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TRANSCRIPT OF EVENT

STATES OF MIND | THE IMPORTANCE OF MENTAL HEALTH IN THE PUBLIC SECTOR

Dr Steven Kennedy PSM (Guest)
Secretary of The Treasury and IPAA ACT President

Professor Patrick McGorry AO (Guest)
Executive Director, Orygen Youth Health Research Centre and Professor of Youth Mental Health, University of Melbourne

Professor Pat Dudgeon (Guest)
Chair, Australian Indigenous Psychologist Association and Director, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project and the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

Dr Ashley Hay (Facilitator)
Editor, Griffith Review

Alison Larkins FIPAA (Closing remarks)
Commonwealth Coordinator-General Migrant Services, Department of Home Affairs

Caroline Walsh (Opening remarks)
Chief Executive Officer, IPAA ACT

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CAROLINE WALSH: Hello everyone and welcome to today's event. My name is Caroline Walsh and I am the CEO of IPAA. I'm standing in for Alison Larkins who was going to be giving the opening address and host today's event. And unfortunately, due to some technical issues, Alison's unable to join us today. And apologies to people who had previously booked to come to this event as a face-to-face event. It was going to be a fantastic luncheon with our wonderful guest speakers, but as is the way in the days of COVID, we have pivoted to an online event, and I thank you all very much for joining us today. We will still be hearing from our fantastic guests and we have a wonderful panel discussion coming up for you.

So before introducing our panel, I would like to start by acknowledging the Traditional Owners of the lands that we are all meeting on today. I'd like to pay my respects to their Elders past, present and emerging. And of course extend that respect to Aboriginal and Torres Strait Islander people who are joining us today as well.

So today we are talking about states of mind, the importance of mental health in the public sector and IPAA ACT is delighted to be partnering with the Griffith Review to shine a light on this important topic. Each of our panellists today were interviewed as part of the 72nd edition of the Griffith Review, which was titled 'States of Mind'. We're really fortunate that these distinguished guests are able to join us today and to share their thoughts and reflections on this hugely important topic. So the run sheet for today's event will be a facilitated discussion with our expert panel. We will open up for some audience Q&A, so if you've got questions, please feel free to use the chat function to submit your questions, and then we'll have some closing remarks at the end, possibly delivered by Alison Larkins, if we're able to sort out her technical issues by then.

I'll start just by introducing our speakers. Our first speaker will be Dr Steven Kennedy. Steven is the President of IPAA ACT, and also is the Secretary of The Treasury. He was appointed in September 2019 and prior, Steven held a number of senior positions, including as the Secretary of the Department of Infrastructure, Transport, Cities and Regional Development, and Deputy Secretary roles at the Department of the Prime Minister and Cabinet, the Department of Innovation, Industry and Science and the Department of the Environment. And also at the Climate Change and Energy Efficiency Agency. Steven holds a PhD and Masters in Economics from the ANU and a Bachelor of Economics from the University of Sydney. And as I said, Steven is also the President of IPAA ACT, and is a trained mental health nurse, so a particularly distinguished speech on this topic.

We've also had the ability to secure a speaker in Professor Patrick McGorry AO. Professor McGorry is known worldwide for his development and scaling up of early intervention, youth mental health services, and for mental health innovation advocacy and reform. He led the advocacy, which resulted in the establishment of the National Youth Mental Health Foundation, which later became Headspace, which a number of you would be aware of and also remains a Board member of that organisation. Patrick was awarded Australian of the Year and became an Officer of the Order of Australia in 2010. Our third speaker today is Professor Pat Dudgeon. Pat is from the Bardi people of Western Australia and was the first Aboriginal psychologist to graduate in Australia. She's currently the Director of the University of Western Australia Centre of Best

Practice in Aboriginal and Torres Strait Islander Suicide Prevention. She's also a Board member of the Indigenous Australia Psychologist Association and a Fellow in the Australian Psychological Society. Pat is actively involved in the Aboriginal community with a commitment to social justice and is considered one of the founding people in Indigenous psychology.

Thank you to our panellists for joining us today.

Today's panel discussion will be facilitated by the Griffith Review's Dr Ashley Hay. Ashley is a former literary editor of The Bulletin and a prize-winning author who has published three novels and four books of narrative nonfiction. Her work has won several awards, including the 2013 Colin Roderick Prize and the People's Choice Award in the 2014 New South Wales Premier's Prize. She's also been long-listed for the Miles Franklin and the International Dublin Literary Award and shortlisted for prizes including the Commonwealth Writer's Prize and the Kibble.

We have a fantastic line up of speakers today. Thank you all so much for your time today. And I will now hand over to Ashley to lead the discussion. Thank you, Ashley.

ASHLEY HAY: Thanks so much, Caroline, and thanks for jumping in for us and bringing us all into this one space together. Hello everyone, wherever you are. Thank you very much for joining us for this conversation today. As Caroline said my name's Ashley Hay, and I'm the editor of Griffith Review. I'm delighted to be chairing this conversation, exploring mental health in the public service in particular. And as Caroline said, this is under the auspices of one of our earlier editions Griffith Review from this year Griffith Review number 72 'States of Mind'. Huge thanks to Dr Steven Kennedy, Professor Pat Dudgeon and Professor Pat McGorry, all of whom contributed wonderful pieces to this collection. I was so excited about the idea of getting the three of you powerhouses into one room, but I'm delighted that we can at least do it remotely under the circumstances. We've got a lot of directions to head in today.

As you can imagine, a lot of ground to cover in the next hour, we would love to take some questions from the audience at the end. And as Caroline said, you can submit those as we talk into the chat function. I'm going to finish talking to these three wonderful people in about an hour's time, so there'll be about 20 minutes for your questions at the end, so feel free to pop them in there whenever you are ready. I'd also like to echo the acknowledgement of country that Caroline made. I'm talking to you this morning from the lands of the Jagera and Turrbal people along the side of the Brisbane River. And I'd like to acknowledge these people as the Custodians of this place and pay my own respect to the Elder's past, present, and emerging. I'd also like to acknowledge the millennia of stories that have been told, not just in this place, but right across this continent and the particular privilege of being able to gather together as we can to share stories together today. Thanks to IPAA and the ACT for bringing this intersection together.

Mental health in the public service is a broad space to explore, and we come to it for this conversation through the entry points of economics, psychology and psychiatry, as much as through some organisational and institutional lenses. In May this year, Griffith Review published an edition called 'States of Mind', which as I said, featured some very powerful contributions from the three speakers today. It's a very rich and generous collection of writing. It explores different cognitive landscapes through the lenses of policy, pharmacy, psychology and psychiatry and personal experience,

which is maybe not very surprising in the context of what we were exploring. Like all editions of Griffith Review, it is a combination of essays and short stories, memoirs, picture essays, poems, reportage, and what really struck me the most when we were curating this particular edition was the sense of warmth and of hope and of resilience that came through so many of the pieces.

And also the extraordinary trust that all of the writers showed in sharing these stories with us. Now, the pandemic of course turns up in everything at the moment, and it was a particularly interesting spanner throw into the works when we were putting this book together. That also means there's been a huge focus on mental health across the past 12 or 18 months as the world's navigated all its different experiences of the virus. And I wanted to start today by asking our three speakers to touch briefly on any big changes that they've seen in mental wellbeing and mental illness in their particular spheres of psychology and psychiatry and the coalface of policy and public service. Professor Pat Dudgeon, can I start with you and the psychological world, I guess. How has COVID-19 impacted not just the workload, but the work of psychologists in Australia?

