Organizational & Occupational Psychiatry

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Psychiatry's Future:

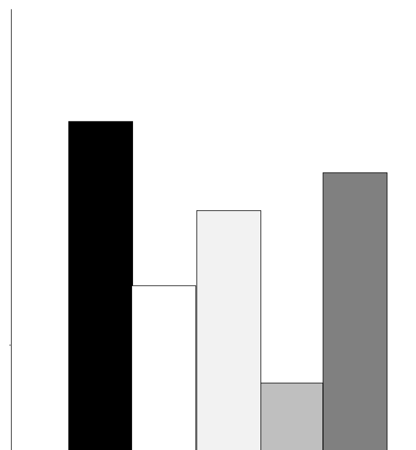
Connecting With the Corporate World and Meeting Executive Needs

Len Sperry, M.D., Ph.D.

What's in store for the field of psychiatry in the next decade? Not surprisingly, this question is being asked by many people today. How might they answer? Academic futurists would approach this question quantitatively by developing complex computer simulations to examine four or five of the most likely scenarios for the field of psychiatry. They would simulate the various economic, political and cultural trends that would impact of each of these scenarios Many practicing psychiatrists find themselves pondering this question often lately, usually as a philosophical musing associated with varying degrees of anxiety as they contemplate our own career and life situation. At best, these musings tend to be reactive rather than proactive since individual psychiatrists appear to have limited capacity to impact professional and institutional realities. How would health care decision-makers answer this question? How would the rank-and-file psychiatrist respond to these decision-makers? There is no secret that many psychiatrists are decidedly negative and unwilling to cooperate with business, believing that business is cutting back on their payments and clinical decision-making—when actually managed care middle-men between business and psychiatry are making these decisons. How would the APA answer—as well as respond to the 'answers' of these decison-makers? Until recently, the APA appears to have done relatively little in a focused, concerted way to address this question or even clarify the issues for its members. Fortunately, there are some indications that APA's stance appears to be changing.

Recent Surveys of Executive Needs

The overall future direction of psychiatry may not be all that clear, but one thing about psychiatry's future is clear: a notable segment of the population experiencing significant psychological need is being largely



ignored by most of psychiatry. Corporate executives, who are major health care decision-makers, have made no secret about their corporate needs, and by and large, these needs apparently are not being heard nor being met by psychiatry.

This summer, an AOOP member, Steve Heidel, M.D., presented the results of a national survey and focus groups of business executives that he had conducted to the Board of Directors of the American Psychiatric Association. This study which was sponsored, in part, by the American Psychiatric Foundation, found that executives harbor several misperceptions of mental illness in the workplace. Some of these beliefs are noteworthy: i.e., that "ignoring mental illness is more cost-effective than treating it" when in fact the data shows the opposite; and the belief that "cost related to mental illness is increasing" when, in fact, it is decreasing. Besides, these and other obvious misperceptions among executives about psychiatric services, the study also pointed up that corporate executives have several unmet needs that psychiatrists could meet.

A recent study reported by Price-Waterhouse (Dauphinais & Price, 1998) also points up here-to-fore unmet needs. This survey of 377 CEOs from 2,000 of the world's largest corporations indicates that *all* executives polled (from the U.S., Canada, Europe and Asia) are more concerned about changing employee behavior and reshaping corporate culture (47 percent) then they are about "monitoring corporate financial information" (45 percent)! Employee behavior and corporate culture issues are quite obviously key areas of Organizational and Occupational Psychiatry intervention. Also, noted in this major survey was that CEOs are extremely interested in "setting vision and strategy" (66 percent) which is, of course, another key area of Organizational and Occupational Psychiatry intervention. The question that emerges from this Price-Waterhouse survey, as well as the survey by Dr. Heidel—is who will help these executives deal with these pressing concerns? The answer seems obvious:

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Editor's Column

Reflections on the State of the Field

This is Bulletin represents the last issue of Volume 7. Not only has this year passed by quickly, time seems to have speeded up immensely these past months. Probably, this reflects the many changes that are occurring in the general field of psychiatry which have, not surprisingly, significant ramifications for the sub-specialty of Organizational and Occupational Psychiatry. Many of them being very positive ramifications. The lead Article: "Psychiatry's Future: Connecting with the Corporate World and Meeting Executive Needs" offer some sobering (psychiatry's negative bias toward business) as well as exhilarating (the potential for psychiatry-business roundtables) observations. This is a time for psychiatry to relinquish its time-honored neutral and reactive way of relating to clients and begin a respectful dialogue with corporate executives who are increasingly verbalizing their need for the kind of expertise which qualified Organizational and Occupational psychiatrist can provide. You'll get to know Tom Valk, M.D. the current president of AOOP a bit better in the "Meet the Officers" column and find out more about the January conference in Washington, DC.

