

This is the unedited version of a profile which appeared in *Australian Doctor* in 2001. The published version may have had minor changes.

The Profile: Ian Hickie

CV in BRIEF

- 2000 - CEO, beyondblue
- 1997 - Professor of Community Psychiatry, University of NSW
- 1995-2000: Director, academic psychiatry, St George Hospital
- 1993-94: Harkness Fellowship, New York
- 1989: Fellow, Royal Australian and New Zealand College of Psychiatrists
- 1982: MBBS Hons, University of NSW

A TALL FELLOW WHO TALKS A LOT

You really have to see Ian Hickie in action to believe it. The long, lean frame flung energetically around the room. The machine gun mouth. The mind darting from one topic of conversation to another, and from one task to several others.

Really, it can be quite exhausting just watching Professor Vortex, as he's called by some. When the phone rings, he doesn't just walk to his desk to pick it up. He propels his chair across the room at great speed, and speaks so loudly, he's almost yelling into the receiver.

Hickie's not sure if he's giving the correct phone number to the caller - who wants the name of a good psychiatrist to help someone he's met - because he's having a bit of trouble reading his own writing.

"That was the boss," he says, sailing his chair back across the room. He means Jeff Kennett, for anyone who's missed the mountains of media coverage about beyondblue, the anti-depression initiative best known as the brainchild of the former Victorian premier.

When beyondblue interviewed CEO contenders last year, Hickie stood out as much for his enthusiasm as for his professional expertise in depression, says Harvey Whiteford, a board member and former Federal Health Department director of mental health.

“The thing that impressed the interview panel was his vision, it was outside the clinical box,” says Whiteford. “He had a vision for population level mental health, for people who weren’t patients. He had a perspective of mental health beyond the specialist sector.

“He thought about primary care and mental health in schools, risk groups, consumers and carers as well as treatments for patients. He presented as someone full of energy, passion and drive.”

Some of his family and colleagues were surprised that Hickie, then director of academic psychiatry at St George Hospital and professor of community psychiatry at the University of NSW, even went for the job. To swap the security and structured career path of academia for a high profile position with such an unusual venture seemed quite a risk.

It’s not just the Jeff Kennett factor which makes beyondblue an oddity. It is a government funded body operating outside the usual confines of the bureaucracy. To the disquiet of some mental health professionals, it focuses on a single disorder and does not have research as a primary goal, at least not in the traditional medical sense.

To the disquiet of some consumers, its primary focus is not about services, but about improving community understanding of depression, with the aim of reducing stigma.

It aims to be a national, non partisan endeavour, but is most closely identified with Victoria and one of the country’s most prominent Liberals, and thus far at least has been unable to entice the NSW Government on board. It is not structured as an institution, but as a project with a limited life - five years should see its job done, if all goes according to Kennett’s rather optimistic timetable.

Clearly the CEO’s job requires an unusual mix of skills, given the novelty of beyondblue’s approach and the many different, often competing interests involved. And especially considering the nature of “the boss” who, judging by his performance at a recent media seminar, doesn’t always choose his words carefully.

When you ask Hickie's friends and colleagues how he will get along with Kennett, laughter is not an unusual reaction, acknowledging that they are both strong characters with strong views and a direct manner.

"I think they are made for each other," says Gavin Andrews, professor of psychiatry at the University of NSW and St Vincent's Hospital. "Kennett will not cow Ian and Ian will not cow Kennett, and neither will get their knickers in a knot about it."

"They will have their moments," adds Noelene Hickie, who says her son can be argumentative. "If he thinks he's right, heaven help you."

Jonathan Phillips, president of the Royal Australian and New Zealand College of Psychiatrists, expects Hickie's high energy levels will prove a necessary attribute for the job. His first introduction to Hickie was hearing him address a psychiatry meeting many years ago.

"I thought, for God's sake, slow down. You are trying to put ten years of research into five minutes - he was just blasting on all burners. I thought, a bit of time and a bit of mellowing won't hurt you.

Phillips adds: "I think my wish has only been partly fulfilled. I had a teleconference with Ian the other night. After he left, the CEO of the College said Ian did not leave in the normal way - he ran out the door and ran down the stairs."

Kennett compares Hickie to a wildfire for the speed with which he has made contact with a wide range of groups and interests since his appointment several months ago. He adds: "Half my trouble is getting him to speak slow enough so I can understand because his mind is working so quickly."

One of the reasons that Hickie, the son of well known St Vincent's cardiologist John Hickie, wanted to become a psychiatrist was because he thought they were interesting people with a broad perspective on life and social issues.

