# Why eat the elephant?

**Neami AGM Briefing Breakfast 2016**
**12 October 2016**

## Welcome and Acknowledgements

I acknowledge the traditional owners of the land on which we meet, and pay respects to Elders, past and present.

Thank you for the invitation.

Leadership requires us to know ourselves, know our times, and know our business.

## Know yourself

We all wear many hats. 15 years a chalkie, an introvert most of the time, to me three years is a long time, I need to know what I have done has made a difference, passion for fairness. Value a good life over a wealthy life. And always there for my kids. And there is of course my current job as Mental Health Commissioner.

## Know your times

### The facts of the times

In Australia,

- one in five will have a mental health problem some time during the year. One in three of them report discrimination or unfair treatment

- one in five aged 14 and over report drinking at life time risky levels (Queensland is above the average)[1]

- 15 per cent reported recent use of an illicit drug in last 12 months[2]

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[1] This data pertains to people aged 14 years and older who reported use in the past 12 months, 2013. The National rate is 18.2 per cent and the Queensland rate 20.2 per cent. Source: Australian Institute of Health and Welfare (2014), National Drug Strategy Household Survey detailed report 2013, Australian Institute of Health and Welfare, Canberra.

[2] This data pertains to people aged 14 years and older who reported use in the past 12 months, 2013. The National rate is 15 per cent and the Queensland rate is 15.5 per cent. Source: Australian Institute of Health and Welfare (2014), National Drug Strategy Household Survey detailed report 2013, Australian Institute of Health and Welfare, Canberra.

- 4.7 per cent misused pharmaceutical drugs in last 12 months.[3]

Suicide rates in Queensland are 13.7 per 100,000 compared with 12.0 nationally (2014).

Suicide rates for Indigenous people are almost twice the rest of the population (20.5).

As many as 23 per cent of young people with Fetal Alcohol Spectrum Disorder may be incarcerated and 60 per cent are in touch with the justice system – and this is not an Indigenous problem! Many are in foster care.[4]

The average first age of smoking the first full cigarette in Queensland is 15.9 compared with 16.2 nationally.[5]

## The nature of the times

To describe that environment I like to draw on a relatively new acronym in the leadership literature, taken I understand like so much of our leadership ideas from the military: VUCA

- V = Volatility

- U = Uncertainty

- C = Complexity

- A = Ambiguity

The definitions that I like come from something I found on the web[6] – where else?

**1. Volatility** – *the rate, amount, and magnitude of change*

Drastic, rapid shifts can bring about instability for organisations and leaders, but even the minor or innocuous shifts that occur daily, such as new and 'immediate' priorities that disrupt plans, or the increasing need to 'multi-task', are changes that increase volatility. One news article can shift priorities within minutes.

 **2. Uncertainty** – *the amount of unpredictability inherent in issues and events*

Leaders can't predict because they lack clarity about the challenges and their current and future outcomes. Uncertainty can result in an over-reliance on past experiences and yesterday's solutions or to analysis paralysis as we sift through more and more data.  We look to evidence based solutions whereas in fact we are looking for the solutions most likely to be effective.

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[3] Op. cit., Australian Institute of Health and Welfare (2014)

[4] http://sydney.edu.au/news-opinion/news/2015/10/14/young-offenders-must-be-screened-for-fetal-alcohol-spectrum-diso.html

[5] Op. cit., Australian Institute of Health and Welfare (2014)

[6] by  Andrew Cooke, Growth & Profit Solutions, https://growthandprofit.me/2013/04/30/how-to-manage-volatility-uncertainty-complexity-and-ambiguity/

**3**. **Complexity** – *the amount of dependency and interactive effect of multiple factors and drivers*

Complex interactivity requires leaders to think in more creative, innovative and non-linear way; to be able to deal with shades of gray (as opposed to black and white) solutions. In satisfying the needs of one group, the needs of another are often compromised. In satisfying families who want their loved ones kept safe, sometimes they are detained against their will.

**4**. **Ambiguity** – *the degree to which information, situations, and events can be interpreted in multiple ways*

Ambiguity increases doubt, slows decision-making, and results in missed opportunities (and threats). It requires that leaders think through and diagnose things from *multiple* perspectives. One of the changes in the *Queensland Mental Health Act 2016* is to allow guardians to authorise mental health treatment so as to avoid a person being treated involuntarily. You can imagine how that might be interpreted differently by treating psychiatrists, guardians and the person themselves. The intent is that it is least restrictive.

VUCA theory suggests we address the VUCA time with a VUCA response.

That to address

- **Volatility** you need **vision**

- **Uncertainty** should be matched with **understanding**

- **Complexity** with **clarity** – it may not always be possible to be clear, but it should be possible to be clear if things are clear or unclear.

- And **ambiguity** is addressed with **agility** – not the capacity to run away quickly but to think quickly from different perspectives.

