Dr Amy Coopes and Jennifer Doggett reported on the RANZCP 2021 Congress, for the Croakey Conference News Service.

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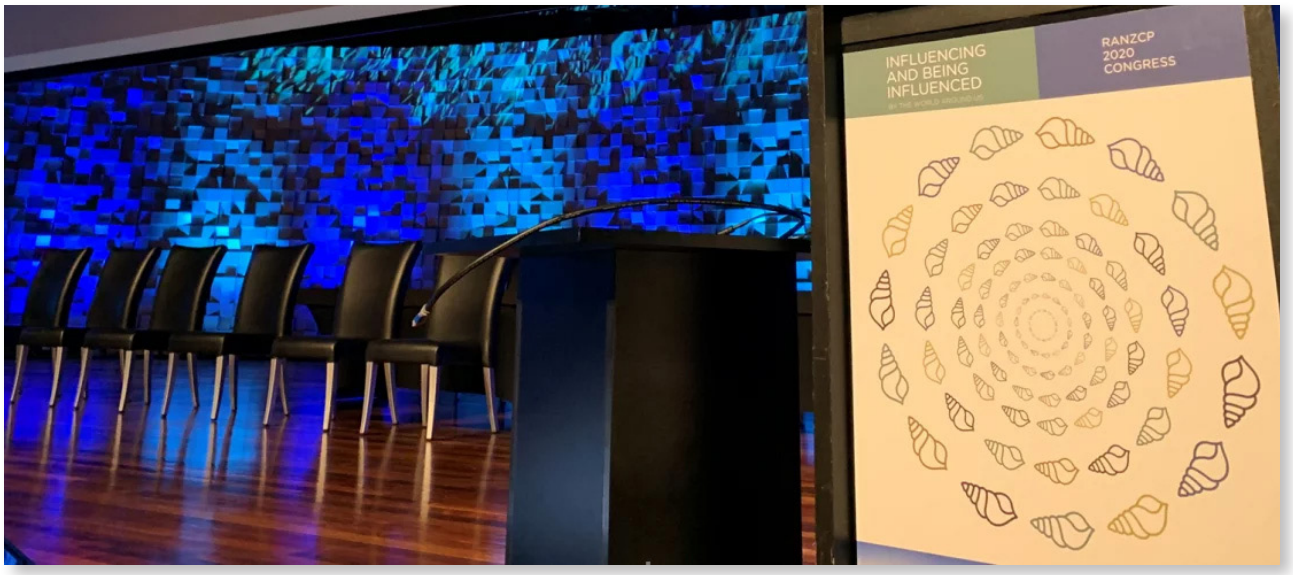
Mental health aftershocks in focus as psychiatrists gather for pandemic summit



Setting the stage to discuss pandemic mental health issues in Australia and New Zealand. Photo: Sarah Carr, RANZCP

The $2.3 billion commitment to **mental health** in the 2021-22 Federal Budget has been widely welcomed as a major step towards fixing Australia's broken mental health system but the task ahead is huge and exacerbated by the ongoing stresses of the COVID-19 pandemic.

Many of the issues at stake for psychiatrists, from critical workforce shortages and inequities through to the existential crises of the pandemic and climate change, were on the agenda at the Royal Australian and New Zealand College of Psychiatrists (RAZCP) **2021 Congress**.

Croakey's Dr Amy Coopes and Jennifer Doggett covered the event for the **Croakey Conference News Service**. You can follow their tweets at **#RANZCP2021**.

Coopes previews the discussions below.

Amy Coopes writes:

In a year defined by uncertainty, isolation and grief, our mental health has been tested in new and perhaps unprecedented ways, and we are only now beginning to see the first aftershocks in a system already stretched to capacity to respond.

The impact of the COVID-19 pandemic on mental health were the focus of talks at the 2021 annual congress of Australian and New Zealand psychiatrists in Hobart, a COVID-era hybrid event offering a mix of live and live-streamed content for some 800 in-person attendees and hundreds more tuning in virtually from across the two countries.

It was the first time that members of the RANZCP – the Royal Australian and New Zealand College of Psychiatrists – had come together in such numbers in almost two years, with the pandemic forcing the postponement of last year's congress, an event which was to be – rather prophetically – themed **Influencing and being influenced by the world around us**.

Though the program was tweaked, not least to accommodate COVID-safe requirements around strictly capped socially distanced face-to-face registrations, the theme had been retained and only resonated more now from the pandemic, said RANZCP President Professor John Allan.

"In just about everything you do now you have to take into consideration what other people do, and the effect you might have on other people as well," he said. "The idea of influencing has become, to me, multiplied ten thousandfold."

The pandemic has underscored not only our interdependence and interconnectedness, but how essential these are to mental health. These conversations, which began before the coronavirus pandemic as Australia reeled from the cataclysmic 2019-20 summer bushfire crisis, thrust psychiatry and associated disciplines into the spotlight like never before.

Unprecedented pressures

Allan and his colleagues were called to educate and reassure the public on how to weather the anxiety and grief of a world in lockdown; to advocate for mentally ill people in the community at risk of falling through the gaps as services were shuttered; to work around the clock day in and out to meet demand; and to support frontline colleagues in the healthcare system. The College also had to continue supporting and delivering supervision to trainees and ensure exams went ahead, lockdown and all.

"You are called upon to respond and you have to respond," said Allan. "We just had to keep going on with the things we would normally be doing, but in completely different forms."

Looking for the rainbows in COVID-19 responses. View on Hobart from the #RANZCP2021 Congress. Photo: Sarah Carr

In concert with many other specialist and peak medical groups, RANZCP helped realise a three-year telehealth implementation plan in the space of just three weeks, allowing locked-down psychiatrists to continue serving their patients and extending access in new and more equitable ways.

Rural and remote Australians, and those unable for mobility, safety, or other reasons to easily leave their homes, were some to benefit most from the changes, which were extended in the 2021-22 Federal Budget after lobbying by many groups, including the College.

Incoming RANZCP President Vinay Lakra, who formally took the mantle from Allan at the Congress, continued seeing clients remotely while home-schooling his children aged six and 11 during Melbourne's COVID lockdown. He says it has been both a game-changer and eye-opener for the profession, underscoring that for many – including some of the most disadvantaged and at-risk – services remain out of reach.

"It has provided better access, and that certainly has been a good news story, but it has made us aware of inequities in the system, and in a sense the pandemic has heightened some of those inequities," says Lakra. "Even though telehealth has been helpful in addressing some of those inequities, I think there is still some work to be done."

Key social, political determinants

As an outward-looking specialty focused on the whole person and their context, psychiatry has a particular emphasis on the social determinants of health, and these featured prominently in the #RANZCP2021 program, ranging through the "biological to the personal" and political, Allan says.

There were keynotes on hate speech and family violence, several sessions focused on Indigenous mental health and cultural safety, symposia on homelessness, patient rights, COVID-19, aged care, and a closing session on bushfires and climate change.

Allan and Lakra both consider housing, education, employment, and the criminal justice and migration systems as key determinants of mental health and important spaces for the College to advocate in.

Both had **spoken out** on the mental health impact on Australians in India, as the COVID-19 catastrophe unfolded there, from the Federal Government's threats of jail and big fines for any who tried to get back home during the travel ban.

"It adds to their psychological distress and mental ill health for them, and also too of course for people living in Australia who have families there," said Lakra, who is among those with close personal ties to India.

"We are distressed and worried," he told Croakey as the RANZCP called on the Federal Government to place a "humanitarian and compassionate lens" on India's disaster, to avoid being punitive and negative and to ensure Australia has sufficient quarantine capacity.

Workforce issues were also discussed at length at the Congress, with the College launching its 2021-31 Rural Psychiatry Roadmap focused on addressing significant access challenges for Australians outside of metropolitan areas, a "cycle of rural psychiatry disadvantage".

While almost one in three Australians lives outside a major city, only 14 percent of psychiatrists practice in these areas – and this number is just 10 percent for full-time clinicians. A paucity of culturally appropriate services greatly compounds this problem for Maori, Aboriginal and Torres Strait Islander populations.

While the pandemic has deepened and brought these disparities into sharp relief, it has also demonstrated what is possible, "that we can make change in the system really quickly" when governments are committed to a common cause, says Allan.

This sentiment is echoed by Lakra:

> ***" When the pandemic started we invested significant amounts of money to set up additional beds, ventilators, things we fortunately didn't need, but the government demonstrated that it was committed to do something about it, and I think the same thing is required, the same kind of commitment, to mental health."***

Allan says the profession has been surprised by some of the downstream effects of the bushfires and pandemic, particularly for young people, where there has been a spike in crisis presentations and eating disorders.

"The thing that worries me most is we have had this increase in presentations, this grumbling mental health thing in our community, and it's not really stopping despite what people say about a recovery economically and so on. We have still got these levels of stress, particularly for young people," he said.

> ***" I don't think we actually realised the existential threat to young people that all of this has presented; the whole future of their world seemed at stake."***

If previous disasters are anything to go by, we may have some way to go before seeing the real impact in the system, with peak demand and presentations taking anywhere from 12-24 months to manifest, Lakra added, with the potential multiplier effect of the consecutive bushfire and COVID crises also a big unknown.

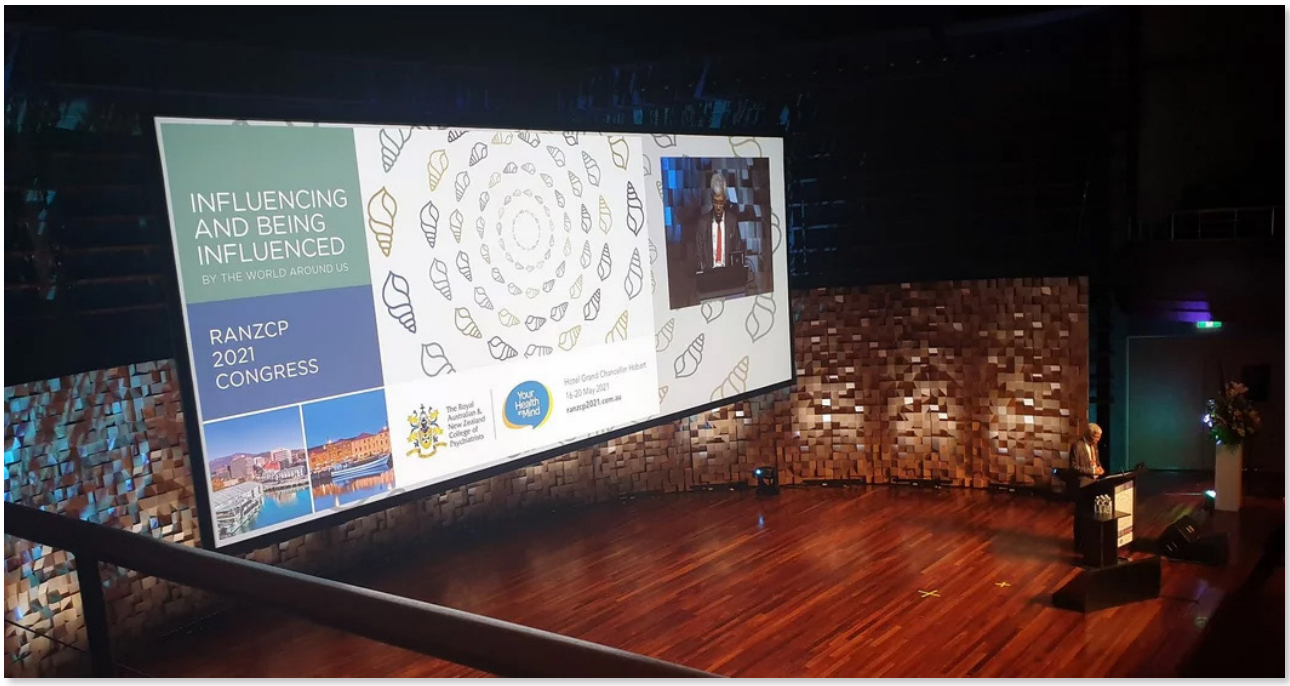
It is not, of course, all doom and gloom. While the past 18 months have tested us all, Lakra says they have also brought a new perspective for many: gratitude for the small things, an appreciation of our resilience and of the value of connection.