PAT DUDGEON: Oh, look, I think that COVID has changed everything for us, but in particular, I'd say that telling mental health has become a much needed forum of providing services to clients. We were a bit dubious, particularly with Indigenous clients because you know, face-to-face is obviously preferred, but my Indigenous psychologist colleagues have been very busy providing tele mental health, but I think that's about our service provision. I'm concerned about the anxiety and psychological consequences of us going through a pandemic. It is unprecedented. We've never been through this before. We had a round table March last year with Aboriginal service providers to talk about what mental health consequences should we be expecting. And at that time it was a bit of a mixed bag. Some people thought that the increased job seeker payments alleviated a lot of stress in financial issues.

There were concerns that the inequities that already exist in health and mental health would be highlighted during the pandemic. We know that domestic violence rates have risen so that we suspect that that's so an Indigenous community as well. We're planning to do our second round table with Indigenous stakeholders and professionals to say, well, it's been over a year since what's the reality. I think for us though, for the rest of Australia, I think we had in our heads, this notion that we'd all adjust and cope accordingly, the COVID-19 would happen and then it'd finish and then we'd go back to a new normal, and we were using a little graph that showed that but I think we didn't expect there to be variants, which there are, and for such a long extended lockdown. I'm lucky. I'm in Perth and Western Australia so I'm not as locked down, but it's changed the way of life for us.

My final comment, sorry, I didn't mean to hog all the talk space, is that one of the things that really for me was a highlight was the movement of our national Aboriginal community controlled organisation, because they were starting to go into action before there was any other talk of lockdowns or quarantine and whatnot. And in the beginning, they've kept our communities safe. Unfortunately, in some of our towns and communities, there has been COVID infections now, but that came very late in the pandemic. So I think for me, that was an excellent example of self-determination and action with a great success too. And I know that we do some projects with the

community control sector, but they've put all the projects on pause while they get everyone vaccinated. As you know, there're discussions about borders opening now and Aboriginal people are still not equally as vaccinated, and we need to increase that. Just very in a nutshell. I'm sure. Pat and Steven will have more to say.

ASHLEY HAY: I think that phrase that you mentioned there, part of talking about all our perceptions of how long this thing was going to take, I'm sure we've all had to revisit those ideas as we've gone along and the sense of any kind of new normal ever turning up again. Pat McGorry, can I come to you now? You've worked on the front line of research and of advocacy in this space for many years now. What changes did you see in the nation's mental health landscape across this kind of pandemic? I can't say moment anymore, these pandemic months.

PATRICK McGORRY: Yeah. Well, thanks Ashley, and hello everyone. Yeah, I think we coined this the term, the shadow pandemic, and we did modeling which we released to governments last May, which we predicted a 30% increase in need for care as a result of the pandemic. And just two weeks ago, The Lancet published the global data on the rise in incidence of mental illness and mental health across the world. And the figure they came up with just for anxiety and depression alone, not all the other disorders and just for 2020 was 25% increase. I think we're pretty much on the money there. The modeling that we showed wasn't like an on and off switch, like Pat was saying, once the lockdowns are over, it all goes back to normal. This wave is going to last for months and years.

And of course, as I've written about in 'States of Mind', this wave or this shadow pandemic has been unleashed on a mental health system in Australia and indeed in other countries, which is woefully under-resourced, you know, it only provides care to less than 50% of the people who need it, even in a country like Australia and the quality of care is delayed care. And it's not what could be done if the evidence that we already have was implemented properly. And of course, we don't get a fair go in medical research either. So in all these ways, you know, we are much less prepared than the general health system was for the pandemic, even in mental health to withstand this. And I see this every day, we operate across the Northwest of Melbourne at Orygen and the five Headspace centres that we run there alongside our state services.

We've got a thousand young people on the waiting list can't get in. If they were infected by viruses, or if they had early cancers, there'd be an absolute uproar about it. But, what we see is a quiet panic by parents and by families all over the country, especially in Melbourne and Sydney, but I would say in other parts of the country too. I think it's the most important public health issue that we face at the moment by none. And we are trying to get that message across to government and to the public and to give the public a voice to actually sort of, I suppose, insist that the issue be addressed and workforce, even when structures are built and money is allocated it stagnates. Steven might like to comment on this, but the budget announcements have made zero difference because basically, the adult hubs that were announced in 2019, not even one of them has even got close to sort of operating.

So there's no sense of urgency. Like you've seen with the pandemic in terms of execution implementation. So while I would say we've made tremendous strides in mental health awareness, and it's top of mind for every Australian I think now because of the loss of morale and wellbeing that the pandemic's inflicted that there's a massive

gap between awareness and actual execution. And what we have is our ACS of good practice and good care, thanks to the dedication of the exhausted mental health workforce. But we don't see the greening of the desert and it's not just our country. The Lancet, you asked me to refer to this. Lancet Commission on global mental health looked at the world’s situation in 2018 in a special commission and they reported that it's incredibly disappointing despite a whole lot more awareness around the world of mental health, only 2% of health budgets around the world are spent on mental health care.

It's at least 13, 14% of the burden. It's closer to 20%, if you add in suicide and addictions and personality disorders on top of the core mental health conditions. Steven might like to comment on this, but productivity commission showed the cost of this underspend. If you invest in mental healthcare, you get a return on investment because of the timing and the life cycle that it strikes, but not investing it. We spend about 10 billion dollars a year, roughly on mental healthcare in Australia for 5 million Australians every year affected. We spend 28 billion a year, roughly on the NDIS for 500,000 people. The mismatch in investment results in a whole lot of expenditures in other sectors of the economy, which could be reduced if we actually spent on prevention, early intervention and quality care.

I think pandemics just added insult to injury in my view, but on the positive side, we do have innovations in Australia. We've got solutions designed, ready to go. If they were sort of scaled in the sort of way that we scale out other franchises and other sorts of reforms, but if there's a skill to doing that, there's a whole set of expertise about transformation and standing up, which if it was deployed properly, we could transform it. And instead, we've gone the other way, we've set up these local branch offices of the Health Department, primary health network which have got no capacity to do this work and just fritter away, what little money we do actually have. We've really got to rethink it.

ASHLEY HAY: I want to come back, particularly to that point, you made about the sense of these issues being top of mind and that being a sort of a byproduct or almost like a side effect of the pandemic and the idea of the shadow pandemic, but Dr Kennedy, can I come to you now? And thank you as well for being part of this conversation today. I wanted to start in the specific space of Treasury and to bring the same question to you in terms of changes or expansions of the way mental health has become a policy focus or a personal focus in terms of the public surface operation of this particular part of our public service at the highest level and across the past 18 months.

STEVEN KENNEDY: Thanks, Ashley. Do you mind if I make a couple of comments?

ASHLEY HAY: I don't at all.

STEVEN KENNEDY: Well, both Pat and then Pat, of course. Just on the COVID so side, I think one thing that COVID brought out very strongly was this sort of intersection, just to take one intersection, this intersection between economic wellbeing and people’s mental health, because I personally think something that was underappreciated when we frankly were advising government on measures like JobKeeper or the COVID supplement payment that was paid to people who were on welfare was, and I'm very interested in, in both Pat's views was how powerful that was at stabilising the circumstances that people were in, because it was pretty unusual. We saw panic buying. We saw people who really had lost a sense of control as the pandemic took off. And I think perhaps it

was quite a shock to a much broader set of the community that would normally feel that sort of sense of loss of control, I think, and fear.

And we saw how powerful it was when they felt, I'm not sure if it's the right term, but they had more psychological safety around the supports that were sitting around to support them through this period. Ian Hickie spoke to me about this and Pat McGorry about how he felt the JobKeeper did have this particular sort of premium of protecting mental health through that period. I really feel like that and Pat Dudgeon, I think you talk a lot about this sort of this intersection of all aspects of your life was on show in COVID, not sure again if this is the right language, but just sort of a medical approach thinking about mental health, it was just showing how your whole life was in being intersected and how that was going through.

