

**OPEN THE 2012 CONFERENCE OF
THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS
BY
THE HONOURABLE PETER UNDERWOOD AC
GOVERNOR OF TASMANIA
HOBART - MONDAY 21ST MAY 2012**

As the Governor of Tasmania it is a great pleasure for me to welcome to Tasmania all the delegates and their partners to the 2012 Conference of the Australian and New Zealand College of Psychiatrists. I last had the privilege of addressing your College when I opened the conference that was held here in Hobart in August 2008 by the College's Psychotherapists Section.

I understand that there are in the order of a thousand delegates registered for this conference and that you have come here from all the States and Territories of Australia, from our neighbour New Zealand and from other overseas countries. Together with partners or "accompanying persons" (the mind boggles at the scope of that description) we must have in the order of 1800 people in town as a result of this conference. Each one of you is warmly welcomed and I hope that many of you have been able, or will be able to find a little time to look around Tasmania before you go home for our island is always particularly beautiful in the autumn. I see that you had a Welcome Reception last evening at Tasmania's recent, and now biggest tourist attraction, the Museum of Old and New Art or MONA. I'm sure you will agree with me that it is a fascinating place with a fascinating story behind it and packed full with an eclectic mix

of old and a new art some of which you enjoyed and admired and some of which you disliked and hated. If I am right about that David Walsh would be well pleased with your visit.

Now when I open a conference I like to say a few words about something relevant to the work and interests of body organising the conference. This was a bit of a stretch for me because my discipline is the law but non-the-less I dutifully and carefully studied the really busy programme that lies in front of you and read the biographies of some obviously very distinguished speakers from Australia and overseas. I modestly thought that you might all benefit from my views upon some of the topics listed in the 128 or so sessions that will be run over the next three and a half days. I briefly toyed with such tantalising titles as “Psychiatry, Diabetes and Poor Glycaemic Control” and “Identification and Validity of Symptom-based subtypes of Obsessive/Compulsive disorder” but after an exhaustive search I discovered that the only topics on your programme about which I knew anything at all were Lunch, Dinner and Morning and Afternoon tea. I then considered delivering my 3-hour dissertation on the Rule of Law and the history of the development of an Independent Judiciary. However, my wife counseled me against this even though she said she is willing to accept that it is a favourite with the law students. By now I was getting a little desperate until my eye caught sight of the banner at the top of your web site, “Working with

the community to achieve the best obtainable quality of psychiatric care and mental Health”¹

This led me to your Strategic Plan for 2011/2 - 2014 which begins with President Dr Maria Tomasic’s message which recited (amongst other things) that “[a]dvocating for the leading role that psychiatrists have in delivering mental health care was identified as the key priority by members, as was increasing the community’ awareness and understanding of mental illness.” I thought that is so right, for even in the 21st Century mental health is not widely understood and it should be, and of course you are the custodians of the knowledge and so you must accept the primary responsibility for making mental illness as easily understood as mumps or measles.

I spoke about this issue last year at a Mental health Expo held here in Hobart. At that time it had just dawned on me that the biggest difference between mental and physical health is the stigma or code of silence that so often attaches to mental ill health but which does not attach to physical ill health at all. Indeed, many people suffering from physical ill health are only too anxious to talk all day about their symptoms, and their disablements and treatments to anyone who is willing to listen.

An American psychologist, Patrick Corrigan (I know he sounds like an Irishman!) wrote that:

¹ <http://www.ranzcp.org/>

“Many people who would benefit from mental health services opt not to pursue them or fail to fully participate once they have begun. One of the reasons for this disconnect is stigma; namely, to avoid the label of mental illness and the harm it brings, people decide not to seek or fully participate in care. Stigma yields two kinds of harm that may impede treatment participation: It diminishes self-esteem and robs people of social opportunities. Given the existing literature in this area, recommendations are reviewed for ongoing research that will more comprehensively expand understanding of the stigma-care seeking link. Implications for the development of anti-stigma programs that might promote care seeking and participation are also reviewed”²

The Beyond Blue web site carries this story that would resonate with many of today’s teenagers:

“I don’t know where to begin, i (sic) feel down most of the time, i feel so goddamn lonely in this place, i hate myself. I’m going through that faze where i can’t stand my parents, particularly because i hold them, my mother more, for my low self-esteem. i walk around school and i think ‘Why can’t i be skinny like her? Why can’t i just do the work like everyone else? Why is there always someone who can do it better than i can?’ these thoughts just go swirling

² How Stigma interferes with mental health care, Patrick Corrigan

<http://psycnet.apa.org/?fa=main.doiLanding&doi=10.1037/0003-066X.59.7.614> accessed 6 Sept 2011.

around in my head. I texted my friend, telling her i thought I was depressed and she texted back saying i should get help but 'that there is a difference between being depressed and being unhappy. 'this is what i'm really scared of: telling people, scared that people will just say its teenage hormones, just bouts of unhappiness."³

So there it is. There is an urgent need to demystify and destigmatise mental illness so that those who need help will feel that they are willing to step forward and ask for it and so that members of their families and their friends will feel free to encourage them to do so.

The College Vision is "A fellowship of psychiatrists leading the achievement of quality psychiatric care and mental health for our community." It is a noble vision and I respectfully support the College as it strives to achieve it, recognising that it will not fully do so unless its members continually work to "increase the community's awareness and understanding of mental illness."⁴

That's enough from me. I am here to open your conference, not to lecture you, so I'll do my job, declare the 2012 Conference of the Australian and New Zealand College of Psychiatrists open and wish you all interesting and stimulating discussions as well as a pleasant visit to Tasmania.

³ Beyond Blue <http://www.youthbeyondblue.com/2011/09/05/nobody-cares/> accessed 6 September 2011

⁴ RANZCP Strategic Plan 2012 – 2014, page 2.