"This is a globalised world, we are not immune to things which are happening outside our sphere of influence," says Lakra. "We are all interconnected in some way; we are not safe unless everyone else is safe in the world."

"That's why investment from government in a range of issues including the social determinants of health and mental health is actually important; our welfare is dependent on everyone else's."

The Royal Australian and New Zealand College of Psychiatrists 2021 Congress, ***Influencing and being influenced by the world Around us***, was held at the Hotel Grand Chancellor Hobart and online from May 16-20.

Mental health specialists warned of rising harms of hate speech for individuals and society



Global mental health issues on stage at #RANZCP2021. Photo: Elise Carrotte

The rising harm of hate speech on mental health and society was centre-stage on the opening day of the Royal Australian and New Zealand College of Psychiatrists' 2021 Congress, which brought together psychiatrists and other mental health specialists from the two countries for four days of discussions in Hobart.

Noting that psychiatrists see daily the harrowing consequences of hate speech in their work, keynote speaker University of Queensland Professor Katharine Gelber said both individuals and institutions had a responsibility to call it out and to hold to account politicians and social media giants for their complicity.

Gelber said that, while the pendulum has swung in favour of untrammelled free speech, it is both possible and imperative for groups like the RANZCP to help restate norms and speak in support of human rights, as *Croakey* journalist Dr Amy Coopes reports below.

Coopes was covering the Congress for the **Croakey Conference News Service**. You can bookmark her stories **here**.

See also live Twitter coverage of the event, including the opening sessions and **ten key quotes** on other issues covered during Day 1 via @CroakeyNews aka Croakey editor Jennifer Doggett.

Amy Coopes writes:

In an era dominated by populist politics and social media behemoths whose business models are built on stoking negative emotions, there has been a marked rise in hate speech, at great cost to individuals, minority communities and our democracy.

That was the message from a stirring keynote at the opening session of the 2021 annual Congress of the Royal Australian and New Zealand College of Psychiatrists, one of the first large-scale medical specialty meetings to be held in Australia since the outbreak of COVID-19.

The hybrid virtual and face-to-face Congress, themed 'Influencing and being influenced by the world around us', officially opened to some 800 in-person attendees in Hobart, with hundreds more delegates tuning in online from across the two nations.

It was the first time in two years the College had been able to gather, with the coronavirus pandemic derailing last year's proceedings, and President John Allan paid tribute to the tireless efforts of fellows and members in helping steer Australia through the unprecedented challenges of 2020.

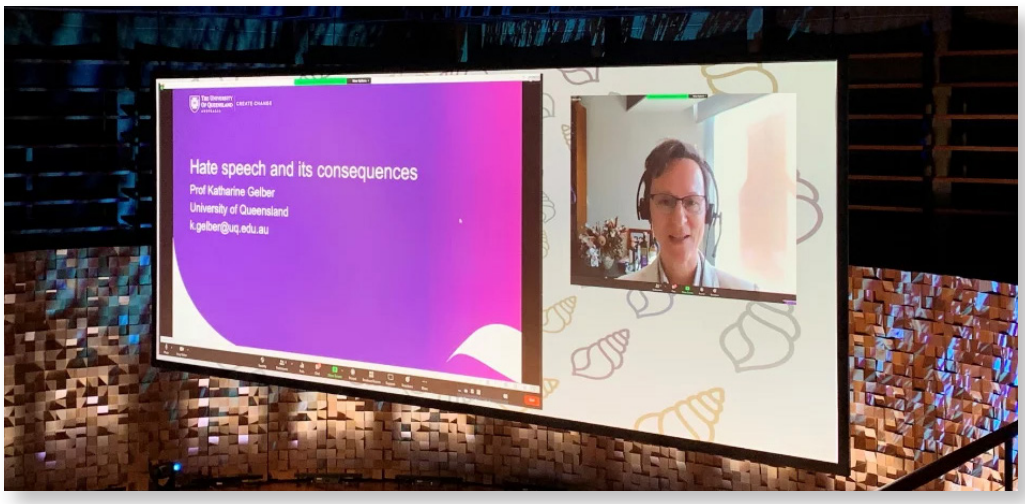
While the pandemic had shown the power and potential of communal action, it had also been a time of isolation for many, and heightened divisions and social tensions, with reports across the globe of hate crimes targeting people of Asian descent, stoked in not-insignificant part by figures like US President Donald Trump, he said.

In one of the opening presentations at the Congress, Professor Katharine Gelber from the University of Queensland reflected on the rise of hate speech and its insidious impacts on psychological health and the social fabric.

Gelber, who is Head of UQ's School of Political Science and International Studies, told delegates that a combination of populist Trump-era politics and social media hegemony had seen a steep erosion of norms in recent years, with a permissiveness around expressing certain views that would have been unthinkable even five years ago.

There had been a mainstreaming of hate speech into modern political discourse by mercenary populist leaders who had seen electoral gain in stirring animosity and division, eagerly abetted by social media platforms whose business model was predicated on hate-clicks, said Gelber.

The costs were disproportionately borne by minority groups, with flow-on effects to cohesion and democracy.



Dehumanising discourses

Gelber said hate speech could harm in two ways: causally, by precipitating an act of discrimination, violence or loss of liberty, or constitutively, having such an effect merely by being spoken. Describing a particular person or group as inferior or legitimising their denigration, such as was presently being seen in dehumanising discourses around Palestinians and Gaza, was an example of the latter.

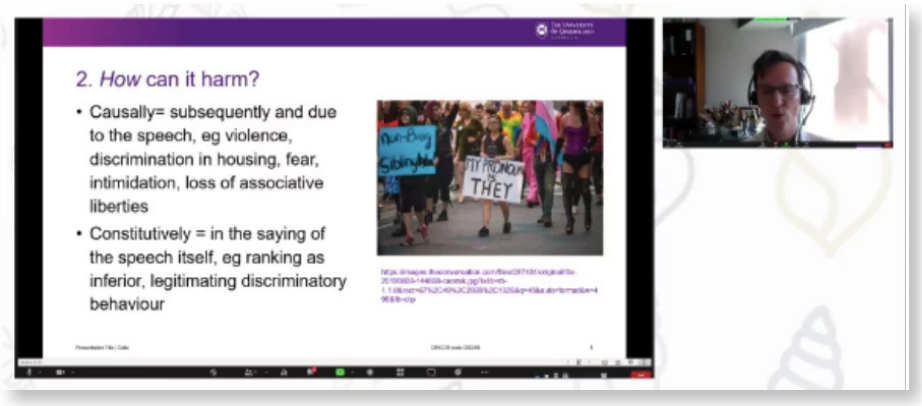
Regardless of which ways that harm was caused, Gelber said hate speech had empirically established effects.

She cited research showing it scared and disempowered its targets, leading to withdrawal, exclusion and loss of liberties, and alienating people from their own culture, language and way of life.

It had a "long, slow, cumulative effect" on marginalised peoples' ability to express themselves, or belief they would be heard, and was a double-edged sword where fighting back invited further repercussions but repression also had consequences for people's mental health.

"These are non-trivial, very significant harms," said Gelber, outlining how hate speech normalised and drove discrimination, subordination, silencing, victimisation, restriction of freedom and loss of dignity. "It resets the implied rules by which public discourse happens."

Delivering her address on the **International Day Against Homophobia, Transphobia and Biphobia** (IDAHOBIT), Gelber talked about a growing global movement of hate speech targeting trans people, and the "existential pain" of being deliberately misgendered.



Both mainstream and social media organisations played a role in this process, perpetuating tropes, fuelling stereotypes and planting seeds of contempt, Gelber said. Equally, she said, both escaped recourse for these actions.

Aided and abetted

Likening the responsibility of digital platforms to the builders of civil infrastructure like a bridge, Gelber said it was not enough to simply provide the space and accept no ownership for the consequences of it failing. She called for social media giants like Facebook to have a statutory duty of care, to be broken up into smaller, locally-accountable entities, and to face greater regulation.

Gelber described current moderation attempts, driven by algorithms and enforced by a paltry corps of staff using a one-size-fits-all reference, as doomed to fail, given that defining hate speech relied to a large extent on local context.

Instead, Gelber said the speed, anonymity and echo chambers of social media had allowed hate speech to flourish and greatly expanded the scope for targets to feel its repercussions – at school, in the workplace, in public, and even in the privacy of their own homes.