Len Sperry, M.D., Ph.D., Editor

President's Letter

Tom Valk, M.D. President, AOOP

I am very pleased to extend a cordial invitation to the Tenth Annual AOOP Meeting. You should have already received registration forms. This meeting was put together under the leadership of Program Chair Randy Riggs who describes the program in an accompanying column. I am proud to say that the Meeting passes a milestone for AOOP in offering 17 CME credits, a record, for both workshops and the main conference combined. There are also going to be two workshops this year, another first. It is an exciting program, with many first rate speakers and a wide range of material, from the basics of occupational psychiatry to updates on critical workplace law for the practitioner. I urge you to sign up now for our Annual Meeting. The program offers true value to beginner or experienced practitioner alike. Better yet, you have been given an extra copy of the meeting brochure. Why not give it to a colleague or post it on the staff bulletin board? Let others know what your organization is doing. The success of our organization depends on your efforts in increasing membership and encouraging meeting attendance.

On a related topic, I can report that we are making progress on one of my presidential goals: defining the essential elements of OOP. Reflecting the diversity of activities under the OOP umbrella, progress has been slow but steady. The Annual Meeting will address this important issue both in the workshop on basic occupational psychiatry skills and in the AOOP Planning Meeting/Brunch on Sunday, January 17th. Both of these events will be a chance for participants to weigh in on this important issue, and I urge members to attend and speak up!

I hope to see all of you in Washington in January.

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DC Meeting Provides Education with Luxury and Culture

Randall S. Riggs, MD

Plan on attending AOOP's January 99 meeting at the luxurious Mayflower Renaissance Hotel in the heart of DC's government area near the Smithsonian, White House and Capitol. Our bargain hotel rates and super location make this 99 meeting a unique opportunity to combine a family mini-vacation on the Martin Luther King Weekend with a great educational opportunity.

The meeting is loaded with CME and offers courses for beginners in Occupational and Organizational Psychiatry as well as an exciting series of speakers presenting cutting-edge information for the more advanced consultant.

This year's meeting is designed to be more interactive with opportunities to talk with experienced practitioners, share ideas, get free advice about practice-building, and cultivate your nationwide network of contacts in our field. Beginning at Noon on Friday, the Basic Skills Course led by Tom Valk, MD, MPH is designed to provide an introduction to all aspects of Occupational Psychiatry. It will be a good opportunity for beginners to learn the basics of consulting, but it is also a good review for those with more experience. If you feel you know enough about consulting to government agencies, providing therapy to executives, doing IME's and navigating the sticky legal issues which we encounter—then perhaps you should recommend this course to one of your colleagues who has been curious about what you do in OOP, and would like to "test the water" to see what it is like.

The Psychoanalytic Case Study and Dinner Meeting is a first—as far as I know. Laura Huggler, MA will present a psychoanalytically-oriented

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Special Feature Article

Merger Syndrome Consultation

Len Sperry, MD, Ph.D.

Talk of "mergers and acquisitions" (M&A) continues to be common place in the news media as well as in day-to-day conversation among executive, middle managers, hourly workers, and their families. At any one moment in time, at least one person in four that is in the average person's social network is being affected by a M&A! Large as well as small corporations attempt to use mergers or acquisitions to increase their competitiveness and profitability in a swiftly changing world economy. The combining of two corporations almost guarantees a reduction in work force or downsizing, because fewer employees and managers are needed. Corporations have high hopes for the outcomes of mergers and acquisitions, which seldom are met. For individual executives and employees, mergers and acquisitions can be extreme stressors, whether their jobs are eliminated or retained.

The mere rumor that a merger is under consideration can send shock waves throughout both organizations. However, the aftermath of the actual sale and the process of combining people from different corporations often result in a protracted turmoil, called the "merger syndrome" (Marks and Mirvis 1998). This syndrome is characterized by distractibility; pre-occupation; constricted upward and downward communication in the organization; stress reactions including anxiety, depression, somatic complaints, withdrawal, etc.; and crisis management.

While much has been written about the human and cultural symptoms of mergers, there has been little in the professional consultation literature regarding interventions to minimize merger stress or culture clash as companies combine. Until recently, this was attributed to management's almost exclusive focus on the financial and structural components of the merger, to the detriment of the human component, but also to the unwillingness of consultants to share 'trade secrets'. Fortunately, change has been noted in both management's focus and consultants' willingness to discuss the dynamics and change strategies necessary to facilitate an effective M & A. (Mirvis & Marks, 1992; 1998; Marks, 1994).

