

University of Sydney Seminar: Why is it so difficult to achieve change in the health sector?

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For those who don't know the background to my book, *Inside Madness*, it tells the story of the life and death of psychiatrist Dr Margaret Tobin, who was murdered by a former colleague (and, incidentally, a University of Sydney graduate), Jean Eric Gassy in 2002.

Margaret's formative years as a psychiatrist were spent in Victoria, where she decided early that her future lay in running mental health services. She thought she could have a greater impact as a manager than as a clinician. She found her feet as a mental health services manager at a time when a series of reports and inquiries were revealing widespread corruption within the old-style psychiatric institutions, as well as abuse and neglect of patients. She was involved in pushing change on a number of recalcitrant institutions - Willsmere in Melbourne and Lakeside and Aradale Hospitals at Ballarat and nearby Ararat in country Victoria.

In 1993, she was appointed to shake up and regenerate a neglected mental health service at St George Hospital in southern Sydney. When Margaret arrived at St George, Eric Gassy was a staff specialist who had at one time also been acting director of the unit. However the hospital hierarchy had been unwilling to make him director, not only because he wasn't up to the task but because he had a reputation for odd, somewhat paranoid behaviour. Apart from being in conflict with some of the unit's senior nursing staff, he was also known for propositioning young female staff at the hospital.

Until Margaret Tobin arrived - a forthright, no-nonsense change agent - it appears that no formal action was taken over Gassy's behaviour although many of his colleagues - medical, nursing and administrative - had had concerns.

In mid 1994, Margaret wrote to the NSW Medical Board requesting an evaluation of Gassy's fitness to return to practice after a period of extended sick leave. This triggered a process which - because of Gassy's lack of insight and because of the lack of systems to ensure

treatment for someone in his situation - ultimately led to his deregistration. One of the reasons for the lack of treatment was uncertainty about his condition; one psychiatrist thought he had a delusional disorder with persecutory tendencies, but others were not convinced. Even if there had been unanimity about the diagnosis, however, it is unlikely that Gassy would have been compelled to have treatment.

Just over ten years after Margaret Tobin wrote that letter, it would be tendered as evidence of motive at the trial of Jean Eric Gassy for her murder.

The first time I remember hearing Margaret's name was in early 2001 when researching a profile of the psychiatrist who had recently been appointed to run the new organisation, beyondblue. When I asked Ian Hickie to suggest people who knew him well, he nominated the woman who was then director of mental health services in SA and who had previously been his boss at St George Hospital.

Talking to Margaret's friends and colleagues Ian Hickie and Jonathan Phillips after her death gave me the idea for this book - they painted a picture of a gutsy, complicated, driven woman.

I remember speaking to a number of journalistic colleagues about my idea for the book. Many assumed that the most interesting character to explore would be Eric Gassy. Perhaps it is not so surprising that people would want to know how and why someone trained in the arts and sciences of healing could turn murderer. But I must admit that I was always more interested in Margaret Tobin's story. My intention was always for this to be a book about her life and death. For a number of reasons. It soon became apparent that telling the story of Margaret's career told a much broader story about the huge changes that have occurred in mental health care in recent decades.

At the same time, so much - the stigma, the lack of access to quality care, the suffering of patients and their families - has not changed. On a more personal level, I also thought it would be sad if Margaret was remembered for the unusual and traumatic manner of her death rather than for the person she was in life.

Researching the book was a journey of discovery for me at many levels. I was trying to understand Margaret Tobin as a person, as well as a professional. Different people responded quite differently to Margaret. Of course we are all a mix of things, of complexities and contradictions, but perhaps Margaret Tobin was more so than most. It was striking to go from one interview where a colleague of Margaret's said, "I could have killed her myself" to an interview with another colleague who broke down in tears, her grief at Margaret's death still heartfelt two years later.

And I was also trying to understand why it had been so difficult to transform all the magnificent rhetoric of mental health reform into tangible improvements in care and outcomes for people with mental illness.

The difficulty of achieving real and sustainable change is, of course, not an issue for the mental health sector alone.

To share some of the insights I gained from researching the book, about why it is so difficult to achieve change in the health sector, I thought I would read some brief extracts from different sections of the book.

P 29: This is from a section examining how the ideals for providing enlightened mental health became degraded at the Melbourne institution of Willsmere. When Fred Stamp (the psychiatrist superintendent) arrived at Willsmere he found it "as is the nature of all institutions, had evolved to suit those in control, with patients firmly consigned to the bottom of the hierarchy."

P 36: In a section describing the cycles of mental health reform: "The history of mental health is woven with recurring motifs: the march of change in the face of resistance, and punctuated by scandals and periods of inertia."