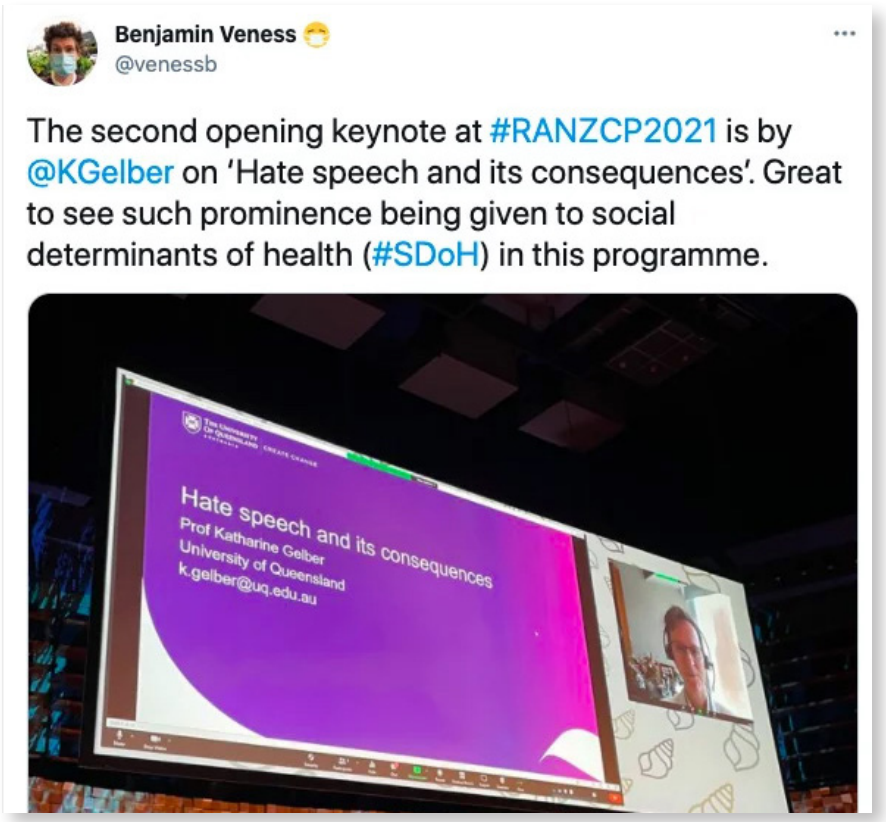
Gelber also rounded on the political class, who bore a greater responsibility given their profile and influence to ensure their free speech did not impinge on the rights of others but had decided, in significant numbers, to eschew this responsibility for short-term gain. Whole groups were excluded and discouraged from participating in democratic processes as a result, she said.

She called on individuals and institutions to step up on the issue, saying that calling out hate speech and humanising those it targeted were key to countering the toxic effects, along with 'pro-social' campaigns like New Zealand's **Give Nothing to Racism** or Australia's **Racism: It Stops With Me**, which she said served as a reminder of what agreed community standards were.

Read a 25-tweet **thread** from Gelber's talk here.

You can track Croakey's coverage of the Congress here.

Via Twitter



You can track Croakey's coverage of the Congress here.

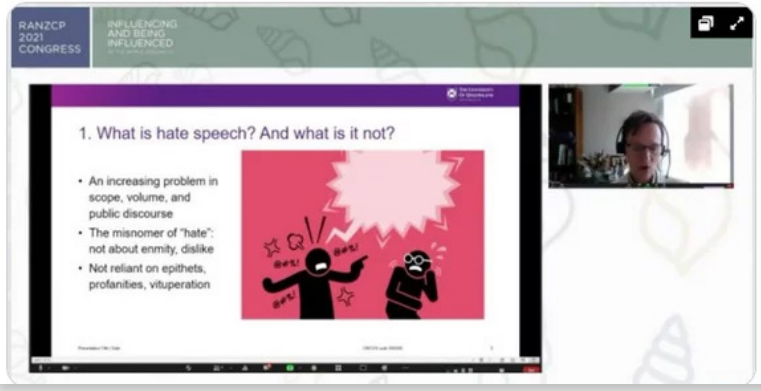
Amy Coopes ✓
@coopesdetat

#RANZCP2021

> **Stefan Campbell** @StefanTheNurse · 10h
> Replying to @KarenMagraith @coopesdetat and @KGelber
> And how can we as clinicians best support our doctors who are subjected to hate speech by our patients?
>
> Aside from empathy and cringe?

Jennifer Doggett
@JenniferDoggett

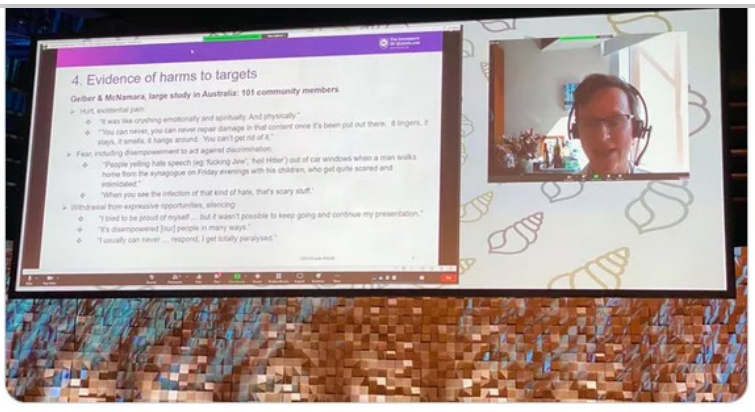
We need public health responses to hate speech to promote safety online, the same way we respond with seatbelts and drunk driver legislation to promote road safety says @kgelber at #RANZCP2021



Dr Skye Kinder
@skyekinder

Replying to @skyekinder

Study by @KGelber & McNamara. Incidents of hate speech occur in a variety of environments including participants homes via phone calls. Pain described secondary to hate speech is existential in quality - not just having feelings hurt. Feeling that laws are toothless. #RANZCP2021



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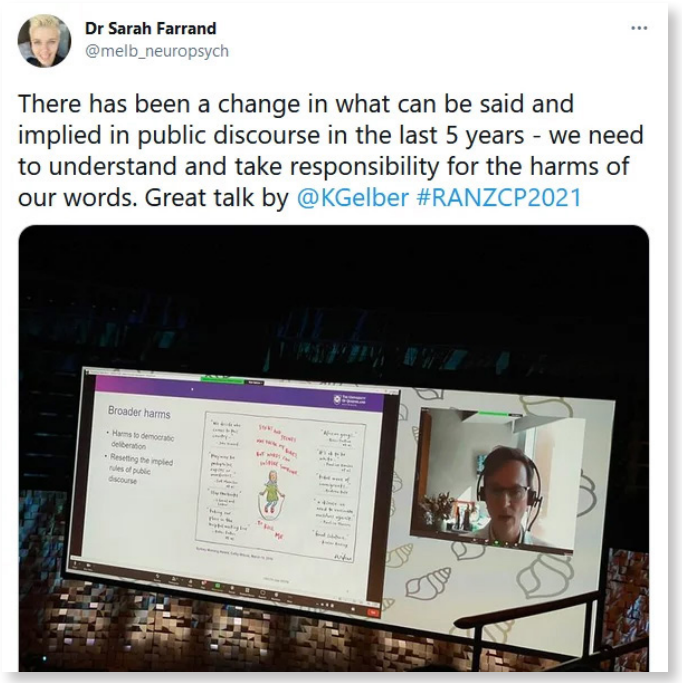


Set to gather for #RANZCP2021

You can track Croakey's coverage of the Congress here.

You can track Croakey's coverage of the Congress here.

Discussions underway

You can track Croakey's coverage of the Congress here.

Dr Skye Kinder
@skyekinder

Kicking off Day 1 at #RANZCP2021 with an address by the Hon Kate Warner. Discussing the history of asylums in Tasmania, development of the law around "insanity" and imprisonment of convicts, and the modern-day criminal code.

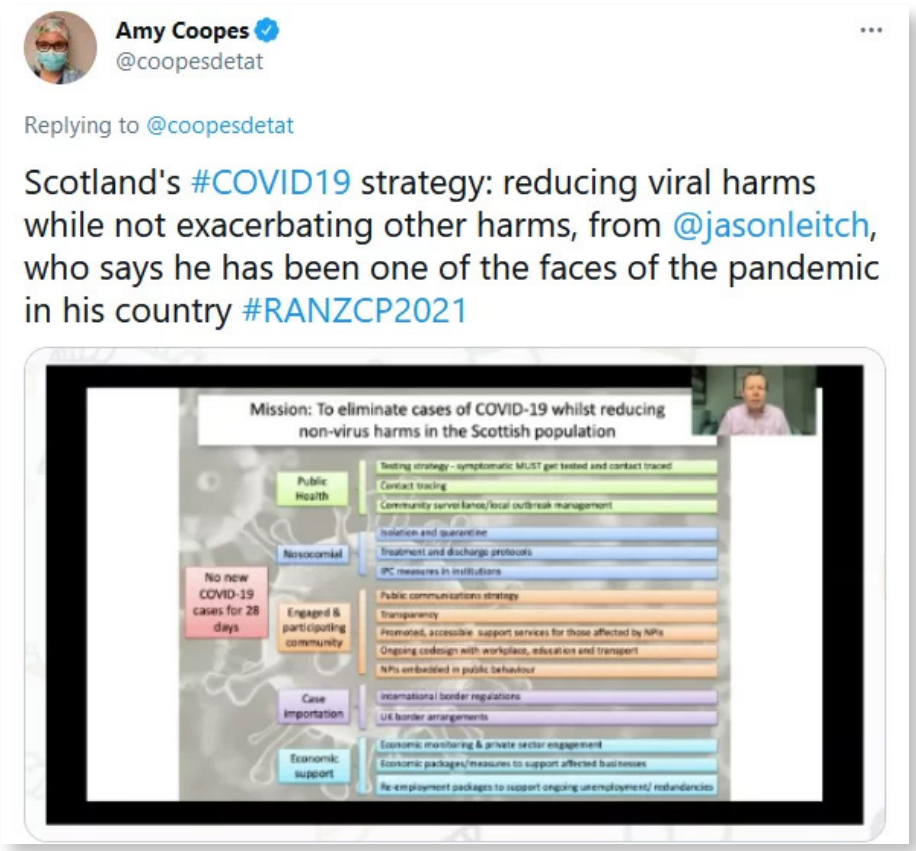
Dr Skye Kinder
@skyekinder

Outgoing @RANZCP President John Allen acknowledges the work of Australian psychiatrists during the #COVID19 pandemic, and comments that ongoing needs for mental health support for patients and their communities has been reflected in the recent federal budget. #RANZCP2021

Dr Skye Kinder @skyekinder · 11h

National Clinical Director of Scottish government @jasonleitch addresses **#RANZCP2021** (from afar). Discussing social disparity and inequality which has been reinforced by #COVID19. Particular focus on geography as a contributing factor to poor health.

You can track Croakey's coverage of the Congress here.

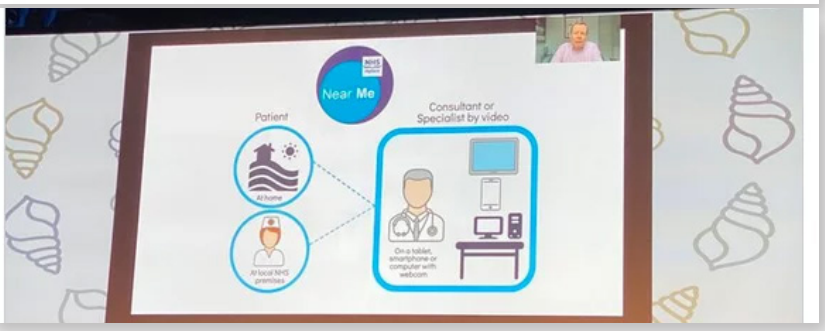


You can track Croakey's coverage of the Congress here.