If I could summarise a whole book in a few lines[7], the importance of a common vision in complex times cannot be overrated.

Without a common vision:

- there will be unintended consequences

- delivery targets will not be met in inter-related systems – others think implementers are letting things drift

- there will be interference from others

- interventions will be required to cope with the events, and

- if adjustments are not made there will be acrimony and blame between senior managers and implementers.

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[7] Chapman, J., *System Failure: Why Governments Must Learn to Think Differently*. 2004, London: Demos

– it is a predictable outcome when there has not been sufficient attention to accommodating different perspectives from the beginning in complex policy areas.

I think everyone here would agree with me that the mental health, alcohol and other drugs, suicide prevention environment is an excellent example of the VUCA times. So to address it, we need to understand the systems and processes that work in these VUCA times.

## Know your business

Ultimately what we are working to is:

1. A population with good mental health and wellbeing

2. Reduced stigma and discrimination

3. Reduced avoidable harm

4. People living with mental health difficulties or issues related to substance use have lives with purpose

5. People living with mental illness and substance use disorders have better physical and oral health and live longer

6. People living with mental illness and substance use disorders have positive experiences of their support, care and treatment.

The Commission's role in this is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system in Queensland. Our functions include:

- Developing a whole-of-government mental health, drug and alcohol strategic plan, and facilitating and reporting on its implementation

- Monitoring, reviewing and reporting on issues affecting people living with mental health issues or problematic substance use, their families, carers and support persons, and people who are vulnerable to or at significant risk of developing mental health issues or problematic substance use

- Supporting and promoting mental health promotion, awareness and early intervention

- Supporting systemic governance, including providing support to the Queensland Mental Health and Drug Advisory Council.

In short though, we are a policy organisation, we get our achievements through the achievements of others. This means we have to influence decision makers.

A key to influence is credibility – which we measure!  Who do we ask? Anyone who is aware of the opportunities because they are on our database or follow us on social media and cares to answer. In the grand scheme of things the numbers are small (400-500) but they are broadly distributed across interest groups.

About 72 per cent of those people agree we are a credible organisation. Our target is 75 per cent. If it goes too high, then I would have to question the survey sample.

One of the very interesting aspects of our annual stakeholder survey is the comments. They don't pull punches but comments to the effect that: *"More government agencies should do surveys about their performance"* reflect something I've always promoted.

It's fine to assess schools and hospitals and police, people who actually provide services direct to the public, but how often do we ask and publically acknowledge perceptions of the effectiveness of central agencies, head offices and so on?

A lot of people think that our business is mental health, alcohol and other drugs, and suicide prevention. In fact, our business is change. Our business is finding and developing leaders and opportunities in the many different aspects of those issues. So that one day we can say the Commission has done its job. I think that will take some years.

Often we use the new jargon of a backbone organisation and our theory of change builds on that, but one of the things missing from the backbone organisation discussion is 'how long is a separate backbone organisation needed?'

One of the ways we look at our success is by the networks we nurture, an important role of backbone organisations.

Evaluation of our events in 2015-16 indicates that:

- 84 per cent of participants had adequate opportunity to interact with people from other jurisdictions

- 81 per cent of participants made connections with people with whom they intended to collaborate in the future

- 62 per cent of participants plan to change practice as a result of the workshop.

I have described us as a speed dating agency. They come, they meet, with luck, they go off and produce new practices.

Every course you go on about change inevitably asks about the elephant in the room.

Most people would assess my biggest elephant as a culture of risk aversion and authority within the health system – and would then suggest of course we eat the elephant a bit at a time. A recent article suggested that health systems are often characterised by 'profound forces which resist change'.[8]

Personally, I would rather use the strength and power of the health bureaucracy to make change, to do some of the heavy lifting – so much more logical than trying to eat the poor thing, and more likely to be successful in the longer term.

But the right approach is essential if that elephant is going to work with us, rather than try to stamp out an irritant. Because an irritant we must be at least some of the time, much of what we do questions years of practice and self-belief. It challenges the way things are done around here. That's why we are here.

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[8] Braithwaite, J., et al., *How to do better health reform: a snapshot of change and improvement initiatives in the health systems of 30 countries.* International Journal of Quality in Health Care, 2016: p. 1-4.

## Leadership style depends on appreciating all three

So when it comes to the role of leadership in times of change and uncertainty, and how each of us goes about it, we need to understand ourselves, the environment and the business we are in.

VUCA theory tells us we need deeper wisdom, resilience, compassion and skilfulness. I would like to add authenticity to that list.

To me, authenticity is about:

- Creating change through vision you really believe in and inspiration not by power and control – persuade the elephant to work with you, don't try to eat it.

- The ability to influence followers by establishing positive partnerships, empowering individuals, to work towards a common vision.

- Enabling others to lead – The role of leadership to me in time of change and uncertainty is very much about enabling others to lead, preparing for the time when you can walk away confident that positive changes will continue to evolve.

ENDS