I just thought to make a quick comment on that and be honest and say, I mean, we were thinking about it from an economic perspective. And one of the ways you do that is you think about confidence, the confidence of the community to go about its business, but you know, a counterpart of that was actually wellbeing and how that fits with mental health. I want to pick up one other issue. The one that Pat Dudgeon raised about technology, and again, I'll be very interested in Pat McGorry's view here. I am really interested in the opportunity that technology brings for very broad scaled-up prevention, particularly and intervention around mental health issues. And we use them in workplaces more, or we refer people to them because I agree with Pat, there's just a genuine shortage of being able to access psychologists, frankly, but are they professionals?

And I do genuinely think there's real opportunity there, but I'm not an expert in this area and I should also correct the introduction. I was a registered general nurse who worked in psychiatric wards, not a trained psychiatric nurse, just to be absolutely clear. Yeah. So I'm not misrepresenting my professional qualifications and by the way, that was about 30 years ago so I think you probably should listen most carefully to the other two when it comes to that sort of thing. But look, I'll leave it there. I'm sure we'll come back to the organisational element of it, but I found those two sets of opening comments really insightful.

PATRICK McGORRY: Yeah. Can I jump in there, Ashley?

ASHLEY HAY: Absolutely.

PATRICK McGORRY: Great to hear about Steven's background. I wasn't aware of that. That's brilliant. You've got, even if it's a while ago. I'd love to respond, I'm sure Pat would too, to what you just said. I totally agree with Ian, and what you've said about the JobKeeper, and the economic policies of the government. They provided a very good safety net, I think, for a lot of people, and probably are responsible for the suicide rate not going up, even though the suicide behaviors have just been a tsunami in young people.

We've seen a 50% increase in suicidal behavior in emergency departments and young people. But I would say that the young people have born the brunt of this. They weren't protected economically in the same way as other age groups, probably, and their education, their vocational pathways been massively disrupted.

That's why we are seeing them, actually, as the sort of vanguard of the ... The miner's canary is perhaps is a good term for it, in terms of, but I agree with almost everything you said.

I'm so glad you brought up technology, because at Orygen, we've spent 10 years with NHMRC funding developing a major platform of digital mental health called MOST, which is called Moderated Online Social Therapy, which is meant to be woven in to compliment face to face and telehealth dimensions of care. Four state governments now have actually invested in scaling this up across the youth mental health systems in their states, and across Headspace.

We think that absolutely, that's a really strong way of augmenting and extending, especially into rural and remote, but I've also learned through the pandemic myself, and I've been practicing right through, and I use all the different forms, that the face to face is precious, as well. And the telehealth works much better with people you've already met in person than it does with brand new people.

So it's got limitations, but it's great to have. If we didn't have it at all, it would have been very, very difficult to operate in under the last 18 months. Ian and I have collaborated a lot on this stuff over the years.

But our Orygen team is really getting a lot of traction around the country. We hope that the federal government might come on board with it, too, to make it available everywhere. So yeah, very much agree with your comments.

ASHLEY HAY: Thank you for that, Pat. Pat Dudgeon, I wanted to come back to you now, and to one of the pieces, one of the lines that really resonated with me when I read your piece the first time, is because the piece you wrote for us in collaboration with Dawn Darlaston-Jones and Joanna Alexi.

It was about the recent determination of the Australian Psychological Association, that all psychology schools and departments demonstrate their inclusion of Indigenous knowledges in curriculum, provide pathways and support to recruit and retain Indigenous students, include cultural responsiveness as a graduate competency in the training of all psychological students.

I wanted to ask you, first of all, how a change like that will impact psychology as a discipline and as a practice in Australia, but also, to reflect on the concept of taking this idea beyond the space of psychology, and insisting on embedding it in other disciplines, and in other aspects of Australian conversation and Australian practice.

PAT DUDGEON: Yeah. Thanks, Ashley. Look, our project that works specifically with psychology is not alone. There's actually a movement happening in universities and in our society, as well.

But there is a movement happening, where there's a keenness to know more about the Indigenous people of this country. There's an openness, about thinking about cultural differences, and what does that mean for us as a society, as a nation, but also if we are providing services?

So we certainly aren't the only ones who are doing these types of projects in universities. We have seen Indigenous studies emerges of disciplined right in its own right. But putting Indigenous studies into the curriculum is relevant for all university programs, every single one of them.

But we were particularly hardened when we did do the Australian Indigenous Psychology Education Project. This is its second iteration. So we'd done it some years ago, and then, we were successful in a NHMRC Million Minds Grant, and we were

looking at transforming Indigenous mental health and wellbeing. So we thought, "Let's take the psychology project and redo that."

I think that envisaged it might be a few of like-minded souls who'd come together, and we'd do some research, and write some papers, and it would be more collegial, but something had changed when we put the word out that we were reiterating the project or revamping it. The response was amazing.

I think society has changed. I think that some of the activities of the first project might have indirectly influenced things, but our Australian Psychological Society's been pretty forward thinking as well.

When the Black Lives Matter movement was happening, they put out a statement with the Australian Indigenous Psychologists Association. They did a very big public apology about psychology's position in history, and how Indigenous people have been treated, how they've been neglected, that, in a sense, they were indirectly a part of the stolen generations, they didn't speak up, and so on.

Just recently, the American Psychology Association has also done a statement. So I think that APS was on the, it was pretty progressive. But when we started the project again, straight away, pretty well, 29 schools and departments of psychology signed up. So we had this amazing response that was very enthusiastic, very serious.

We have a community of practice that meets regularly. We also have an executive committee that includes the Australian Psych Society, that are heads of and departments of psychology schools, the regulators, AHPRA, the accreditation bodies and whatnot. So we have an executive committee, that we meet regularly, too, and we've had a lot to do with a whole bunch of different activities that are taking at place across the discipline.

It's been quite a response, but I think it's timely. I think that it indicates a change that has been happening in our society. I think our society is getting better, well, I hope so.

I hope I'm not being a total Pollyanna here, but I do feel that we've become, we're maturing as a society. And I think there's a lot more willingness to consider, to be a part of understanding other cultures that make up a multicultural Australia.

Obviously, my heart and my passion is for Indigenous Australians, since we're the First People of this nation, but this isn't only about us. It's about every cultural group that is a part of our society.

They have to be present, their different cultural values need to be recognised, acknowledged, and also part of any dialogue or intervention that we do. For me, I think that it augurs well about how we are going into the future. But I was very surprised and happy, and very heartened by the response last year, when we started that project again.

ASHLEY HAY: I think there's something really wonderful and really interesting to explore about the intersection between policy and research, and these kinds of initiatives and public's service, more broadly. Dr Kennedy, I wanted to come back to you, because, as we've revealed here, and as we discovered, when we were putting this edition together, you've got this training as a nurse a long time ago.

But there was another piece of research that you did a long time ago, which turned out to be fairly prescient, in terms of where we've found ourselves across the last year,

because you'd done some work on preparations and modeling for a pandemic back in 2006, I think. It was a primer on the macroeconomic effects of an influenza pandemic.

Now that's not precisely where we ended up, but it's not a million miles away either. I was really interested in your conversation with Shane Wright for our States of Mind edition. You commented that your analysis was mostly right, but there was some key differences.

In terms of the research, being brought to life in the real world, I guess, what rang true for you in the lived experience you found yourself in? And what was completely left field and unexpected?

STEVEN KENNEDY: Ashley, am I allowed to make another quick comment after?

ASHLEY HAY: Absolutely.

STEVEN KENNEDY: Just a comment on what Pat Dudgeon just said, from a historical perspective. But thinking back a long time ago, when I was nursing in those wards, I do think it is remarkable how the conversation has changed.