Dr Skye Kinder
@skyekinder

Replying to @skyekinder

@jasonleitch discusses development and implementation of NHS Near Me which contributes positively towards addressing disparity in access to health services in rural Scotland. Aus could benefit from a similar approach in rural, regional and remote #RANZCP2021 #DestinationRural



Amy Coopes
@coopesdetat

Replying to @coopesdetat

Loving this story from @jasonleitch about the postie in his van on a break getting the results of his colonoscopy via telehealth. Lights up a dart, then apologising 'sorry I forgot I was at the doctor' #RANZCP2021

Dr Skye Kinder
@skyekinder

Replying to @skyekinder

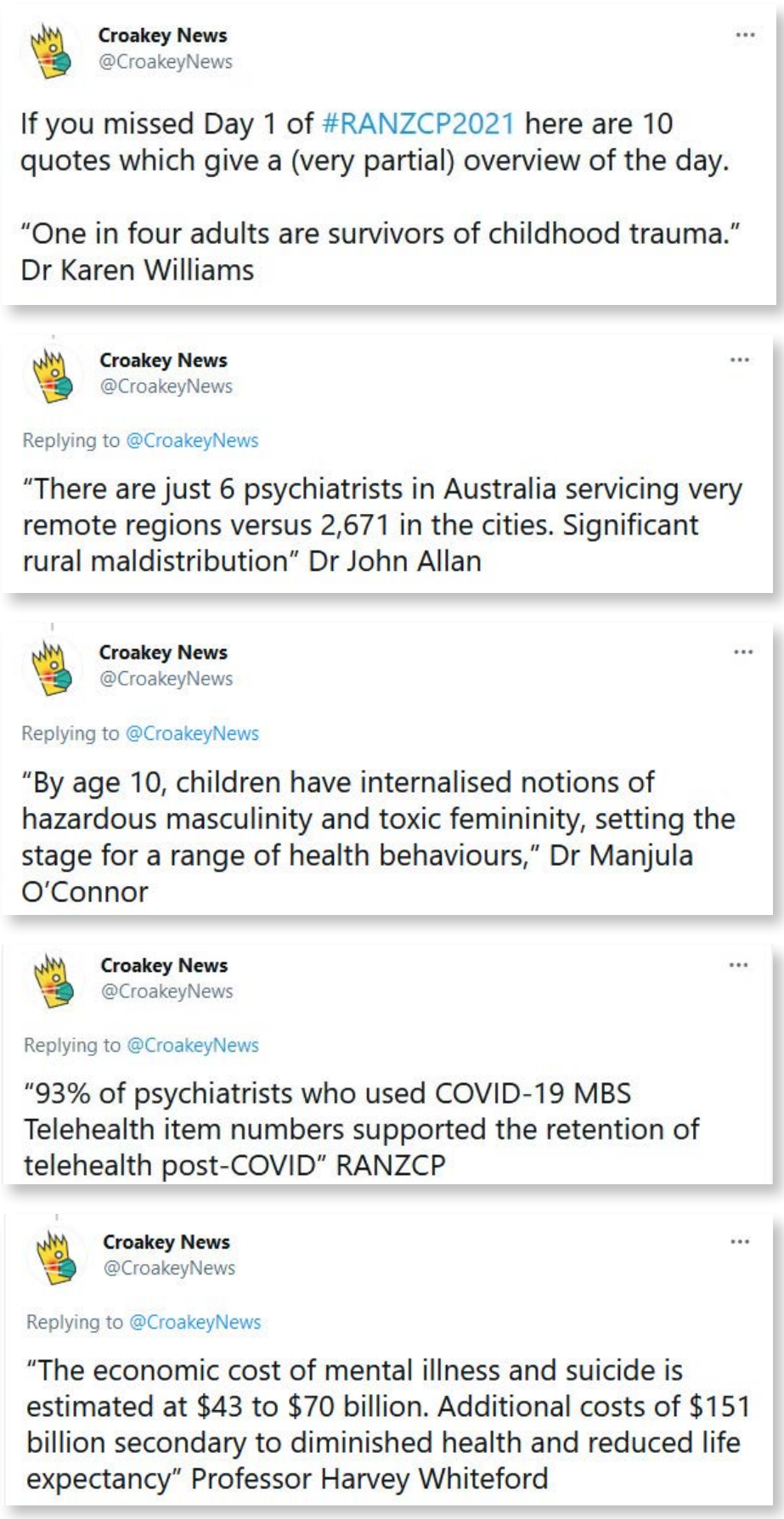
Importantly, @jasonleitch comments that progress made for rural patients in Scotland with implementation of NHS Near Me will NOT be lost in a post-COVID era. Need similar commitment from our health services and governments in Aus. #RANZCP2021 #DestinationRural

Dr Shalini Arunogiri
@SArunogiri

Inspiring that the opening keynote at #RANZCP2021 focuses on social determinants of health #SDOH, #system change and quality improvement. Congrats to scientific committee for an excellent choice inviting @jasonleitch.

You can track Croakey's coverage of the Congress here.

Ten takeaways for #RANZCP Day 1



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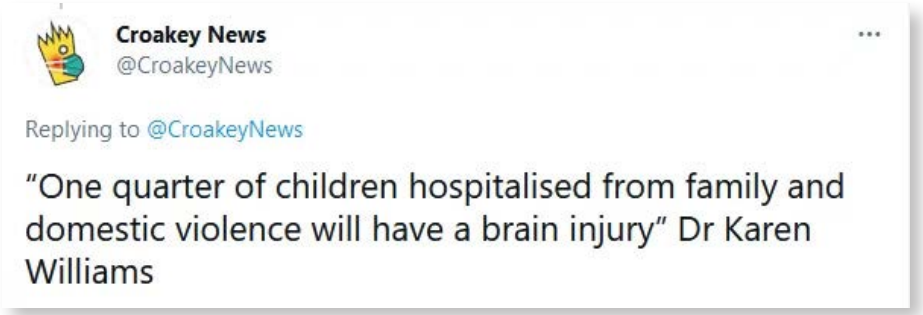
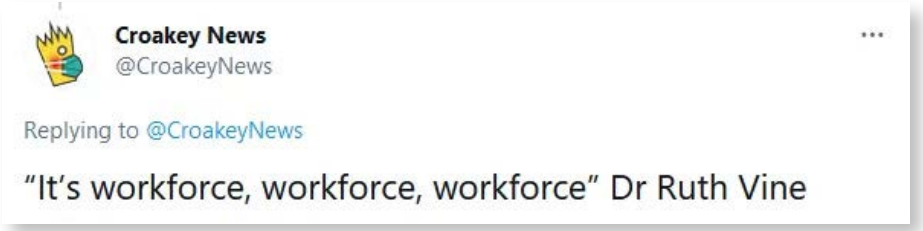




You can track Croakey's coverage of the Congress here.

"The deep breath": reckoning with First Nations ways of knowing in mental health

Illuminating Indigenous perspectives at #RANZCP2021. Photo Claire West, RANZCP

Lack of cultural understanding by mental health practitioners can continue to inflict grave individual and intergenerational harms for First Nations people, the Royal Australian and New Zealand College of Psychiatrists' 2021 Congress was told.

Croakey's Dr Amy Coopes reports below on a series of sessions on Day 2 at the #RANZCP2021 led by eminent Aboriginal and Maori mental health specialists that urged decolonisation of mental health to close the "conceptual gulf" between what is valued by Western psychiatry and in Indigenous social and emotional wellbeing.

Amy Coopes writes:

Cultural experiences and the legacies of dispossession, genocide and trauma are poorly understood and too often pathologised for Aboriginal and Torres Strait Islander and Maori people.

As a result, symptom control is prioritised over strengths and healing, with a real risk that ongoing generations could be lost to child removal, the justice system and suicide.

These were the messages of a thought provoking series of sessions at the 2021 annual Congress of Australian and New Zealand psychiatrists, where Indigenous clinicians from across the two countries called for a decolonisation of mental health systems, and a new reckoning with First Nations ways of knowing and experiencing the world.

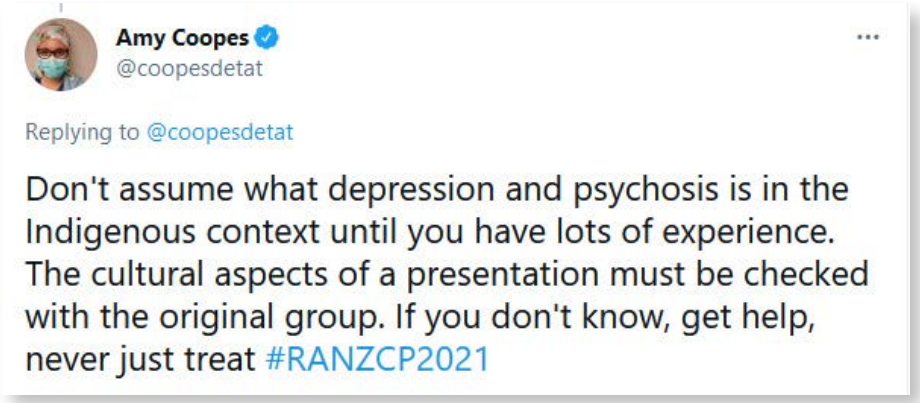
Palyku woman and WA's Australian of the Year Professor Helen Milroy, eminent New Zealand psychiatrists Allister Bush and Mark Lawrence and *tohunga* – or Maori healer – Wiremu NiaNia, offered rare insights at #RANZCP2021 into cultural experiences of mental health in a structurally violent and dismissive Western system.

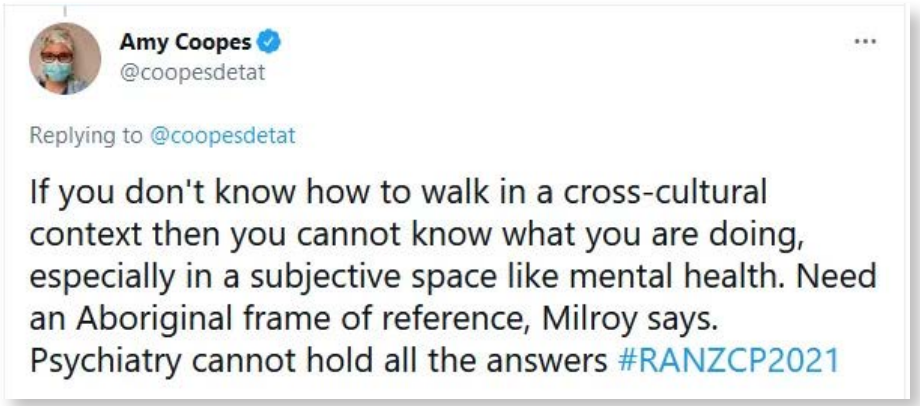
Milroy, who was Australia's first Indigenous doctor and has had a storied career in psychiatry, including as commissioner for the National Mental Health Commission and Royal Commission into Institutional Responses to Child Sexual Abuse, said Aboriginal and Torres Strait Islander peoples had a unique position as a "post-genocide population in a post-colonial society".