Early interventions should focus on employees' immediate feelings and concerns about what the *merger* will mean for them and the organization. These interventions are most useful soon after an intended merger is announced. During this period management usually knows little about when the merger will actually happen and what post-merger primary interventions can have the most positive impact on the integration process because the focus on the exchange of valid information between merging partners. These interventions should take place during the transition period that occurs immediately before and just after merger receives legal approval. Next, interventions should next focus on assessing and correcting maladaptive behaviors in merger parties. These interventions usually are confrontive and should occur anywhere from six months to a year and a half after the merger.

Corporations often use internal organizational development staff augmented external consultants for merger work. Clinical-consultants need legitimacy and a clearly demonstrated capacity to undertake the import and sensitive tasks involved with mergers and acquisitions. Usually the tasks require the clinical-consultant to function in the roles of adviser, observer, and process facilitator. McCann and Gilkey (1988) noted that the process facilitator's client often the transition team itself-that is, the merger specialists, lawyers, bankers, chief executive officers (CEOs), and even middle-level man. In the pressure-cooker atmosphere of a merger or acquisition, transition teams often get caught up in counterproductive dynamics. The role of process facilitator is crucial before, during, and after the mergers acquisitions process to minimize these effects (Marks & Mirvis, 1998).

Premerger workshops be held for all employees, in which company philosophy, goals, changes in compensation and work scheduling, and training and development plans are discussed. In addition, stress management training in the form of workshops or one-to-one sessions should be offered on a voluntary basis. Individual counseling for personal adjustment or career issues related to the merger should be made available. Finally, outplacement services may be offered to executives. McCann and Gilkey (1988) added that establishing effective two-way communication upward and downward-is of paramount importance in short-circuiting the merger syndrome.

Sometime after the merger is finalized, a "postmerger syndrome" may emerge. This is recognized by lowered productivity and moral problems (McCann and Gilkey 1988). During this time, EAPs and corporate mental health services report sizable increases in referral utilization rates. It is important that consultants reinforce the notion that cost cutting and underbudgeting for mental health services is a temptation that must be avoided at all costs.

References:

Philip Mirvis and Mitchell Marks (l992), Managing the Merger: Making it Work. Engelwood Cliffs, NJ: Prentice-Hall. $26.00.

Joseph McCann and Roderick Gilkey (l988), Joining Forces: Creating and Managing Successful Mergers and Acquisitions. Engelwood Cliffs, NJ: Prentice-Hall.

Mitchell Marks and Philip Mirvis (1998), Joining Forces: Making One Plus One Equal Three in Merger, Acquisition and Alliance. New York: Simon & Shuster. $ 26.00.

Mitchell Marks (1994) From Turmoil to Triumph: New Life After Merger, Acquisition, and Downsizing. New York: Lexington Books. $25.95.

Psychiatry's Future

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If psychiatrists do not provide this consultation someone else will.

Psychiatrists and Executives Discussing Economics and Mental Health

Okay, so corporate executives have a number of mispeceptions of psychiatry as well as significant unmet needs. What, if anything can psychiatry do about it? To insure at least one dimension of psychiatry's future, psychiatrists need to develop a forum for dialoguing with executives about these concerns. Some formal efforts to begin this dialogue have already begun, and others are being planned.

One significant effort is the 'Canadian Business Roundtable on Economics and Mental Health'. This roundtable was the brain child of an AOOP member, Edgardo Perez, M.D., the CEO and medical Chief of Staff of Homewood Health Centre in Guelph, Ontario, and his colleague, Bill Wilkerson, the former CEO of Liberty Health and current Co-Director of the Howewood Centre for Organizational Health. The Canadian Roundtable consists of several CEOs from major Canadian and international corporations and leaders of the psychiatric community in Canada. The group meets regularly to discuss the mental health needs of all Canadians and the economic concomitants of those needs for corporate health and productivity. The Canadian Roundtable is clearly a proactive effort on the part of psychiatry.