I mean, to be honest, even those of us who worked in that area were regarded as a bit weird for working in those areas in the first instance, and the conversation was quite strange, Pat. I mean, when I was a kid, people used to talk about things called nervous breakdowns, for example. It was really a strange, almost secretive conversation.

I know Pat McGorry's also written widely about this. Because I was training in the early '80s, and there were some large changes happening in mental health through that period, particularly in New South Wales, where I was working.

So I really do feel like there are, I join your optimism, to be quite honest, in a number of domains. But we appear to be at a point, where, to reflect on Pat McGorry's comments, the sort of response to the community's more sophisticated conversation still feels quite fragmented. They're struggling to pull together and respond to a more sophisticated conversation across the community, and I don't think we should undervalue that.

On that piece of work, I did think, it was a very useful piece to frame how something would run through the broader macro economy, Ashley. But what I really missed was a lot of the differences we'd observe, across a community, and also, how decision making would take place.

For example, we talked a lot about in that paper about how people would withdraw from activities, because they were fearful for their health. But on the other hand, we didn't predict that Pat Dudgeon would be closed down from us for many months, because the states would put their borders up, and the types of responses that we would get on the government side.

I think the other dimension, which you raised earlier on, that in the, if you like, the resolution of a pandemic that we've underestimated, is that our modeling, in a way, like a lot of modeling takes you back to an equilibrium.

So you have a shock, you do something, you get over it, and you come back to where you were. Whereas, actually the world will be changed. It'll be changed, because people have had a different experience.

They may be even more resilient, as a result of that experience, or they may actually feel less resilient in the way that Pat McGorry spoke about a moment ago. They may not have gone and sought help through this period, for example, when they should have, and we will have this sort of delayed or impact, called the shadow pandemic.

We caught the bones of it, from a macroeconomic perspective, but there were lots of parts we missed. I think the big one now, as I think about it, is that we live with something that becomes endemic, our whole community will change, even potentially mask wearing for a substantial period of time.

I think that it's a comment, when we were talking the other day, that I made, that there is a sense, how, when people talked about, "I'm building a bridge to the other side," and I think they had in mind building a bridge to going back to where they were.

Actually, we're building a bridge to a new world, something that's different that we'll all adjust to, and we'll learn something from. But we also have to be prepared that all the consequences might be positive.

ASHLEY HAY: I think it intersects fascinatingly with that that other existential crisis, we've all got to think about in terms of climate change, but that's a whole other planetary level to take us to. So I'll step back and stay in the, in the public service sphere.

I want to come back to this idea of public service, Pat McGorry, and the possibly lateral idea of research itself as a kind of public service. Is that something that rings true with you, the idea of, I guess, public service, specifically, when you're working in an area like psychiatry, like mental wellbeing, like advocacy, and advocating, particularly, for things like early interventions and preventions. Is it a kind of public service to be in that area? Oh, hang on. You're just on mute.

PATRICK McGORRY: Just resonating with what Steven said. I probably started working in mental health around the same time that he was working in it, in the early '80s.

I was a medical registrar in Newcastle. And I was always interested in psychiatry, but the dilapidated 19thh century culture that surrounded it was pretty horrifying at the time.

I was encouraged to jump in by an inspirational professor of psychiatry, a foundation professor of psychiatry at the new medical school in Newcastle, Beverly Raphael, who was in Canberra for many years, actually, and died a couple of years ago. She was a very humane, compassionate and inspirational person, and an academic psychiatrist who was obviously a skilled and compassionate clinician.

And Pat might have known her, Pat Dudgeon might have known Beverly. So she got me over the hump, and I jumped in, and it was like going back in time. And I'm sure Steven remembers it.

It was ripe for massive reform, which did actually follow about 10 years later, and the institutionalisation occurred, but it was done in such a half-baked, poorly designed way, with just the idea that integration with physical health was going to solve all the problems, with a fraction of the money that was really needed to do it. And it was the biggest policy failure we've seen around the world, actually.

It's been disastrous. In other countries like the US, it's led to a massive surge in the prison populations and homelessness, and all that kind of stuff, so I've witnessed all of that.

But what Beverly and another mentor, Bruce Singh gave me the role modeling for, was to basically be a clinical academic, to become a researcher, and also a skilled clinician. So I put all my efforts into that.

I've always been a public sector person, to the extent that I do private work would be just bulk billing within Headspace. I've seen completely socialised health systems, like in Scandinavia, and originally in the UK, before Thatcher got to work on it, but I know, that's my belief. That's my sort of value system around that.

But what I've tried to do, and something that we've had, we've needed, and Ian Hickie, like Steven mentioned, is another example of this, using research for reform. In other words, we don't just do research to publish Lancet papers, or World Psychiatry papers, and get our citations up, and get more kudos.

We're doing it, because we believe that's the way to transform, and to innovate, and to improve care. That's what I and my colleagues have tried to do at Orygen. So we've created new models of care, like Headspace and things like the other psychosis models, that are in six locations around the country.

They're in hundreds and thousands of locations in other countries, but we still haven't scaled them up across Australia. But we did the research that actually proved that you can change the outcome of schizophrenia and early psychosis through early diagnosis and intervention, and consistent care. So these things are just not available to the average Australian enough.

That's what I've tried to do, in terms of public service through research. I've tried to use it as a tool, or a paradigm, to actually improve the care of patients, which, it's not exactly rocket science. I mean, that's what cancer research is about, but it was very underappreciated in mental health.

We've still got the NHMRC telling us that our mental health research in Australia, isn't as isn't sufficient quality as the rest of medical research, whereas actually, our Australian medical researchers in mental health are higher up the totem pole internationally than the cancer researchers. So there's a discrimination that operates against mental health research in Australia that we've suffered, and we're still suffering from.

Even the Million Miles, sorry, the Medical Research Future Fund, I think we've accessed about 2.6% of that so far, and we are 13% and upwards of the burden of disease. So we're not getting a fair go, but to the extent that we've used it as a tool, it has been very, very powerful to create real world examples of what, how care can be very, very different.

That's a long-winded to your question, but I really believe, that if I hadn't become a researcher, and a reasonably credible one, globally, and all my colleagues as well, we wouldn't have been able to make the reform changes that we've actually made so far. And it would have been swept away by envy, and competition, and all the other less attractive aspects of the mental health field.

ASHLEY HAY: I love that phrase, "research for reform." Across all sorts of disciplines, I think that's a fantastic ...

PATRICK McGORRY: That's our slogan at Orygen. That's our revolution in mind and research for reform.

ASHLEY HAY: Mm. I think it's spectacular. I wanted to sit with you just for another moment, Pat McGorry, and explore the interface between your research work and your advocacy, and something that resonated in your piece for us, which was this phrase, "mental wealth." So, moving the conversation away from mental health or mental illness, to this idea of mental wealth, and how that allows conversations and opportunities, I guess, to be reframed.

PATRICK McGORRY: Yeah. Thanks, Ashley. That's great that you raised that, because that came from a paper in Nature in 2008, written by a British politician, actually, called Paul Bettington, I think his name was, and it's basically idea that social capital, or mental wealth, as he called it, is built up from the earliest years of life.

It reaches a peak in the 22-year-old. The World Bank originally weighted the value of a life of a 22-year-old at the highest in a lifespan, because so much effort's gone to getting that young person to the threshold of a productive adult life.

And if they break down or die from suicide, or even if they underachieve, because they've been hampered by mental health or some other problem, then that that cost or that loss of productivity is played out across decades of adult life. That's why mental ill health and mental illness, as the World Economic Forum shows, is responsible for the biggest share of loss of GDP out of any non-communicable disease.

