

**ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS
FACULTY OF CHILD AND ADOLESCENT PSYCHIATRY BINATIONAL CONFERENCE
SPEECH BY
HER EXCELLENCY PROFESSOR THE HONOURABLE KATE WARNER AM
GOVERNOR OF TASMANIA
HOBART FUNCTION AND CONFERENCE CENTRE, FRIDAY 30 SEPTEMBER 2016**

Good afternoon and thank you for inviting me to open your 2016 Faculty of Child and Adolescent Psychiatry, Royal Australian and New Zealand College of Psychiatrists Binational Conference.

I want to begin by saying thank you to Leonie Dickson for her wonderful Welcome to Country and I pay my respects to the traditional and original owners of this land – to pay respect to those that have passed before us and to acknowledge today's Tasmanian Aboriginal community who are the custodians of this land.

I can see from your conference program that you have a diverse range of fascinating and stimulating topics to engage you throughout the course of your Conference.¹

Coming together over the next few days is a fantastic opportunity to not only hear the presentations being delivered, but also to meet and share your stories with others working and researching in such a diverse and challenging field.

I noted with interest the presentations:

A Teenage Suicide Cluster in Tasmania: the Coroner's Perspective by Magistrate Olivia McTaggart and *The Youth Justice Court: A Window of Opportunity* presented by Magistrate Catherine Rheinberger, both excellent and diligent students of mine at the University of Tasmania Law School.

My background as you may know is in Law and I often have to think really hard about what I can speak about when I am asked to open medical conferences. I always try to think of an angle that is relevant to the Conference but also something that I can speak about authoritatively.

¹ http://www.child2016.com/wp-content/uploads/20160906_FCAP_2016_Program-Grid.pdf

Having sessions that have a legal perspective in a conference such as this I think is a really good way generate discussions about how we as a community can work towards preventing the often very bad outcomes for young people when mental health issues interface with the law.

And interface with the legal system isn't the only adverse outcome for children with mental health issues. A child's ability to engage with their education can be affected and this can have a lifelong impact.

As Governor I am able to choose issues that I wish to promote. Education is one of them. It has become abundantly clear to me through visiting schools around Tasmania meeting children and staff and also hosting visits from schools at Government House, how critical it is for children to be healthy and fit to engage in their learning each day. This includes mental health.

As Governor I see it as my role to try and facilitate beneficial relationships between people, organisations and groups that I come across that could potentially achieve so much more if they worked together. I have the absolute privilege of meeting so many amazing people in my work and see firsthand the work that these people do to benefit Tasmanians.

And I am also privy to information about the needs of the Tasmanian community and if I can assist in anyway by linking people together to address these needs then I see that as a perfect fit with the community aspect of my role as Governor. For example, I have recently been involved in launching the Foodbank/Royal Flying Doctor Service oral health school breakfast program which involves the 90 or so Foodbank school breakfast programs including an oral health education element together with the provision of toothbrushes and toothpaste to all children.

In researching the need for this program I was shocked to learn that Australia's dental health has not improved in recent years. In fact the average number of children's baby teeth affected by decay has risen. Around 45% of children aged 12 have decay in their adult teeth. The position is worse for children in remote areas and for children from a lower SES background.

The consequences are costly: in 2010-2011 in Australia there were 60,590 preventable hospital admissions for dental conditions and 129,094 cases of general anaesthesia for dental procedures, mostly for children having their teeth

pulled.² Poor oral health and dental decay are the cause of pain, poor nutrition and embarrassment. When appearance and speech are impaired by dental disease, this may inhibit opportunities for education and employment.³

The words that resonate for me are “inhibit opportunities for education and employment” because it seems to me that poor mental health has very similar outcomes as poor dental health.

Accordingly, I encourage you all to think about ways that you can work collaboratively to achieve better outcomes for children with mental health issues.

And so on that note, it gives me great pleasure to officially open the Faculty of Child and Adolescent Psychiatry, Royal Australian and New Zealand College of Psychiatrists Binational Conference.

Thank you.

² Lesley Russell, ‘How to fill the gaps in Australia’s dental health system’ *The Conversation*, 15 December 2014.

³ Russell, n 1.