P 37. One of the recurring themes of the book is the reluctance of health professionals to act against colleagues. "Nobody is very critical of their peers" was the explanation one insider gave historians for the RANZCP's failures to act against psychiatrists involved in the Chelmsford scandal.

Just last week I received an email from a former senior manager of a health service, saying he could relate to many of the issues in the book.

He described the fallout that resulted when he dismissed the medical superintendent of a psychiatric institution for physically assaulting a patient. He said: "Such was the culture in mental health at the time that his peers and staff viewed his actions as somehow acceptable."

On a related issue, one of my own learnings from the book was the power of nurses in the health system. We hear so much about medical dominance that it is easy to overlook that nurses are also very powerful - because they are responsible for running so many services and because of their collective power through unions to block changes. Of course, the book also illustrates the medical profession's talent for resisting change. Margaret once counselled a young psychiatrist planning a career in management that he would find doctors the most difficult professional group to manage. They don't like being told what to do, she said, it is an attitude instilled in them from their earliest days at medical school. The health professions generally are skilled at resisting change under the name of patients' welfare, and the media is often complicit in their resistance to change.

P 47: Early in her career Margaret Tobin reflected, with a group of peers, on the difficult transition from being a clinician to a manager. Here is how she expressed this in one journal article: She wrote: "We painfully reached the conclusion that the management world is frequently illogical and chaotic, functions within a complex, open system often governed by power struggles and personal loyalties and is too often concerned with the protection of hierarchy and the control of resources. It became apparent to us that the day-to-day management of a health care system is only partially occupied with the provision of good patient care."

p 71: Researching the book gave me privileged access to health system insiders who normally are reluctant to speak to journalists. Their insights helped deepen my understanding of the realities of health service provision. In one section of the book I wrote about the comforting delusion of thinking we have a health system. "A system implies something orderly, well co-ordinated and efficient, which is united in a common goal or purpose, like caring for our health. Health services, on the other hand, are often fragmented, poorly co-ordinated and wasteful. They are as likely to be working in competition or opposition to each other as to be working together in the best interests of individual patients or the broader community. It is far more helpful to view the health sector as a series of warring tribes and fiefdoms which fight for status, for

power and, above all, for resources. In health, Paul never gets paid without Peter being robbed. For every winner in the perennial battles for funding and influence in health, there are also losers. The winners and losers in health reflect the winners and losers in society generally. The well-to-do tend to have better health and better access to better health care, and those who struggle at society's edges - those with the greatest health needs - have the poorest access.

p 141. Margaret was shot at a time when she was just starting to make inroads in bringing change to SA's moribund mental health system. She once compared the complex change management process that was involved as being like "juggling multiple grenades". The biggest challenge, she said, was to manage the complexity while absorbing the anxiety of politicians, bureaucrats, service directors, her staff, consumers, carers and the community. The issues included community attitudes and ignorance about mental health, the disempowerment of patients and carers, the marginalisation of mental health in the broader health system, late detection and ineffective prevention by the primary health care sector and poor integration, skills and confidence in the specialist mental health services. She quoted a leadership guru Noel M Tichy, who wrote that: "Becoming a world class leader requires the ability to master revolutionary change. It requires taking on the dramatic challenge of creatively destroying and remaking organisations in order to improve them, not just once, but repeatedly."

p 291. The book also quotes from an obituary by Ian Hickie. He said: "Often in health the emphasis is on the generation of new ideas rather than their implementation. Tobin made it clear that ideas that were never implemented were useless."

In summary, the conclusions I draw from these extracts and other elements of the book are, in brief, that:

- change can be a double-edged sword and to be wary of the unintended consequences that can follow
- bringing about change requires persistence; it doesn't happen easily or quickly but requires the qualities of a marathon runner rather than a sprinter.

- engaging the media and broader community is essential, especially given the inevitable resistance of professionals and others with a vested interest in the status quo.

- and change requires champions with the vision and courage to withstand the personal and professional attacks that they inevitably will attract

p 287 Which reminds me of another theme of the book. It quotes a US psychiatrist, Dr Ronald A Heifetz, who has written widely on subject of leadership. He says: “Leaders and authority figures get attacked, dismissed, silenced and sometimes assassinated because they come to represent loss, real or perceived to those members of the community who feel that they have gotten, or might get, the bad end of a bargain. The severe distress associated with change can make people cruel. Leaders are always failing somebody.”

Heifetz also wrote of the need for leaders to have sanctuaries where they can restore their sense of purpose and regain their courage.

That captures another element of what is needed to enable successful change: the importance of maintaining personal and professional support for those who are willing to stick their heads above the parapet and push for change. Too often that is not forthcoming, from either their colleagues or the broader community.

And now I would like to hand over to Ian Hickie, who no doubt has some stories of his own from the trenches of the change wars....

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