This historical legacy brought biological, psychological and social complexity, with multiple layers of trauma, loss and control spanning kinship groups and generations, and harms ongoing with denial of rights or access to homelands and healing.

These experiences were so universal and enduring they had become normalised, while cultural and spiritual norms extending back tens of thousands of years were problematised and misunderstood, Milroy said.

Paranormal phenomena such as seeing and hearing ancestors, communing with animals, land or weather, intuiting events and the notion of a collective consciousness were all an accepted dimension of culture and were too hastily – at times – labelled psychotic or pathologised by psychiatry. Milroy said the inverse could also be true, with illness dismissed as culture, stressing that context was essential.





Failures to engage

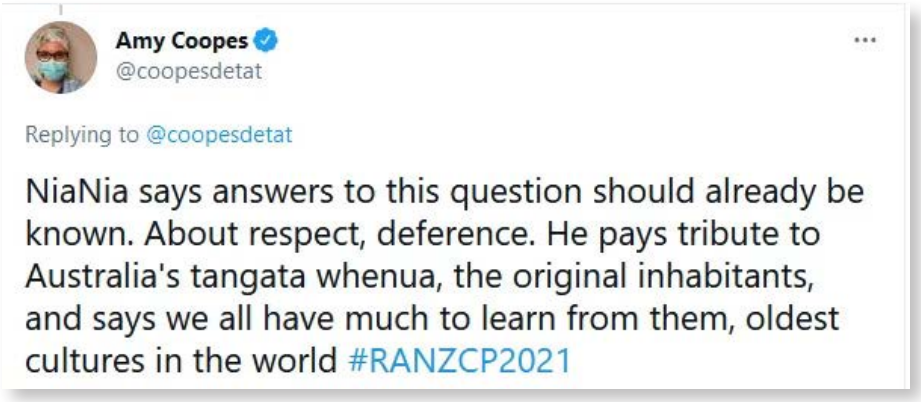
Bush and NiaNia shared four case studies from their work with Maori adolescents at the **Te Whare Marie** specialist mental health service, exploring how presentations of mental illness could be a manifestation of ancestral connection, *matekite* (a seer or medium), *mate Maori* (Maori spiritual or cultural problem) or other spiritual or relational disruption.

They offered a framework for psychiatrists to assess for these possibilities, asking about feelings of a presence that attended voices or visions, whether there was a personal or family history of intuiting or foretelling events, and whether their perceptions had ever been shared by others. Drawing on NiaNia's skills and experience as a *tohunga*, Bush said they had been able to distinguish many cases of culturally appropriate and explicable phenomena.

A lack of validated assessment tools for use in Indigenous populations or evidence base on efficacious treatments meant these nuances were not well understood. Milroy said this was compounded by a "language gap" or conceptual gulf between what was valued by Western psychiatry (risk and symptom control, recovery) and prioritised in Indigenous paradigms (healing, strengths).

There was also a failure or unwillingness to engage with the unfinished business of sovereignty, land rights, compensation, reconciliation and national identity – issues that, if addressed, would have a lasting and tangible impact on mental health, Milroy said.

"I don't know what it is going to take, but we can't allow this to continue," said Milroy. "We are at risk of losing generations to out of home care, to the justice system and to suicide".



She said the only way forward was genuine partnership, that it was no longer sufficient to champion change; it had to be built into the service provision model. Milroy recalled the words on Closing the Gap from former Aboriginal and Torres Strait Islander Social Justice Commissioner Tom Calma, who said it was not credible that one of the wealthiest countries in the world could not solve a health crisis affecting less than three percent of its citizens.

At the policy level, Milroy said there had been dramatic changes in recent years, with more organised and more unified advocacy from Indigenous groups and a much greater capacity in the space for expertise and partnership.

She pointed to the launch of **Gayaa Dhuwi** and formation of the **Coalition of Peaks** as significant steps, along with the proliferation of Indigenous-specific professional bodies like the Australian Indigenous Doctors Association, Indigenous Allied Health Association, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP).

Milroy said there was a greater emphasis on Indigenous governance and longer policy cycles, but a "glass ceiling" remained. There were significant problems in the mental health space at the interface between primary care, social and emotional wellbeing and mainstream services, with a lack of cohesion and collaboration, cultural safety, inclusion or valid assessment tools and outcome measures.

Workforce issues loomed large, with over-reliance on low-paid Aboriginal staff who were not offered professional development opportunities and were expected to take on roles far beyond their training, Milroy added.

Courageous wisdom

Presenting from across the Tasman, Lawrence offered a story of *Whenua, Te Reo me Aroha* – land, language and love – around Maori knowledges and experiences of colonisation. He spoke about the importance of words in constituting and framing the lives of people, communities and societies, and of place, agency and mana.

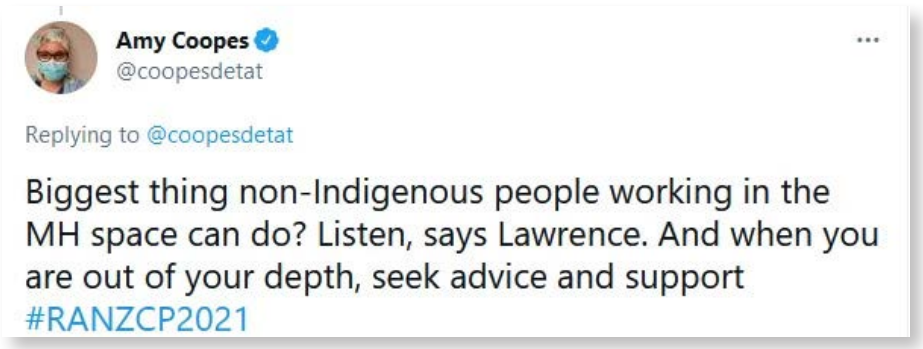
Lawrence called for a decolonisation of health, something he described as a process of learning and relearning what had been lost, of truth-telling, positive change, achieving equity. This required *me hoki whakamuri, kia anga whakamua* – looking back to see our future, he said.

"Structures must change to reflect the place and the people of that place," said Lawrence, urging his psychiatry colleagues to be part of the change. "It's your legacy, it's my legacy."

He hailed the announcement of the new independent Maori Health Authority, chaired by Mason Durie, as a monumental step, and the culmination of many years of advocacy, with tremendous will from both government and the medical profession.

Lawrence closed his presentation with an excerpt from Moana Jackson's 'Imagining Decolonisation', which he said was essential reading for anyone working in health care.

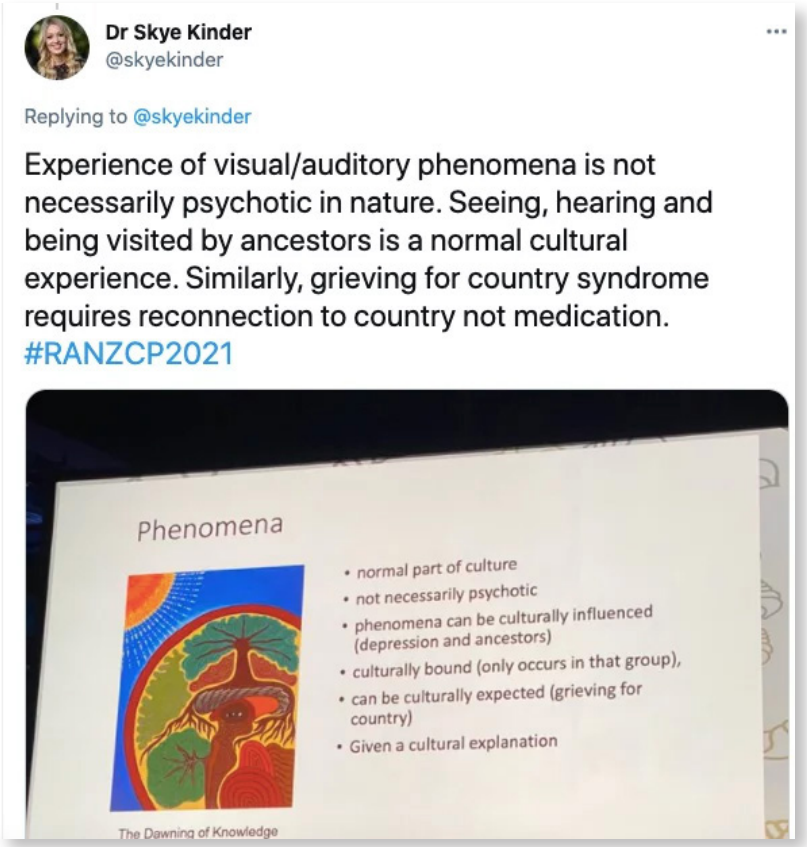
"It will require courageous wisdom to change, and some will say it is impossible and unrealistic. But when the ancestors crossed Te Moana-nui-a-Kiwa, they overcame what seemed impossible and realised that courage is simply the deep breath you take before a new beginning."



Read a 62-tweet **thread** from Dr Amy Coopes summarising the presentations here.

The sessions via Twitter

You can track Croakey's coverage of the Congress here.



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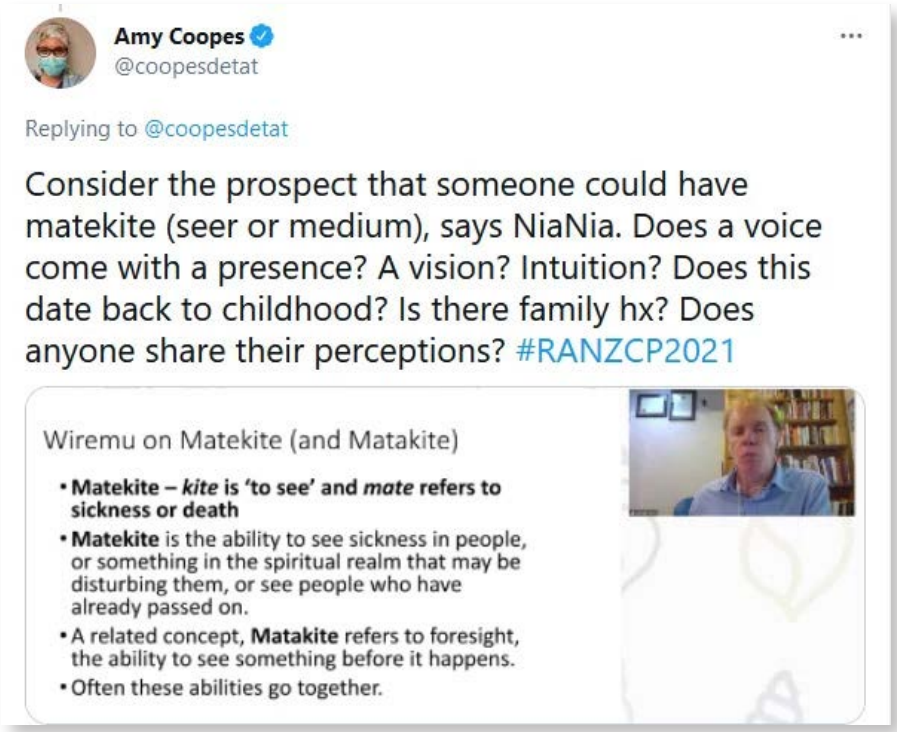
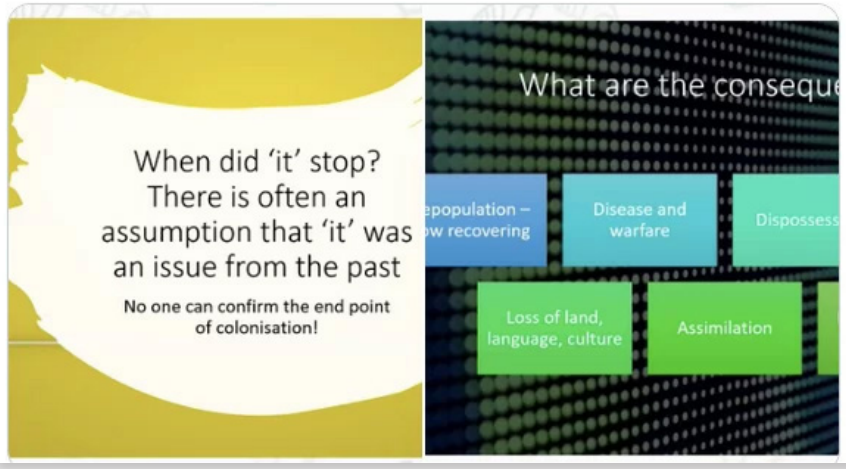