On October 8, 1998, members of the Canadian Roundtable, the Homewood Centre for Organizational Health, and the Mayors' National Initiative on Mental Health sponsored World Mental Health Day in Canada. Co-sponsors included 44 mayors of Canadian cities as well as several Canadian medical centers and medical schools. Several major presentations by psychiatric and corporate leaders on the medical and corporate implications of depression on cardiovascular disease were heard and discussed by an enthusiastic audience. Much of the cardiovascular and psychiatric research and the economic and corporate implications of this research that was presented at this auspicious meeting of leaders of psychiatry and the corporate community is distilled in the volume by Perez and Wilkerson, *Mindsets: Mental Health--The Ultimate Productivity Weapon* (1998).

APA Committee on Psychiatry in the Workplace

The APA Committee on Psychiatry in the Workplace has been given, by the current APA president, Rodrigo Munoz, M.D., the mandate to facilitate bridging the needs of business with the capacity for psychiatry to meet those needs. One effort in this direction is a roundtable meeting this coming spring with the Committee, APA Board of Directors and the Chicago Business Group to discuss ways in which psychiatry might meet some of the needs of corporate executives. The Committee is also in the process of considering options for establishing a suitable liaison with a group of prominent business leaders to deal with business and economic issues relating to mental health, stress, and well-being, and promote such a plan within APA's infrastructure. The purpose of this group would be to provide regular—probably annual input into how an expanded role of psychiatry can address the concern's of the marketplace. Another initiative is to encourage APA district branches to become more involved with business leaders in their communities, particularly executives who are on the boards of directors at the hospitals, medical centers or other institutions in their area.

No doubt, psychiatry's future is much larger than the needs of the corporate world. Nevertheless, since these corporate leaders make a significant number of decisions concerning benefits for psychiatric and behavioral health care, it is in psychiatry's best interest to reconsider its decidedly ambivalent-to-hostile stance toward the business world. The old saying that "one should be careful about biting the hand that feeds it" seems to apply rather aptly. AOOP members can and probably should be trend setters in this regard.

References

Dauphinais, W, Price, C. Straight from the CEO. New York: Simon & Shuster, 1998.

Perez, E. & Wilerson, B. Mindsets: Mental Health--The Ultimate Productivity Weapon. Guelph, Ontario: Homewood Centre for Organizational Health, 1998.
Can be ordered from Carol O'Brien for $10 at Homewood Centre for Organizational Health, 150 Delhi St. Guelph, Ontario CANADA, N1E6K9 or call (519) 824-1010 ext. 599.

Organizational and Occupational Psychiatry in Other Venues

This column is intended to update the reader on developments in Organizational and Occupational Psychiatry outside of AOOP. Organizational and Occupational Psychiatry continues to be growing in both size and stature if one looks at agendas of other Organizational and Occupational Psychiatry organizations and recent publications.

APA Committee on Psychiatry and the Workplace.

Previously called the Committee on Occuaptional Psychiatry, the Committee has a new name and membership. Len Sperry, M.D.Ph.D. has been chair since May, 1998. Current membership includes the following AOOP members: Bob Larsen, M.D., Steve Heidel, M.D., Harry Prosen, M.D., Edgardo Perez, M.D., Alan McLean, M.D., and Ron Schouten, M.D. One set of agenda initiatives for this Committee has been detailed in the cover story. The other set of agenda initiatives involve training and certification.

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Meet the Officers

President , 1998-2000

Thomas H. Valk, MD, MPH

My first contact with the world of organizational and occupational psychiatry (OOP) started with my doing fitness for overseas posting evaluations for the U.S. Department of State in 1983. At the time, I was in private practice in McLean, VA, just inside the famous (or to some, infamous) Washington, D.C. Beltway, and, quite frankly, was quite unaware of OOP as a subspecialty. I quickly became intrigued with the complexity involved in applying psychiatry to the problems of living and working overseas and with the notion of living overseas myself.

I joined the U.S. Department of State in 1984 as a Foreign Service psychiatrist and served first in Washington. There, duties included many evaluations of employees and families destined for overseas posts, dealing with the many OOP problems encountered in any large workplace, supervision of the Department's Washington based EAP program, and oversight responsibilities for the world-wide mental health program of regional psychiatrists, themselves posted overseas. From 1987 until 1991, I was assigned to the U.S. Embassy in Cairo, Egypt as Medical Attache and provided mental health services to some 4,500 U.S. Government employees and dependants in a 15 country catchment region in the Middle East and North Africa. Management consultations, often performed in truly cross-cultural settings, were frequent and I discovered, as did all of my fellow Department psychiatrists, that there was an awful lot of duties never covered in any residency or psychiatric text.

