Mental Health: Towards Collaborative Leadership

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Culture and Leadership

Data / Context for mental health services

Medical engagement & leadership development

Stigma, and its significance for medical leadership

Opportunities for collaborative leadership
Does culture matter?
“The only thing of real importance that leaders do is to create and manage culture”

Edgar Schein

(Institute for Healthcare Improvement)
Culture is a result of what an organisation has learned from dealing with problems and organising itself internally.

Your culture always helps and hinders problem solving.

Culture is a group phenomenon.

Don’t focus on culture because it is a bottomless pit. Instead, get groups involved in solving problems.
Some relevant data
In 2015, about four million people were estimated to have experienced a mental illness across Australia (AIHW, 2 February 2018)

9.8% of the population received Medicare-subsidised mental health-specific services in 2016-17, an increase from 5.7% in 2008-09 (AIHW)

Mental illness accounts for 24% of the burden of non-fatal disease (total years lived with disability) (AIHW)
All cause mortality of patients admitted to adult acute mental health units over the following 12 months...

Relative Risk (RR) mortality 2.2 (Schizophrenia RR 1.5-3.0)

Overall 12 month mortality 1.5%

Death by physical causes (cancer, cardio-respiratory, endocrine) exceeded death by suicide
Morbidity & Mortality: Causes

- Metabolic syndrome
- High prevalence smoking, alcohol and drug misuse
- Marginalisation and reduced access to medical care
- Treatment adherence challenges
- Systems issues
In a general medical environment, physical symptoms can be misattributed to a comorbid mental illness.

Patients with mental illness and diabetes less likely to be admitted than those with diabetes alone (Sullivan et al. Psychiatric Services, 2006).

Admitted patients with schizophrenia have significantly higher rates of infection, postoperative complications, & increased LOS (Daumit et al. Archives Gen Psych, 2006).

Relevance of decision-making capacity.
Policy and strategic context
The Fifth National Mental Health Plan & Suicide Prevention Plan
Priorities

1. Integrated regional planning and service delivery
2. Effective suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving ATSI mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place
Priority 5: Improving physical health and reducing early mortality

- Equally Well Consensus Statement
Medical Engagement and Leadership
Medical Engagement in Psychiatry

- Engagement and retention (surveys)
- Fragmentation of senior medical workforce
- Leadership development – ad hoc
- Burnout (autonomy versus responsibility)
- Mainstreaming versus silos
- Stigma (within health)
Stigma towards people with mental illness from within the broad health industry reflect community attitudes.

“Although the importance of mental health problems among doctors has long been recognised, the profession has historically neglected serious consideration of the topic, with medical training tending to reinforce the idea that doctors should be invincible and immune to mental disorders.”

“I remember being told that I would be wasted in psychiatry because I was too smart. What that says is that mentally ill patients only deserve crap doctors”. (Simon Wessely, President RC Psych, quoted in BMJ Careers)

BASH: badmouthing, attitudes and stigmatisation in healthcare as experienced by medical students (BJ Psych Bulletin 2016, 40, 97-102)

Psychiatry and general practice attracted the greatest number of negative comments, made by academic staff, doctors and students. 27% of students had changed their career choice as a result…
Growing a leadership capability

- Vision and values
- Leadership curriculum throughout career
- Performance development planning
- What about influencing/changing culture?
“The change goal must be defined concretely in terms of the specific problem you are trying to fix, not as culture change.”

Edgar H Schein, Organisational Culture & Leadership, 4th Edition
High Impact Leadership Behaviours

- Person Centeredness
- Front Line Engagement
- Relentless Focus
- Transparency
- Boundarilessness

(Institute for Healthcare Improvement)
Collaborative Opportunities

- **Emergency Departments (Mental Health Branch; Emergency Care Institute; Colleges)**
  - Joint Governance
- **Physical Health**
  - Endocrine
  - Infectious diseases (Hepatitis)
  - Cardiorespiratory
  - Sleep
  - Allied Health
- **Clinical Leadership in driving change through patient safety**