35% of loss of GDP from health causes, or noncommunicable health causes, is due to mental illness. So mental wealth is a term that I have used, and Ian Hickie has used, and even Malcolm Turnbull, when he was Prime Minister, embraced it as well.

It's at the heart of, the Productivity Commission's report was saying too, that if you lose mental wealth, if you neglect this area, whether it's from prevention points of view, like Steven was alluding to, or early intervention, what we've shown in early psychosis in schizophrenia, and it can be extrapolated to other emerging disorders in young people, if you intervene earlier ... Even if you don't cure them, if you just reduce the impact and maximise the recovery of the patients, which is definitely achievable, with modern interventions and care, we could do that. And we've got really great evidence.

Of those six centres in Australia, that we set up under the Gillard government originally, and Greg Hunt's continued them, but plateaued, they haven't scaled, that the outcomes there are better than what we found in the RCTs. And it's the same in Denmark.

When these early intervention platforms are sitting behind Headspace as the more specialised services ... I've got an editorial in the MJA, which has just appeared online about this, basically making these points, that the mental wealth can be greatly improved by that.

It's a subtle thing. It's not just avoiding people going onto the DSP, and things like that. It's the really bright young woman who develops anorexia, and struggles for years during the transition to adulthood, but eventually gets better.

And many of them become stars later on, if they catch up, but many of them never reach their potential. It's the loss of reaching your potential as a person, and what you contribute to the society, that saps the strength of a society. It's not just mental wealth, it's mental strength, for the community and the society.

Then there's the thing, the resilience, and obviously, resilience is a real thing. But most people with mental illness are resilient.

That's the lived experience lessons we've learned from Royal Commissions on things, and how resilient these people are, and these people are us. They're people, it's ourselves, it's our families, and it brings out a strength. But you still end up with a lot of losses and a lot of things, just because we don't provide the treatment that could be available.

ASHLEY HAY: I'm keeping an eye on the time. We've probably got about 10 minutes for my enormous number of questions here. If anyone who's out there in the rest of the room is starting to think of some questions, please do pop them into the chat and we'll come to them soon.

Steven Kennedy, I wanted to come back to you and back to talking about the organisational health aspect of where we are at the moment in terms of the public service and in terms of the impacts that staff working in this space. And particularly as I say at somewhere like Treasury, that kind of policy and quite high level area. I'd scoop universities into the sort of public service sector as well in here. Can I start by asking about your sense of the organisational dimension of mental health, if you've seen that evolve and transform across the past 20 months? We're coming up to a bit longer than that now I think.

STEVEN KENNEDY: Look at two dimensions, Ashley that I might draw out. One is it has accelerated thinking within the public service. There's no doubt the Australian Public Service Commission has created a public service mental health and suicide prevention unit and in implementing a mental health capability framework. I see those as evolution or extension of things that are underway, but there are good recognition public service wide, and they create a further space, if you like, to be able to talk about issues because you're bringing them in to the institution.

In Treasury itself just a couple of quick comments. One of the things that I lost a bit of sight of during the fast moving part of the pandemic was when we had a number of staff working every day, a lot of the time feel very fast moving decisions or advising the government on responses that were worth billions of dollars or thinking very carefully about. And they were very difficult trade offs that I think in the end Australia has made across both I have to say both State and Federal governments, I mean quite well.

I mean, there were health systems around the world that were overwhelmed by this pandemic who were making..Pat McGorry made very difficult trade offs in intensive care units around the treatment of individuals you would've said. And Pat Dudgeon, probably heard this yourself, very fortunately we never faced that in Australia and its credit to all of our governments, I have to say all of our governments that we never got into that position because that would've been very difficult. And particularly for older people because it was affecting that community very badly.

But also those people with comorbidities, and I think Pat Dudgeon, would've affected the Indigenous community very badly if it had spread widely there. And we knew, Ashley through those periods when we were providing that advice about, and others were as same time of course, and we're only one voice, we weren't the decision maker, but there were very difficult trade offs here, really telling people to close their

business and go home and not versus the risks that could come with the disease spreading and we knew both had consequences.

And as an organisation, we worked our way through of those and provided our piece of the advice. And as I said, we're not the decision maker. But that was putting a lot of pressure on the team and myself, I have to say. And I think one of those things would be interesting to reflection on is this that I didn't do quite as well was that I did think that was better on in institutional health setting was the sort of timeout piece. The sort of, "Okay, I'm leaving that and I'm going home and someone else is taking over." Through those periods you carry all that work and we sort of carry it for months. And so I think you then get to a point where, and I certainly felt this, that you're a bit overwhelmed and a bit exhausted by this just constant thinking about the same issue over and over again.

And I think plenty of people in various professional practices will have felt this. I made a comment in my article that Katie Gallagher had asked me in a Senate Estimates once how I managed the switching off period. And I said, one thing that nursing was excellent for was learning how to switch off that when you went home from your shift, you really tried to switch off. But that in this circumstance, I really underappreciated the pressure that would be on.

And I know a number of other organisations would be in a similar position and I hope that in the future, we will have learnt the strategies that many of us knew of debriefing, taking time off, putting paper to a side. Just taking a space, even in that sort of, I wouldn't call it a first responder environment, but it is a very highly pressured environment. So I certainly learned a lot about myself and lost sight of a couple of things. And I think the organisation learned that unfortunately. I hope we're able to regain that and bring ourselves back and do those things that are important for your own mental health and for your broader wellbeing.

And so much of our life is spent in the workplace that how we manage these issues in the workplace is absolutely crucial. We'll spend years in the workplace. And so I think there is a really a great opportunity in how all of these issues are thought about and even discussed in the workplace because they contribute enormously positively to mental health as Pat McGorry called it.

ASHLEY HAY: I think- I'm sorry, Pat.

PATRICK McGORRY: Just sorry to jump in, but I think that's great that you said that. We've been thinking because even when the money starts to flow, like in Victoria thanks to the Royal Commission, we are starting to rebuild a State funded mental health system from the ruins basically. And that's very, very positive. $3.8 billion over four years is going into mental health rebuilding. And so now the problem is actually the workforce, in that sense. And so how do we create the right culture of care and the right working environment and the right, I don't know, ecosystem is maybe the right word that we can attract people to come and work in this space? The work is very difficult as you'd remember Steven.

I mean, you're dealing with people who are very upset, very distressed, angry, irritable quite often. It's not like you're grateful diabetic patient that comes in for treatment and you get chocolates and flowers. It's a tough gig and it takes a lot of commitment, compassion, endurance, and I don't know, dedication. It's a vocation really is what it is.

But how do you make it more at viable? It's not just attractive, it's viable because lot of the workplace mental health are not viable. That's why they abandon it and they go into private practice and they go all over the place.

So we've got a big challenge here and think things like look at Iceland with the four day week and getting the same amount of productivity and giving sort of flexibility, the balance between work from home and working in the workplace and other sorts of things that show them the workforce is respected and valued. And as I think I alluded to, and maybe you felt this too Steven, when I switched from medicine to psychiatry as a specialty, I had all my colleagues in medicine trying to talk me out of it saying why are you wasting your life doing that? And it's the best decision I ever made, but that's the attitude. And that's the attitude as I was referring to do within the medical research establishment towards it, towards that work in the NHMRC.

It's systemic structural discrimination and stigma and so cultural attitudes, respect and we've got tremendous respect for the people that we care for, for the people who experienced because they're us, they're just the same as us. They are us. So having these sorts of values and workplace cultures, and I think in the public service is we're capable of doing that like no other place really. The corporate sector might do a lot of smoke and mirrors on some of this stuff and maybe they're genuine in many areas too. But we believe in public service, we believe in those values and we believe in these sort of... And they're essential to having the right sort of environment to work in.

