4 (9.0%)	7 (15.9%)	22 (50.0%)	11 (25.0%)
How often do the perspectives of the various cultural groups to which you belong affect your work as a leader?	45	0 (0.0%)	1 (2.2%)	9 (20.0%)	24 (53.3%)	11 (24.4%)
How prepared do you feel to provide leadership in the process of challenging change in your community?	46	0 (0.0%)	6 (13.0%)	27 (58.7%)	9 (19.6%)	4 (8.7%)
How prepared are you to create shared vision within your community?	46	0 (0.0%)	3 (6.5%)	22 (47.8%)	16 (34.8%)	5 (10.9%)
How prepared are you to take risks to improve services and supports for children, adults, and families?	46	0 (0.0%)	2 (4.3%)	14 (30.4%)	22 (47.8%)	8 (17.4%)
How strategically do you think about alliances and partnerships?	46	0 (0.0%)	0 (0.0%)	13 (28.3%)	24 (52.2%)	9 (19.6%)
How likely are you to adapt your leadership style to meet different situations that you encounter?	46	0 (0.0%)	1 (2.2%)	7 (15.2%)	28 (60.9%)	10 (21.7%)

Survey Item	N	1 (Disagree/Not at all/Never/ Not Important/ Unlikely)	2	3	4	5 (Agree/ Extremely/ Always/ Very Important/ Likely)
How prepared do you feel to build common ground with your community?	46	0 (0.0%)	3 (6.5%)	19 (41.3%)	16 (34.8%)	8 (17.4%)
As a leader dealing with multiple demands, how important is self care to you?	46	0 (0.0%)	6 (13.0%)	6 (13.0%)	13 (28.3%)	21 (45.7%)

At post-test, respondents increased their average scores on all the indicators. At post-test over 90 percent of the respondents felt they were ready to make a change in their communities. In response to the item asking respondents if they saw themselves as leaders in mental health delivery or systems change for children, families, and adults, four people changed their rating to “Strongly Disagree” at post-test. Since most pre-post-test comparisons indicate the respondents increased their sense of themselves as leaders, this may be due to a more refined definition of leadership or the target population as a result of the training. Further, since the question specifically asks about service delivery and systems change, the respondents may not feel that their work in the mental health field addresses these topics, and, therefore, they would not view themselves as a leader.

TABLE 21. Post-Test Assessment

Survey Item	N	1 (Disagree/Not at all/Never/ Not Important/ Unlikely)	2	3	4	5 (Agree/ Extremely/ Always/ Very Important/ Likely)
I see myself as a leader in mental health delivery/systems change for children, adults, and families	46	4 (8.7%)	0 (0.0%)	1 (2.2%)	15 (32.6%)	26 (56.5%)
I think having a personal vision is...	46	0 (0.0%)	0 (0.0%)	0 (0.0%)	11 (23.9%)	35 (76.1%)
I have the skills needed to create spaces of trust and safety in my community	46	0 (0.0%)	1 (2.2%)	1 (2.2%)	22 (47.8%)	22 (47.8%)
How often do the perspectives of the various cultural groups to which you belong affect your work as a leader?	46	0 (0.0%)	2 (4.3%)	6 (13.0%)	20 (43.5%)	18 (39.1%)
How prepared do you feel to provide leadership in the process of challenging change in your community?	46	0 (0.0%)	0 (0.0%)	4 (8.7%)	32 (69.6%)	10 (21.7%)
How prepared are you to create shared vision within your community?	46	0 (0.0%)	0 (0.0%)	8 (17.4%)	28 (60.9%)	10 (21.7%)

Survey Item	N	1 (Disagree/Not at all/Never/Not Important/Unlikely)	2	3	4	5 (Agree/Extremely/Always/Very Important/Likely)
How prepared are you to take risks to improve services and supports for children, adults, and families?	46	0 (0.0%)	0 (0.0%)	2 (4.3%)	26 (56.5%)	18 (39.1%)
How strategically do you think about alliances and partnerships?	46	0 (0.0%)	1 (2.2%)	5 (10.9%)	16 (34.8%)	24 (52.2%)
How likely are you to adapt your leadership style to meet different situations that you encounter?	46	0 (0.0%)	1 (2.2%)	0 (0.0%)	16 (34.8%)	29 (63.0%)
How prepared do you feel to build common ground with your community?	46	0 (0.0%)	0 (0.0%)	4 (8.7%)	27 (58.7%)	15 (32.6%)
As a leader dealing with multiple demands, how important is self care to you?	46	0 (0.0%)	1 (2.2%)	1 (2.2%)	8 (17.4%)	36 (78.3%)

TABLE 22 shows a comparison of the average scores at pre-test and post-test, and an overall comparison of the scores. Pre-test average scores ranged from 3.24 to 4.43. Post-test scores ranged from 4.04 to 4.76. All of the indicators had higher average scores at post-test than at pre-test, indicating a change in the desired direction. For all the indicators at post-test, respondents reported higher confidence in themselves as leaders and in their abilities to coalesce and change their communities. The overall average score changed from 3.88 at pre-test to 4.37 at post-test. This change is statistically significant at a 99.9 percent confidence level.

TABLE 22. Assessment Average Comparisons

Survey Item	Pre-test	Post-test
I see myself as a leader in mental health delivery/systems change for children, adults, and families	4.15	4.28
I think having a personal vision is...	4.43	4.76
I have the skills needed to create spaces of trust and safety in my community	3.91	4.41
How often do the perspectives of the various cultural groups to which you belong affect your work as a leader?	4.00	4.17
How prepared do you feel to provide leadership in the process of challenging change in your community?	3.24	4.13
How prepared are you to create shared vision within your community?	3.50	4.04

Survey Item	Pre-test	Post-test
How prepared are you to take risks to improve services and supports for children, adults, and families?	3.78	4.35
How strategically do you think about alliances and partnerships?	3.91	4.37
How likely are you to adapt your leadership style to meet different situations that you encounter?	4.02	4.59
How prepared do you feel to build common ground with your community?	3.63	4.24
As a leader dealing with multiple demands, how important is self care to you?	4.07	4.72
<i>Overall Average</i>	3.88	4.37
<i>Significance</i>	t(1007) = 9.06, p<.001	

Conclusion

Leadership Academy attendees rated all aspects of the conference positively. Survey responses indicate that attendees thought the training was useful and provided valuable leadership skills they can use in their own programs to address mental health care disparities. Many of the respondents positively evaluated peer group sessions and one-on-one faculty consultations. Many attendees plan to incorporate the leadership techniques learned to overcome challenges in their environments. Participants reported feeling empowered and excited to practice these techniques in their work environments. Leadership Academy attendees also indicated they would have liked more time to discuss topics and suggested extended the conference for 1 or 2 additional days.