Amy Coopes ✓
@coopesdetat

Replying to @coopesdetat

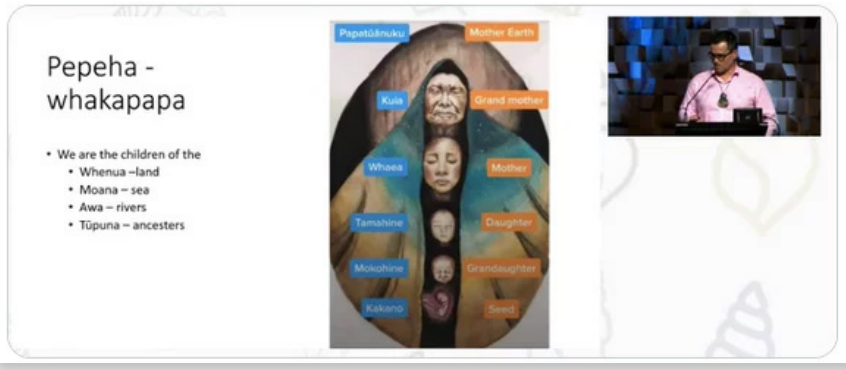
Colonisation has no end point, says Lawrence. Its consequences are ongoing #RANZCP2021



Amy Coopes ✓
@coopesdetat

Replying to @coopesdetat

The land gives us status, says Lawrence. If we don't have land we don't have authority #RANZCP2021



Amy Coopes ✓
@coopesdetat

Replying to @coopesdetat

NZ has just reached population parity for Maori graduates from its two medical schools, but Lawrence says this is the culmination of about a decade of work and Pakeha buy-in #RANZCP2021

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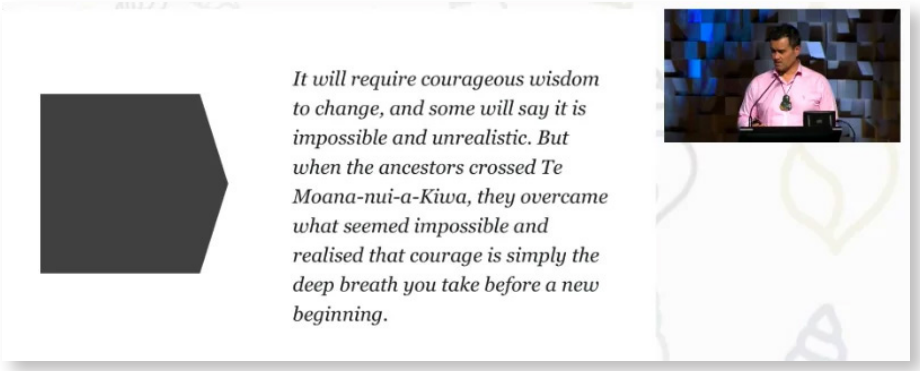

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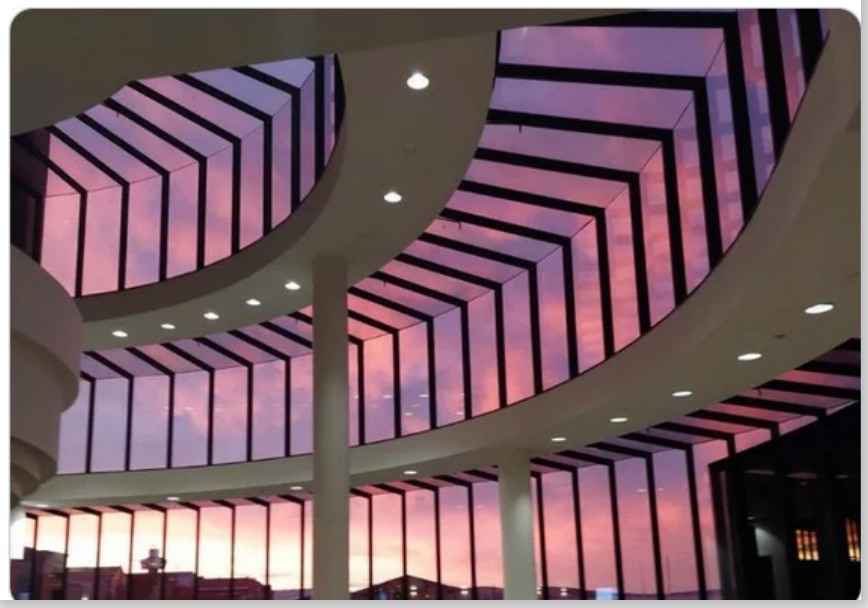
Other takeaways from #RANZCP2021 Day 2

Croakey News
@CroakeyNews

So much to think about from Day 2 of #RANZCP2021.....here are some standout insights from presenters and participants to ponder over your morning coffee as we head into Day 3...



Croakey News
@CroakeyNews

Replying to @CroakeyNews

"If we don't understand Aboriginal frames of reference, how will we know what we are treating? What will work? How to measure healing?" Professor Helen Milroy

Croakey News
@CroakeyNews

Replying to @CroakeyNews

"Rates of PTSD are double in Australian asylum seekers held in offshore detention compared with those detained overseas in Europe. We can and should do better." Dr Sarah Farrand

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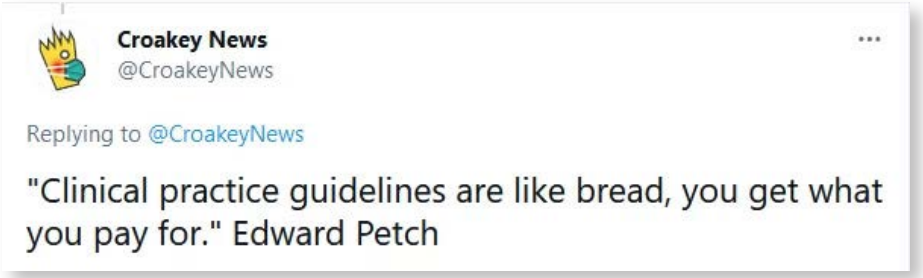

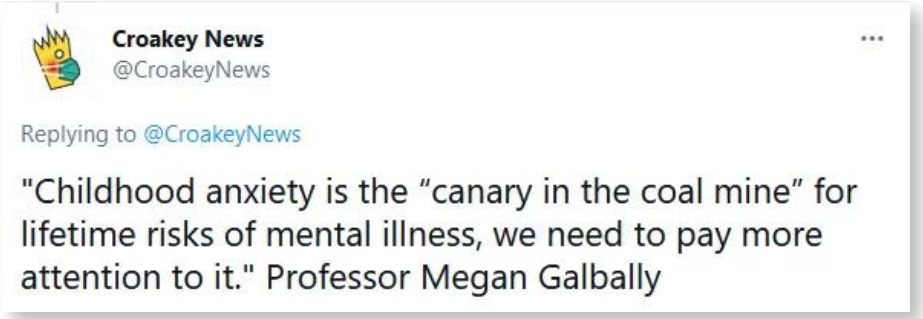

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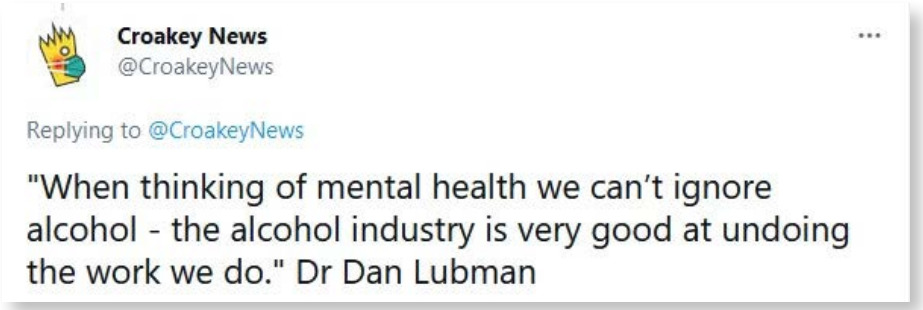
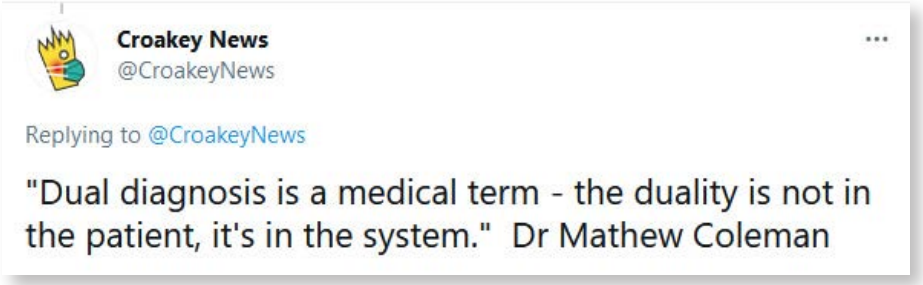




Spreading the word

You can track Croakey's coverage of the Congress here.

COVID-19 and mental health: moral and logistical challenges and an ongoing toll

NSW chief psychiatrist Murray Wright presents to the #RANZCP2021 symposium on COVID-19. Photo: Sarah Carr

The impact of COVID-19 hovered over many sessions and the staging of the Royal Australian and New Zealand College of Psychiatrists' annual Congress in Hobart, one of the first medical specialty conferences to meet once again in person.