"They were less preoccupied with things that other doctors seemed to be preoccupied with, what I called the AMA-related issues," he says.

Hickie's own career has certainly reflected varied interests, ranging from the laboratory to the clinic and public health.

He is perhaps best known for developing the SPHERE project, a national program for educating GPs about depression and providing the tools to improve diagnosis and management of patients, using both drug and psychological treatments.

Indeed, he was so successful at promoting the program that it came in for some criticism in an ABC TV report highlighting its funding from an antidepressant manufacturer and questioning whether it was a marketing campaign. Hickie is still irate about the allegations, and argues that his group maintained control of the program's intellectual agenda.

The relationship between the industry and profession is one of many subjects which can provoke Hickie into long discussion, who believes the issues are not necessarily as black and white as they are often portrayed. Nonetheless, beyondblue knocked back the offer of a \$1.2 million grant from Pfizer, and has decided not to accept funding from commercial interests.

Hickie is also well known for his longstanding involvement in a collaborative research effort which brought together disciplines which are not normally bedfellows - psychiatry, infectious diseases and immunology. The team, involving University of NSW colleagues Andrew Lloyd and Denis Wakefield, has been studying psycho-immunology and chronic fatigue syndrome for more than a decade.

"Scientifically our partnership has generated some of the key observations about how common the disorder is and the statement that we can't simply attribute it to a psychological or immunological or virological disorder," says Lloyd.

He says Hickie's skills in bridging the gap between psychiatry and other areas of medicine, his "gift of the gab" and capacity to operate continually at "700 miles an hour" should stand him in good stead in the new job.

Hickie's "eternal optimism" should also come in handy, adds Wakefield. "Ian has always maintained the ability to be able to see that there is a

light at the end of the tunnel and that it is a bright, shining light, not the train coming at you.”

Margaret Tobin, now director of mental health in SA, used to be Hickie’s boss at St George. They worked closely together, and she says his move to beyondblue reflects a genuine commitment to improving the lot of people with depression.

When Hickie first moved to St George, she asked him to do his clinical work at a community health centre in Peakhurst, a disadvantaged area, which was seen professionally as somewhat of an “outpost”. She says he willingly took up the challenge, building up the skills of the centre’s staff, seeing patients and doing home visits.

“I don’t know very many people of his status and calibre who would do that,” she says.

Significantly, Gordon Parker, professor of psychiatry at the University of NSW, and at one time Hickie’s mentor, declined to be interviewed for this article. It is well known that he and Hickie have not enjoyed a comfortable relationship in recent years.

Some explain this as the young turk-old turk syndrome, and the price of the golden haired protegee stretching his wings. Others say the tensions may not have been so marked if Hickie had been less confrontational.

Many of Parker’s colleagues were happy to comment about Hickie - “the most intelligent and capable registrar we’ve ever had,” said Philip Mitchell, who was director of the mood disorders unit at Prince Henry Hospital when Hickie worked there.

Henry Brodaty, professor of old age psychiatry, taught Hickie as a medical student but more recently has collaborated with him on research which suggests that vascular disease may be responsible for some depression in later life. He says: “Ian is ambitious and hard working and extraordinarily productive - he’s the sort of guy who’d be doing what two people would normally do.”

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Asked to describe his son, John Hickie replies simply: “He’s a tall fellow who talks a lot.”

It wasn’t always that way. Hickie, who has three older brothers and three younger sisters, was a small, quiet child. He spent much of his first two years in and out of hospital with recurrent staph infections, and his parents wondered whether he would survive. Illness persisted throughout much of his childhood.

Noelene Hickie recalls that her son, who topped his class throughout school, was quite embarrassed by his academic aptitude. His father remembers being embarrassed himself when Ian took the stage to accept the prize as dux of Waverley College: “He then proceeded in his acceptance speech to tell the Brothers how to run the school...the headmaster said, well we must have taught him something”.

Ian’s oldest brother, David Hickie, a former editor of the Sydney Morning Herald, says that growing up in a big Irish Catholic family was a formative influence on all of the children.

“The nature of the personality that gets formed in these large families is that nobody’s too backward in coming forward and certainly from a very early age...we were all encouraged to have opinions - on politics, religion, sex, social issues.”

Ian Hickie says he also grew up with an ethos of education with application and a sense of public involvement, which is possibly reflected in the number of journalists and lawyers among the siblings.

