



**Summary report of TheMHS 2009 Summer Forum
Held at Citigate Central Hotel, Sydney
26-27 February 2009**

“Leadership for mental health services of the Future.”

TheMHS Summer Forums generally get a high score for topicality. Last year’s deliberations on the social and emotional wellbeing of ATSI peoples came days after Kevin Rudd’s Apology. This year, a week before the Forum was to explore Leadership, the National Hospital and Health Reform Commission published its interim report, “A healthier future for all Australians.” So questions about how to lead local reform were in the air, and international speakers from Canada, the U.S. and The Netherlands added a broader perspective to those discussions.

There was interesting discussion about the qualities that make leaders and the expectations that we have of leaders, but the overriding discussion was about reform and who leads it and in what manner for both mental health policies and services.

In opening the Forum, Harvey Whiteford (Qld) set the scene by describing current mental health services. He divided them into those for severe, complex, long term conditions and those for common, short term high prevalence disorders. Noting that 60% of those with a short term disorder don’t see a mental health professional, the challenge for leaders, he said, was to innovate to get to those people who are not seeking or getting treatment. David Goldbloom, the Vice-Chair of the Canadian Mental Health Commission echoed this dilemma in his comment that people are sceptical about prevalence rates which indicate that almost everyone will at some stage be affected. Kathy Eagar (Wollongong University) drew a different map of services by looking at the two ways services are funded: the capped public system and the uncapped private system. “Private systems are successful if they get people through the door, public systems are successful if they keep people out!” She called for reform of funding, arguing that the uncapped funding follows providers, not patients. She cited the highest Medicare use in Sydney which was in the better-off suburbs of the East and the North Shore.

Who will lead these reforms, and what qualities will they need? Margaret Goding (Victoria) argued for input from staff at all levels. Simone Montgomery (NSW) reminded participants that training and professional development was a key leadership strategy for a health and community services workforce that was the third largest in Australia. Outlining the MHCC’s Leadership in Action training she defined the program as exploring, “what makes a great leader and manager”. Tom Callaly, also from Victoria wanted to create a service culture that encouraged continuous change. Pondering on why most reforms fail, he observed that power and leadership are often confused. Managers are often resistant to change, because they fear the diminution of their power. “Leadership,” he said, was learning how “to give power away.” Leonie Manns (NSW) insisted that some of that power went to consumers. “They can be leaders too. There is too narrow a view of what consumers can do,” she said, reminding the Forum that, “consumers and carers are key stakeholders.” Douglas Holmes, also from NSW, echoed a constant Forum refrain that systems don’t change easily and asked, “Are consumers accepted as leaders in the mental health system?” Jenny Alexander (NSW) took a much



broader sweep defining leadership as “a team sport”. “Its not,” she said,” about power, fame or fortune. Leaders do things right, managers do the right things!” And in answer to the old question whether leaders are born or made, she went for the latter. While there some innate characteristics that will help make a good leader – intellectual firepower and lack of personality problems – leadership skills are learnt on the job. “You learn leadership by doing,” she said.

Which lead to the discussions about leading the reforms and the vehicles to achieve them. John Mendoza (Qld), the chair of the National Advisory Council on Mental Health, reminded the Forum that mental health had had more enquiries and commissions than any other area of health. The clear message from that was past efforts at reform had not been successful. Comparing it to our sports anti-doping strategy, he said, “Mental Health should learn from the successful anti-doping strategy if it wants to effect change.” And his prescription was to lead by: having a clear vision and purpose, getting the evidence to argue the case, developing a clear strategy and tactics, building alliances, communicating on all fronts, exposing vested interests, and developing organizational capacity.

And the vehicles for reform? Peter McGeorge (NZ) left the Forum in no doubt in the concluding session, “We absolutely need a Mental Health Commission in Australia. We need an organization that is nationwide and independent that can bring the public forces to operate and advocate on behalf of all the players in the mental health community.”

The 2009 TheMHS Conference in Perth (Sept 1-4) will be holding a Leadership Forum and as the conference theme is “the path ahead,” it would seem this is a debate that is just starting.

If you want more detail to follow-up the issue, the speakers’ powerpoint presentations will shortly be available: [\(link\)](#)