ASHLEY HAY: Pat Dudgeon, I wanted to come back to you in the question of organisational health. I think it relates to the phrase Pat McGorry just used in terms of creating an ecosystem that is more viable and sustainable. But for psychologists in particular, we've got the sense that these conversations about mental health are more top of mind now. There is certainly a lot more conversation in a lot more workplaces about mental health and greater awareness. We are in an interesting space where the working from home, for some of us it's possible, but what that means in terms of achieving the mythical work life balance, which is pretty elusive in the first place, let alone when everything is following you from your work study out into the kitchen and the rest of your life.

But what's your comment on organisational health in your profession and opportunities that have come perhaps in just tending to that across the past 20 months? And looking forward then to making a greater culture of care for the people who themselves are the frontline for the culture of care that we need more broadly in the community?

Oh, hang on, Pat. Sorry, you're on mute.

PAT DUDGEON: There we are. Look, thanks Ashley. I think there's a greater awareness of being healthy and mentally healthy in the workplace. I think what I'm seeing is that there's more conversations about self care. Certainly in my... I'm lucky enough to work in a university in research, so we have a lot more flexibility, but we are certainly conscious of safeguarding our people's mental health and investing in our workforce as well. We're already doing work with the Aboriginal community controlled health organisations. And because as well as suicide prevention, my particular interest is social emotional wellbeing. And that's when Pat McGorry said about Beverly Raphael it was actually Beverly Raphael and Pat Swan, who did this amazing national consultation back in the day. And-

PATRICK McGORRY: Pat. I remember it, yeah.

PAT DUDGEON: Yeah. Came up with this big report called Ways Forward for Indigenous People, but it would lend itself to non-Indigenous people as well. It was before its time. And we were talking, back in those days mental health was very much your mind and maybe physical, but it's from Ways Forward that we had a strategy, a strategic framework for Aboriginal Torres Strait on to people's mental health and social emotional wellbeing. But that's when we started talking about social determinants of health and mental health. We were very much acknowledging that it's not just about you as an individual and your body and emotions, that's certainly a part of it. But it was about your connections to your family and kinship. It was about your connection to your community, to your country as well, and to your culture, to your country and to your ancestors and spirituality.

And that's all impacted upon by for us, historical context. So that's certainly a part of it and social determinants and cultural determinants. So I'm seeing mental health is gone into a much more broader narrative, as it should, but not to throw out the baby with the bath water neither. There's this place for clinical interventions very specifically. But we've been working with the Aboriginal community controlled health organisations to look at what does a Aboriginal medical service, what kind of services are they providing that would be considered social emotional wellbeing? What does that look like? So we've been doing a bit of work. And then the next step from there is what would a workforce look like that delivers that service?

So I think that Australia is very fortunate that we do have the Aboriginal community controlled health service. That's right across the whole country there would be an Aboriginal medical service in place. So that is a system architecture that we can utilize, even though everyone's fiercely and rightfully so, they're very fiercely protective about their own independence as well. But I think I'm seeing a great willingness to share and to work together on developing different models. My cat ignores me all the time, except when I'm on Zoom. And then he comes and puts himself in front of the screen so if you see a big black tail waving across. It's my cat Gucci.

ASHLEY HAY: I must say, I think your cat's a great contribution to what was your phrase? Very optimistic cultures of care. I think the cats of Australia and the dogs also are doing great work in that space. I'm so pleased that you brought up the framework of social and emotional wellbeing, Pat Dudgeon because I do think that was a really critical part of your piece as well and just looking at that more broadly.

We've got some comments coming up now and some questions. One from Stuart Walden, who's asking, "With such a massive demand for psychologists, is there a way to train and qualify parapsychologists to assist? There seem to be many barriers to qualify as a fully registered psychologist. You can't do a postgrad without an undergraduate degree, for example." Pat Dudgeon, is that something you would like to comment on?

PAT DUDGEON: Look, I think my focus is the Indigenous workforce, so I'm probably not the best one to speak about the psychology workforce in general. But I think there's a whole range of different mental health professionals. And I think that for us, one of our IPEC objectives, the project I was talking about earlier, was to get more Indigenous people in to study psychology and to be psychologists. But they're the only parts of the mental health workforce we'd like to see come about. There should be specialist programs that train people into being mental health professionals. Or if you have a basic degree,

you should be able to do other years where you specialise in particular orientations. Also there might be, I've got down for us, particularly in suicide prevention and servicing, growing an Indigenous mental health workforce.

We had a social emotional wellbeing gathering last week and we had psychiatrists there, we had psychologists, we had Aboriginal mental health professionals and health professionals. We also had traditional healers there. So part of our research was to start to explore how we can include traditional healing in our services that we provide. And in time to come, I'd like to see that open to all Australians. You should be able to choose not only your psychologist or your therapist, but what sorts of treatments and combinations that you might feel benefits you best of all. Might be to have a group of elders to work with and work through issues.

So I hope that the mental health workforce will expand. I can't speak for psychology, but I think that, yeah, I'd like to see an expansion. I think that with... Yeah, I won't say anymore. I'm just sort of imagining things otherwise. I might get in trouble with the APS afterwards, so I'll leave it at that. Pat McGorry might want to have more to say.

PATRICK McGORRY: Well, I don't mind getting in trouble, but has been good. We have got a very good relationship with Zena Burgess at the APS. So I'll have a crack at it. I mean, I had a really good discussion with Brendan Murphy yesterday, the Secretary of the Health Department about this and Fiona Martin's inquiry, the Parliamentary inquiry reported earlier in the week and touched on these issues. And so I suppose it's important that we just don't keep replicating the lowest level of the health system, because I mean, obviously there's an access problem to getting in, but the thing that I've been trying to highlight is the quality problem.

In other words, I think in the short term you might be able to get some micro credentialing happening to repurpose counselors and maybe psychotherapists of various kinds, upskill them so they could actually help in the short term. But the ultimate solution over the next few years is bandwidth and increasing dramatically Commonwealth funded places at universities and key disciplines like occupational therapy, psychology. I think Fiona basically was pointing out how many people go into psychology and how few come out the top end in clinical psychology. And what I've learned, especially in the pandemic, is the complexity of mental health care. And some people think you can just have peer workers or just well-meaning simplistic interventions to get people better. Now, I'm not saying... Peer workers have been a great addition, and they're absolutely crucial in youth mental health, but you wouldn't try to treat cancer without oncologists.

And mental illness, mental health is complex. I've been seeing a lot of young women with emerging anorexia and they're not in life threatening situations yet, but the complexity of the way they're presenting, and I'm coming back to what Steven was talking about, the control issue has really affected their psychology as a developing young person. And so we've got to understand these conditions in a much deeper way, and we've got to provide skilled care, the highest quality. So highly trained people are very, very important, and we've got to have a lot more of them, not just well-meaning individuals who want to help, although they've got a role to play too.

So we've got to have respect for what we're dealing with as a public health challenge. And that's not to medicalise it too much, but I'm talking about a broad way, the way Pat's been speaking. This is a deep wide biopsychosocial, it's biology, it's psychology,

and it's the social cultural dimensions as well. And that requires a bit of brain power, not just someone who just wants to help out on Thursdays.

ASHLEY HAY: Steven, I was going to bring you in here as well. One thing that we didn't touch on a lot was the usefulness of previous experience that comes into the public service. Now you are a shining light for us at the moment, in terms of ending up with someone with a nursing background being the Secretary of Treasury. There's a comment too about the need to think about psychologically safe workplaces as an OH&S issue in terms of organisation. I'd ask you too, to pick up on that question and the comments that obviously you wanted to make too. The two Pats as well.