David Hickie says that for more than 40 years his parents’ Sunday BBQs were an institution, attended by their children and their children’s friends, and involving lots of red wine, heated debate and football matches. “You would often have 40 or 50 people in the backyard from midday when everyone returned from Bondi through to late at night.”

He thinks his brother learnt to be tenacious at an early age because he was the smallest kid in his class but a keen football player, and also spent every afternoon playing football in the backyard with his big brothers.

Melbourne psychiatrist David Barton says Hickie has changed enormously since they studied together at the University of NSW 20-odd years ago. He remembers a very quiet, reserved, studious, dedicated student: "He was not a rager, and I wouldn't say he was the trendiest person around."

Sharon Naismith worked closely with Hickie, "a great boss", for more than three years at St George, as a research assistant on various studies. They used to have regular debates about whether he was an extrovert or not.

"He's a very happy person and when he walks in, his presence is known and in that respect he has a lot of extroversion attributes," she says. "But he really thinks he's not an extrovert. He would know more than me I suppose," she laughs.

Noelene Hickie says her son has a quieter, more reflective side and is known amongst family and friends for his empathetic support to those suffering illness or loss. When her husband developed a pulmonary embolism after a hip replacement several years ago, "Ian was absolutely, unbelievably wonderful, sitting quietly with his father in intensive care around the clock".

The move to beyondblue might have thrown Hickie, 41, into the national limelight, but it has come at some cost, making a complicated personal life even more complicated.

His partner, psychiatrist Liz Scott, is due to have their first baby in July and has booked into hospitals in both Sydney and Melbourne, reflecting that their lives are now split between two cities. Or, as one friend puts it, that they are of no fixed abode.

Hickie already has four children - the oldest is 18 - from his previous marriage to psychiatrist Catherine Hickie. They married while at medical school together, and have been sharing the care of the children but the move to Melbourne has made this more difficult.

He and Scott met through work more than ten years ago and have been together for almost seven years. When they met, she had left medicine

and was studying law. She credits Hickie with persuading her to go back into medicine.

They have collaborated together on several research projects, sharing an interest in psycho-immunology, and also set up the Southview Clinic together at St George Private Hospital, although he no longer works there.

She describes him as “one of the most thoughtful people I think I’ve ever come across - he is able to hold a large number of ideas in his head at any one time and is able to think across disciplines”.

Working and living together has its pluses and minuses. “It’s rewarding in terms of his ability and the infrastructure he provides to be able to do things,” Scott says. “But it also becomes difficult in terms of competing commitments. Ian is someone who can do everything and often finds it hard to understand why other people can’t do everything.”

Scott is the first person, out of more than a dozen asked, to reply that Hickie does occasionally crash, albeit transiently. “He has an on and off switch. He’s mostly on but occasionally he puts the off switch on, and then he literally collapses for short periods of time.”

She adds: “Ian is sports mad. If there’s no sport on TV, he’s even been known to watch the angling.”

Hickie is used to colleagues wishing him luck, with a subtext that he has taken on an impossible task. But he saw it as an opportunity too good to miss: “In psychiatry, opportunities in mainstream health don’t come along very often. We more have a history of royal commissions than of developments.”

He also admits to enjoying the challenge as he has a low boredom threshold. “Some people think it an attention deficit,” he adds.

On a Monday evening in early April, the organisers of a public meeting in Ballarat were caught out. They had counted on no more than 100 people turning up, and soon ran out of chairs.

Paul Hemming, local GP, RACGP president and beyondblue board member, says a broad cross section of the community packed the

football club to hear himself, Kennett and Hickie speak at beyondblue's first public forum. As well as the health professionals, there were farmers, factory workers and "your everyday man in the street".

For Hemming, it was a sign that the initiative is already having some success engaging at a grass roots level. It may have reminded Hickie about something his mother recently asked him - whether he still considers himself a doctor even though he no longer sees patients.

Although he misses the sense of personal reward that comes from clinical contact, Hickie says he realised that he could have far greater impact educating GPs and the broader community: "When you are working in one of those areas that is grossly misunderstood, you have to think about how best to use your time."

Unlike many of his colleagues, Margaret Tobin does not see Hickie's new job as risky.

"It might be for somebody who was ordinary," she says. "I have the view that Ian's intelligence is off the scale. For people like him, challenges are not risks. Ian will learn a whole lot of skills about managing the political process and about managing the bureaucracy that he didn't have. They will be enormously beneficial for whatever his next job is.

"If he returns to full time academia, or becomes a mental health systems advisor, a policy developer or has some role on the international stage, he will have this package of skills that few people in the world will be able to equal."