The pandemic's impact was centre-stage at a high level trans-Tasman panel session at a **#RANZCP2021** Presidential Symposium. It heard that, while the worst projections were averted in both Australia and New Zealand, the pandemic has inflicted a high and continuing toll on mental health, particularly for young people.

New Zealand's COVID-19 experience came amid a series of ongoing "psychosocial crises", in the wake of tragic events like the Christchurch earthquakes and mosque massacre and, as did Australia's, underscored the critical importance of the social determinants of health, including income support.

Amy Coopes writes:

The worst-case predictions of a pandemic-fuelled surge in suicide did not come to pass, but demand on an already-ailing mental health system has ballooned, with no signs of abating and warnings to psychiatrists that it could be years before we pass the peak.

And while a swift pivot to telehealth was hailed as life-changing for many, it had been far from a panacea, highlighting and exacerbating access disparities and placing a new level of strain on practitioners, the Royal Australian and New Zealand College of Psychiatrists' annual Congress has been told.

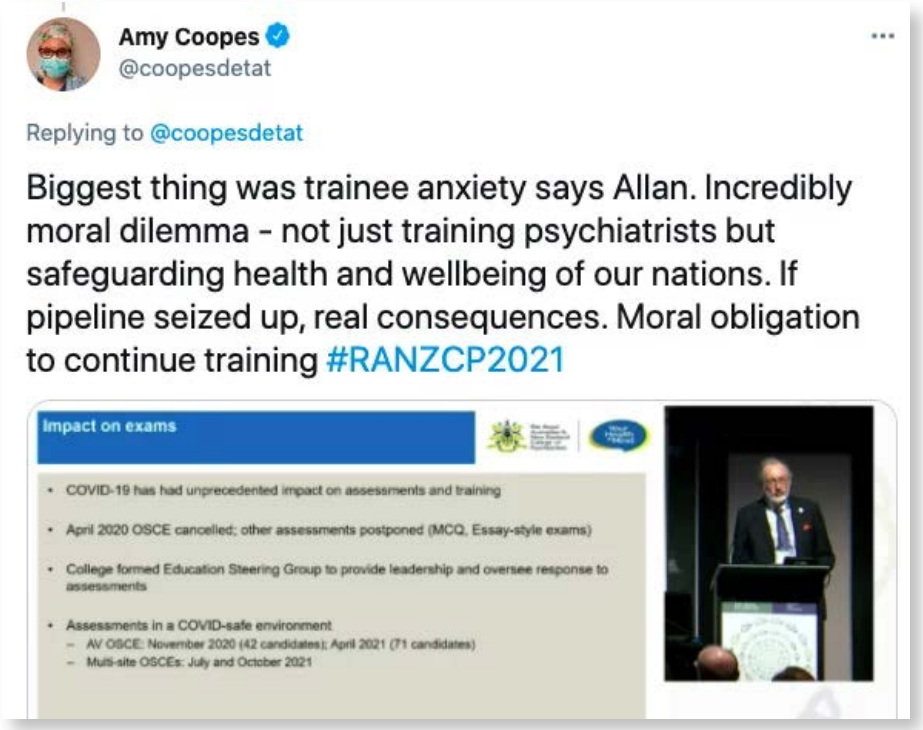
The coronavirus pandemic was front and centre at the RANZCP Congress, themed 'Influencing and being influenced by the world around us' and one of the first major medical specialty conferences to be held in Australia since the global outbreak began.

It highlighted how mental health has come under the spotlight as never before in an unprecedented year of isolation, loss, uncertainty and rapid change, throwing many of the givens in our modern life into question.

RANZCP President Associate Professor John Allan said it had posed a "moral challenge" to the College to ensure training continued, because the mental health and wellbeing of Australia and New Zealand was at stake.

Allan chaired a symposium examining the impact of COVID-19 on mental health across the two countries, featuring Australia's deputy chief medical officer for mental health, Dr Ruth Vine, New South Wales chief psychiatrist Dr Murray Wright, and Dr Arran Culver, who is chief clinical advisor for mental health and addiction to New Zealand's Minstry of Health.

The group shared their experiences of working behind the scenes on the coronavirus responses of Australia and New Zealand, widely regarded as among the world's best, with very few infections or deaths in relative global terms.



Planning for system collapse

Dr Murray Wright gave an insider's account of the NSW response, emphasising the importance of information, adaptation, communication and collaboration.

More than 12 months on, with millions of vaccine doses administered and little local transmission to speak of since the suppression of Melbourne's second wave, Wright said it was easy to forget where we had been, mired in incredibly grim forecasts and "contemplating health system collapse".

Based on the information out of China and other outbreak centres, NSW was expecting some 25,000 deaths and a 10-week ICU surge maxing out capacity by more than 300 per cent.

It made plans for a massive 550-bed makeshift hospital at Olympic Park, with further field hospitals at the Sydney Convention Centre and Gore Hill Oval. Scrambled contingency plans looked at turning frozen food factories, industrial warehouses and even pubs into makeshift morgues – contemplating a city under siege, "like the aftermath of a war zone".

Amid a "cacophony of voices about what was going on, some of which was pretty unhelpful", Wright said it soon became obvious just how important, "consistent, clear and realistic" messaging from government was going to be, and an enormous upskilling of communications capacity became an early priority.

Information was a precious commodity, particularly in those early days, and Wright said a confidential team of analysts known as the Critical Intelligence Unit was at the heart of NSW operations, combing through media reports and scientific publications to keep officials abreast of the latest developments.

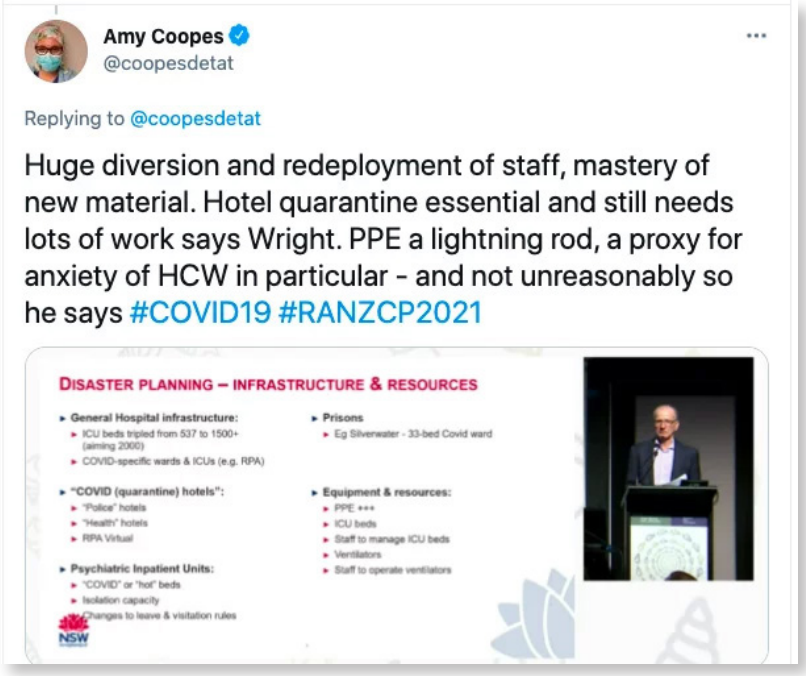
They were "completely invisible to the rest of the community, but vital" to the government's COVID-19 strategy, producing a daily evidence digest, updating the internal Risk Monitoring Dashboard and public-facing Agency for Clinical Innovation (ACI) sites Living Evidence and Evidence Check.

Specific to the mental health space, Wright said NSW Health's System Information and Analytics branch published MH Trace. It tracked indicators of demand and capacity in the system such as Emergency Department presentations with mental health concerns, suicidal ideation or self harm, Medicare Benefits Schedule (MBS) mental health service use, and crisis line contacts, with data distillable down to local health district (LHD) and health service level.

Offering a glimpse inside the government's clinical war-room, Wright discussed the formation of the NSW COVID-19 Clinical Council, a group bringing 30 specialist areas together weekly with bureaucrats to discuss health system priorities in the response.

Wright said personel protective equipment (PPE) became a "lightning rod, a proxy for anxiety – for health care workers in particular, and rightly so", and there was a high level of distress and distrust around these and other issues in a "pretty torrid" first month.

Overtime the Clinical Council came to be an effective and important plank of the NSW response, he said, also applauding the formation of National Cabinet, which he said was not only valuable in coordination but allowed information-sharing and collaboration.



At a specialty level, Wright said the nation's chief psychiatrists also met monthly throughout the pandemic and this allowed for peer review and debriefing across jurisdictions, and discussion of common challenges.

Telehealth and the social determinants

The major and persisting issue confronting the mental health system was increased emergency department presentations by young people, Wright said – a concern echoed by Dr Ruth Vine and by Dr Arran Culver from across the Tasman, a former child psychiatrist, who said it was borne out nationally and trans-nationally, along with a rise in this group of eating disorders.

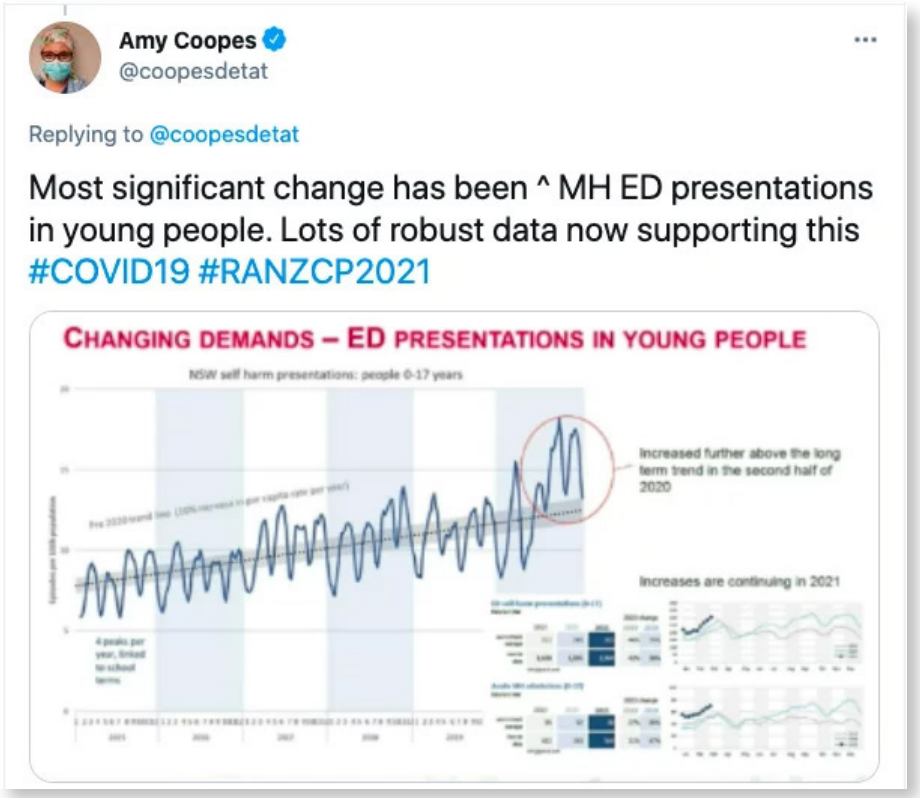
Vine's position as deputy chief medical officer for mental health was created by the Federal Government in response to the pandemic, amid frightening prediction early on of an "explosion" in suicides.