STEVEN KENNEDY: Oh, I was just going to reflect on a life lesson. I'm not sure if it's right, but one of the things I've found that it will be so powerful in people's own ability to respond to their circumstances is the sort of insight they have into what they're experiencing. I think it's sort of, I'm not sure because I'm not up to with the literature to the extent that the two Pats are, but even in my current job in trying to talk people through an issue or explain an issue, giving people insight into what we face. Pat Dudgeon was talking about it, insight into what First Nations People have faced and what that means for them, then changes the way a policy maker or decision maker will think through the issue. And I think it's even at the individual level for wellbeing, having some insight into what you might be experiencing or what you're going through.

And I think there's a depth. Pat McGorry was coming to at the end, is there's clearly on the spectrum of what we'll all face there's a need for really a sophisticated clinical intervention. But then there's also a very broad piece that I'm unsure of, but I'm sure can help the population more broadly just through information, conversation and the way we bring these issues through. So, because people are... They are seeking that knowledge and seeking to understand and their own ability to respond. I think that's where to go back to something earlier, Pat McGorry, that's where the some of the digital platforms help. They just guide people back very quickly to some of those areas. But I do agree with that earlier comment you make, there is a very powerful connection when you meet with a person face to face, and then you subsequently may do something. But even the non-person based digital interventions, which I've only just looked at, they seem to me to be a new and quite sophisticated tool for helping people understand their own experience.

And then I think it's potentially very powerful public health tool. I'm not sure where the research is at, but it looks very interesting.

PATRICK McGORRY: Well, it's great that you came back to that because the MOST platform that Mario Alvarez and colleagues developed was funded with a series of NHMRC grants. It's been through several RCTs in different clinical populations. And as you say, it's very sophisticated but very scalable. I mean the cost goes down what, from the early stages of a delivery to just a matter of a few hundred dollars a year per patient. So it's highly cost-effective and it does a very...It can stand alone but it's also complimentary so you can probably, what's the word?

Yeah, it has been used to help deal with Headspace waiting lists, that's another way. So I totally agree with that but it can be sophisticated too.

PAT DUDGEON: I just want to come back.

I feel that maybe our conversation has been a bit dismissive to lived experienced people or those who haven't got more advanced university training. I think there's a role for everyone. I was just pondering that, Pat, when you were speaking that, yes, some mental health issues are very complex and complicated and do need appropriate clinical intervention, but some are outside the remit. I mean, I think I'd see it put a little bit of experience in this as well but certainly cultural understandings of matters. So I think it's not either-or I think that what I'd like to see as a workforce that has place lived experience for cultural counsellors and so on, and clinicians. So I don't, I would hate to see them either or I think-

PATRICK McGORRY: Oh, I didn't mean to give that impression, Pat, thanks for bringing that up. The whole youth mental health field has been built on that both and not in either or, and we couldn't have done it without the living experience of young people, and in fact but I think most clinicians have had lived experience, either themselves or their families. So I think it's a very false dichotomy to split it into those with lived experience, who've got credentials only in that space and it's much more complicated than that. We all work together and I completely agree with you and it was a missing thing actually in healthcare to allow that dimension in, and we've not just allowed it in, we've welcomed it in, especially in youth mental health.

PAT DUDGEON: Cool.

ASHLEY HAY: We've got one more question, I think, time for one more question from the audience here, and then I've got one last question that I'd love to bring to all of you. This is from S Bryant. I'm sorry, S Bryant, I don't know the rest of your name, which is just talking about the fact that while there've certainly been gains made in the acceptance of mental health importance and treatment when issues arise the question is whether we've over pathologized normal human responses to adverse life events? And in doing this, underplayed some essence of what makes us human, whether there's an expectation of faster transitions to better mental health or recovered mental health after adverse life events that might be realistic. Whether there are sort of resilience toolboxes that we can also help people develop and especially children and I think, Pat McGorry, that probably speaks to some of your prevention rather than cure focus.

PATRICK McGORRY: Yeah, I wrote about that in the group review actually, about this soft border between what's mental illness... People are so worried about labeling in psychiatry and mental health, which they don't worry about at all in physical health, no matter what's wrong with you, you got a right to go and see the GP. You've got an upset stomach, no one tells you, oh, you're labeling yourself by going to the doctor. I mean, just very interesting contrast so but I do think that what we've got to focus on is what sort of help does the person need if any? Can they actually cope themselves with their own level of resources or do they need help? Or at what point do people...

People should be able to decide that for themselves, they shouldn't be gatekept or triage by some independent person or it should be a decision that you want, that you decide you need help and help shouldn't be denied because of this lovely idealistic notion of the human condition explaining everything. Of course, life and the human condition contributes to why people do need help for mental health problems but it's obvious.

I mean trauma, loss, separation, attachment problems, they're powerful risk factors for mental ill-health, and just because they're understandable doesn't mean that we can't

offer help and even medical treatment. But people use this great bogie word of the medical model to sort of deny people help when they really need it, and what they mean is they don't want them to just be stuck on a pill or a prescription without all of these deeper sort of understandings and help that we've been talking about.

So, I think that's another false dichotomy coming back to Pat's point about either-or thinking it's either the human condition or it's mental illness. I mean, you've got to be more sophisticated than that in these debates.

ASHLEY HAY: I think even just framing or reminding people that mental health is a non-communicable disease, in the same way, that many other diseases that we think about very differently. That was certainly one of the things that came through very powerfully in your piece for us, Pat.

PATRICK McGORRY: Yeah, some of it's communicable. The risk of, I think it came back to some things Steven was saying, public morale is a communicable issue and I've got a book up here called The Structure of Morale written during the Second World War, and I've been thinking a lot about it in relation to the way that morale to the public's been managed during the pandemic.

And also we know that contagion can happen with suicide if it's sensationalised or sort of romanticised. So there are some communicable aspects of even mental illness.

ASHLEY HAY: Mm-hmm (affirmative).

Steven.

STEVEN KENNEDY: I just had a quick comment, I wondered if... I might even draw Pat Dudgeon in on this. In her paper, she talked about deficit thinking. So if you come into these areas thinking that you’re always trying to repair, and I could have this wrong, but a deficit rather than thinking there are states and you are trying to improve a state or change a state, then you really do think about the issue. You don't think about some kind of mythical perfect outcome that you're going to take this deficit and solve it and you also think about the individual differently because you don't think they've got some deficit that needs to be remediated. They've lived a certain set of experiences and they are where they are and you seek to find improved outcomes or something like that, but I don't know.

Pat Dudgeon, I don't know if you want to comment on that but I thought that was very nicely brought out in your paper.

PAT DUDGEON: Well, thank you.

Oh, hang on. Oh, I'm not muted.

Thanks, Steven, I think that particularly for Indigenous people there is a deficit perception and we've written how knowledges portray us is deficit, and that's been a struggle and continues to be. That is changing. So we, it's easy to objectify and to focus on the negative or there's a problem that needs to be fixed rather than a positive. And certainly, that was one of the principles of the Ways Forward report, is that there were nine principles, but the last one was to recognise that Aboriginal Torres Strait Islander people came from, have got strong and powerful resilience and their endurance needs to be acknowledged as well. So it's not like you're coming to the table empty-handed.

When I spoke about the Social and Emotional Wellbeing Model, which we've actually put into a diagram and a lot of Aboriginal therapists have been using that but they're also using it with non-Aboriginal people, which I was a bit taken aback initially because I thought, well how can there be such a strong connection to the country? But this psychologist, Indigenous psychologists said, "We all come from the earth". So we all have a connection to our country and earth, and that's how they offer this model out.

So I think that a strength-based on being positive, looking for people's... Which most, look, a lot of therapists would do anyway, to look at the strength of people but not, also to be serious about the problems they're facing and to offer appropriate services for that, certainly. But I think that most human beings do want to strive, they do want to be strong.