It was with pleasure, then, that I learned of AOOP in 1993 when I was asked to present on consulting to specialty groups at the Annual Meeting in San Antonio. Several things impressed me immediately: here was a group of psychiatrists who not only understood what I was doing but, in fact, did many of the same tasks; OOP was a subspecialty with direct application to my work at the Department (I was then back in Washington for a tour); and, I was also very much impressed with AOOP's informal, warm atmosphere.

Subsequently, I was asked to be Program Co-Chair for the Annual Meeting in New Orleans, along with Alan McLean, a hectic and daunting task filled with deadlines and details. I then served as AOOP Secretary, then Vice President and, since January, 1998, as President.

Currently, I practice outpatient psychiatry for the County of Fairfax here in Virginia on a part-time basis. The remainder of my time is devoted to my management consultation firm, VEI, Incorporated, which I started in 1994, anticipating that I would leave the Department while at the same time desiring to utilize my OOP skills as applied to expatriate employees and families. Through VEI, I consult to businesses which send employees overseas. Growth has not always been easy and there have been a number of lessons learned. It has been, however, one of the most gratifying endeavors I have undertaken. It is also an endeavor which is well understood by the members of AOOP

Program Chair's Report

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consultation to a business and describe how it evolved. Then she and Jay Abel-Horowitz, MD, will lead what they want to be a spirited and engaging discussion of this kind of consulting. Many of our members share a psychoanalytic orientation, and this is a unique opportunity to see how to apply this in organizational consulting.

The Main Conference, starting on Saturday morning, is studded with great speakers, chosen to provide useful information from a wide variety of topics. Here's a brief summary: Elmore Rigamer, MD, MPH serves as the corporate medical director in a large HMO and will tell us about his experience bringing psychiatric skills to bear on the problems which all physicians face when dealing with business people.

Laura Huggler, MA worked for years as a Human Resources Professional in the business world and will share her secrets of successfully gaining access to the corporation via the HR department. Since starting practice as a psychologist, she has been able to convince businesses of the great value of sending troubled executives to her for twice-weekly analytic psychotherapy for extended periods of time.

Marie-Claude Rigaud, MD, MPH consults with industry about how to manage disability. Her special approach is highly valued by industry, much in demand, and easily applied by people with our psychological/medical orientation.

Did you know that 80 percent of businesses in the US are "family businesses"? The Astrachans—father and son—were rated highly when they presented to AOOP on consulting to family businesses in New Orleans a few years ago. We welcome them back for more wisdom and insight on serving this huge market.

The physician who knows the most about computers in medicine may well be Steven Locke,

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Bulletin Board

Do you have a new job? Have an announcement of interest to AOOP members? Know something exciting to share? Now you have a place to post it. Starting with the next issue of the *Bulletin* we will publish announcements for members only.

In between issues of the *Bulletin* we will post announcements on the AOOP website. We look forward to making the AOOP website more imformative and helpful to our members. Its a great place to share information, recent accomplishments or awards or to share information with collegues.

Recently, we posted a request from a researcher with BBC Radio asking for help with research regarding American psychiatrists' feelings about how they are portrayed on television. To learn more or send her your views refer to our website at http://www.mcn.com/aoop.

All submissions should be e-mailed, faxed, or mailed to the AOOP office attention Bulletin Board.

Program Chair's Report

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MD. On the faculty at Harvard and MIT, this talented doc will help bring us up to speed in this critical area.

Steve Heidel, MD, MBA conducted research in Southern California about how businesses see psychiatry. The results which he will present may explain some of the difficulties in marketing our skills. We will go into breakout groups and grapple with these findings—hoping to develop some new approaches to this critical problem. We can continue the discussion the next morning at a complimentary breakfast and discussion led by Tom Valk, MD, MPH.

Recent court decisions on sexual harassment law, as well as late developments in ADA and FMLA law are important for every consultant. Julia Gabis is an energetic and talented speaker who will bring us the latest on these critical areas.

For a complete schedule visit our website www:mcn.com/aoop or contact the office.

OOP In Other Venues

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GAP Committee on Occupational Psychiatry.

Chaired by Robert Larsen, M.D., a long time AOOP member, the Committee has been reviewing merger-acquisition dynamics with the discussion of extended case consultations, one being presented by Brian Grant, M.D., past president of AOOP and a guest at the November, 1998 GAP meeting.

The 1998 Harry Levinson Award. This award was presented to Len Sperry, M.D., Ph.D. by the American Psychological Association at its 1998 annual meeting in San Francisco. The award is presented "in recognition of exceptional ability to integrate a wide variety of psychological theory and concepts and convert that integration into applications by which leaders and managers may create more effective, healthy and humane organizations".

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