I was thinking, Patrick McGorry, when you were talking about that book that you're reading about morale in World War II, and I was thinking it's not a natural state. I love how we are now. When I was growing up, if had a mental health problem, it was very secretive and you did keep it quiet. You were seen as the problem, not the system or your life circumstances you were seen, if you, people who considered suicide, were seen as weak rather than seeing society or whatever was happening to them, as being the source of their distress.

So I like where we are, I think people... I think things have changed the way we think about mental health. I think there's a lot more honesty, you see it portrayed in our society all the time, in our media, in our cultural movies, television, and I think it just will get better.

So I think society has changed and is much more open about mental health, and I think there's wisdom too. People... I have go-to groups and sometimes they'll come up with a solution to an issue, which I get amazed by because there is compassion and wisdom in our society as well. So sorry, I was rapiding on about-

ASHLEY HAY: No, no.

PAT DUDGEON: I'm just looking at the time we've got, so I'll stop then.

ASHLEY HAY: I'm going to sneak this last question, very very quickly to all three of you, so this is your 25 words or less answer.

But certainly one of the things we've been interested, looking at the way the pandemic comes into any of the questions that we are exploring in different additions of the fifth review, is the sense that people have of it being a disruption, which means there is a chance to remake things on the other side, or to make things anew, to use this as a very intentional point of rupture or change.

I wanted to ask all of you very quickly in your different spaces of psychology, of psychiatry, and of policy, what the most important learning for you has been across this period of rupture, that we're all living through, in terms of something that you'd like to take forward, but also in terms of something that you'd like to leave behind.

Pat McGorry, can I give you that very speedy question first of all?

PATRICK McGORRY: Yeah, that's a great question, I mean, I've seen a lot of false dawn. I take Pat Dudgeon's point that if you look at the attitudes of people to mental health, they've have improved a lot, and so we are in a much better place than say 30, 40 years ago in that sense. There's not quite so much fear and loathing and ignorance as the ones

then. So, but I'm really an optimist and I've tried to remain optimistic with my whole sort of career and I've got optimism now that the sensitization of the whole public, of the general public, as a result of the pandemic might finally transform the policy from a piecemeal sort of initiatives in budgets, where you just, you put, you spread the confetti around and you plug holes and you move forward on a few little fronts, but it's very, it's poorly formulated and coordinated.

We have the blueprints, I mean, the Victorian Royal Commission was like nothing I've ever seen. Coming up with a blueprint for what should the structure and the reform should look like, and then the contents we can deal and so. So I think, I'm hopeful that the pandemic will actually sort of transform and I've even talked to Steven's current boss about this. Recently I did a podcast with him, a couple of weeks ago about these sorts of issues and the shadow pandemic, and so I'm just hopeful that people like him and the prime minister, and also the opposition, as we head into an election will actually take that experience and learning of the general public into really tackling this issue.

Because look, we can invest more in cancer, we can invest more in heart disease and we'll get a few incremental gains over the next 10, 15 years but if we invest in this, we'll transform coming back to the mental wealth idea. We will, over 10 years I'd say, we will transform our country and we will be an example for the rest of the world. So that's my hope that, for the pandemic and we can draw on all the complex thrips that we've talked about today into that mission. So that's my hope and what I'd like to leave behind is lockdowns, because I don't want to ever go through that again, it's inhuman. All the sources of wellbeing, forgetting about mental illness for a second, all your normal things that make life worth living are taken away from you.

ASHLEY HAY: So I will let everyone know that you're talking to us from Melbourne, Pat. Thank you for that.

Professor Pat Dudgeon over there behind that very hard border of Western Australia. What's the learning you hope we can take forward and what would you like to leave behind?

PAT DUDGEON: I'm going to keep it brief because we're nearly up for time but I think what I'd like to take forward is an appreciation that to have good family, good friends, and networks. I think that's one of the things I've seen emerge or the lack of it, the yearning for it from the pandemic. I, the awareness of mental health consequences, I've seen that and I'm not sure that happened in other similar situations before our time, and I think that we have to be, we have to love life, we have to love our earth because we've been lucky in Australia, but I watched the footage and I kept updated as the pandemic happened in other countries and the terrible loss of life. So I think to not ever not appreciate our lives and our world that we live in and strive to be positive and to progress.

ASHLEY HAY: And for you, Steven Kennedy, you've been at the forefront of the part of the public service that's been so entwined with different responses to the pandemic in terms of economic policy. What have been the most important learnings in the space of mental health? Are there things that you'd like to see Treasury also maybe leave behind as we go forward?

STEVEN KENNEDY: Well, I've got two things. One relates to Pat Dudgeon's comment. I mean, I think we generated for the whole community a sense of perspective around [inaudible 01:28:08]

through the pandemic and I really hope that people hang onto that sense of perspective for some time because it did lead us to value. Well, both Pat's spoke about it, parts of our lives that we never really thought very much about, but it really gave us a sense of perspective and what we have and what some people don't have, including around the world.

And the second one is that, I'd like to hang onto, that we are thinking about here at Treasury is, it showed what's achievable when there's a really strong sense of shared purpose. I mean, it's remarkable when you think about vaccination development. I mean, I was being told earlier in the pandemic, this could be years away and so I think that gives me a great sense of optimism, and I think, and I hope in some sense the community has seen that when you have this shared sense of purpose and you have this higher ambition for an outcome. It's really remarkable what you can achieve so now, we just asked our leaders to move forward.

ASHLEY HAY: Thank you, all of you, for that. We've come to the end of our time together today and thanks to all of you, who I can't see, out there for joining us. If you would like to keep talking in a different way with the ideas of Pat Dudgeon and Steven Kennedy, and Pat McGorry, you can find them in a whole host of other wonderful writers and stories in Griffith Review 72: States of Mind. Our latest edition, [inaudible 01:29:44] too long from that edition now, because we move very rapidly, is possibly usefully called Escape Routes, which I think is probably something a lot of people would be liking to think about as we walk towards the next summer season. It's just gone on sale this week, if you're looking for some other words and ideas from us.

My greatest thanks to the IPAA in the ACT for having us so long as part of this event for moving it and moving it and changing it and transforming it and keeping it alive, and would you join me now in whatever way it's possible to thank our three guests today, Professor Pat Dudgeon in Perth, Professor Pat McGorry in Melbourne, and Dr Steven Kennedy in Canberra.

I'm not sure if I'm passing back to Alison or Caroline, but I'm passing very quickly back to the ACT Team.

ALISON LARKINS: You're passing back to me. Thank you so much, Ashley, Pat, Steven, and Patrick for such a compelling conversation, and one that I think all of us over the last couple of years have been deeply reflecting on these issues with our family and colleagues, so really fantastic to have that conversation. I think our working environments have required us to sort of break down the boundary between our personal and professional lives, unlike any other time in our recent history, as Steven said, "Our whole lives being intersected". Great to have Pat introducing us to the comment of mental wealth and mental strengths, and also the importance of being led by the needs of the individual. I think it was, personally for me, really valuable to have Pat take us back to the social and cultural determinants of health and Indigenous knowledge and Aboriginal-Torres State Islander of people leading the way in reminding us that we are individuals who exist in a community context, and of course a reminder of the many benefits of cats.

Can we thank the Griffith Review for delivering this evented partnership with us today? So rich and very grateful for being able to do this with you, and can we also thank our ongoing partners for their much-appreciated support? So KPMG, Hayes, Telstra, MinterEllison, the Commonwealth Bank of Australia, and Microsoft.

Thanks to everyone who attended today, I really hope you've enjoyed the event. We're looking forward to seeing you at future IPAA ACT events. Bye for now, thank you.