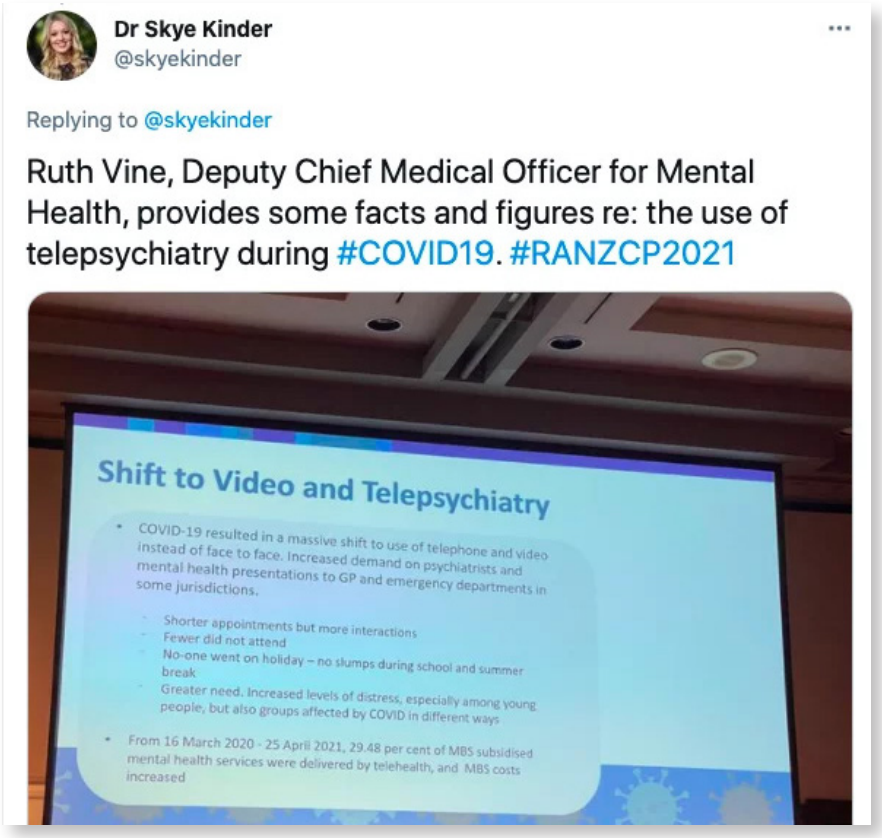
While that didn't eventuate, she said concerns about the system's ability to cope pre-dated COVID-19, which had not arrived in a vacuum for Australia's mental health services – already stretched to the limit by growing demand, complexity, fragmentation and inequities of access.

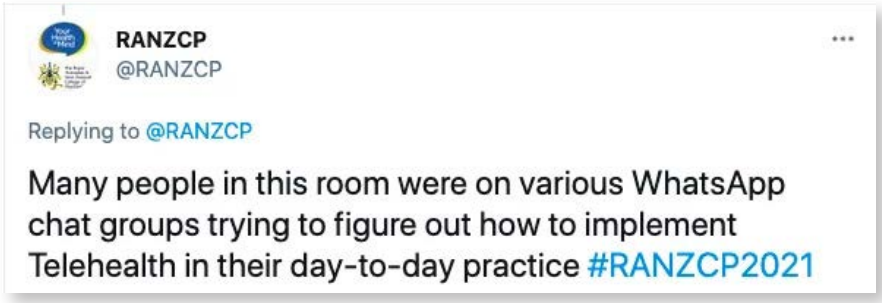
While the system and some of its users benefited from a pandemic-expedited telehealth rollout, Vine said it hadn't helped everyone and made things more difficult for those without access to a safe, private place to be seen or a secure platform.

This was recognised early on by New Zealand, according to Culver, who said the government reached a 'zero data' agreement with the nation's telcommunications companies to allow for free access to COVID-19 related information and services, and engaged in a mass buy-up and distribution of cheap mobile handsets to disadvantaged communities.

Vine said more beneficial and significant for mental health during the crisis were 'non-health' interventions like JobKeeper, targeting the social determinants of wellbeing.







Longer-term psychosocial alert

Culver shared similar experiences from New Zealand, where he said there was early recognition – informed by a series of national disasters in preceding years including the Canterbury earthquakes – that the major impacts were not going to be viral. Rather they would be on people's lives and livelihoods: income, food security, housing, employment and family and the exacerbation of family and domestic violence by conditions of confinement.

Culver said New Zealand had actually been in psychosocial crisis response activation mode for most of the few years preceding COVID due to crises including the earthquakes that hit the Christchurch region, the White Island volcano eruption and the Christchurch massacre. Still nothing had quite equipped them for a national pandemic response, he said.

While New Zealand had escaped any major primary impact from COVID-19 itself, Culver said there had been "significant secondary and economic impacts, but these were managed reasonably well".

The country's updated psychosocial response plan had a stronger focus on the social determinants of health and at-risk groups, including the newly unemployed, people who were already in hardship, and children and young people.

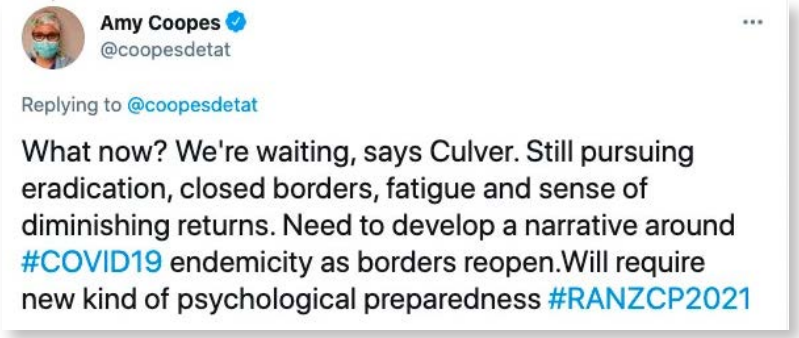
This latter group had been demonstrated as the most vulnerable to mental health impacts following the Canterbury earthquakes, Culver said, with a delay in onset of about six months and a "very long tail", in the order of about three years.

New Zealand had seen a similar COVID-19 spike in youth mental health presentations, but he said this had peaked after about 6-8 weeks.

Vine questioned when, if ever, the surge in demand seen during COVID-19 would abate, given it was showing no signs of slowing in Australia.

Adding to this, Culver said there were new challenges ahead, with a current phase of 'languishing' and fatigue with eradication measures that were now bringing diminishing returns, and a new kind of psychological readiness needed around COVID endemicity as borders began to open.

Culver paid tribute to a "remarkable" public response in New Zealand to date, which he put down to a unity and clarity of messaging – a "single source of truth" – compared to other jurisdictions.



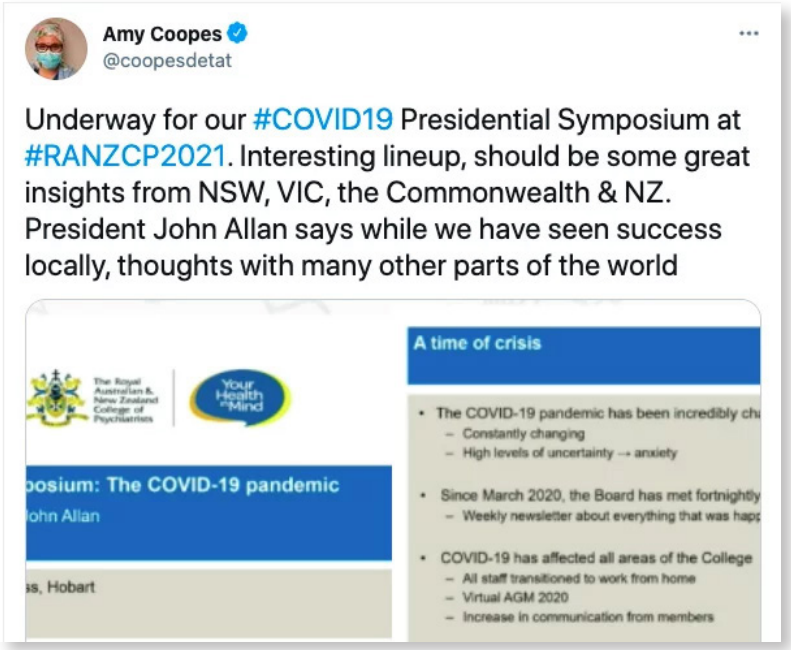
The panellists were asked to comment on the role of the media, and whether they had helped or hindered.

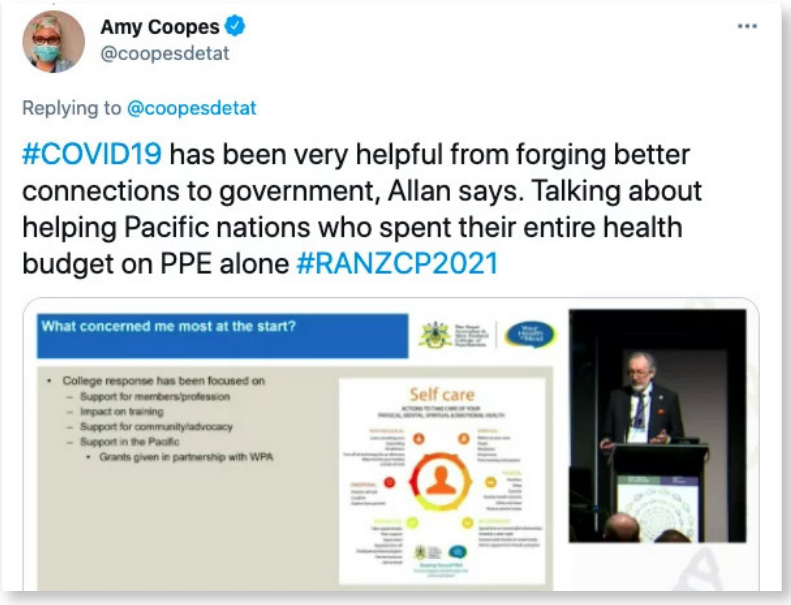
Largely, Vine said media outlets had been responsible, for example not blowing the suicide modelling early on out of proportion.

Wright agreed they had been quite respectful of health authorities' role as the "voice of truth, especially in critical stages", and urged his colleagues to reflect on what had been done well. Overall, he said, the response was one health care workers should be proud of.

Read a 43-tweet **thread** from Dr Amy Coopes summarising the presentations.

COVID-19 and mental health, via Twitter





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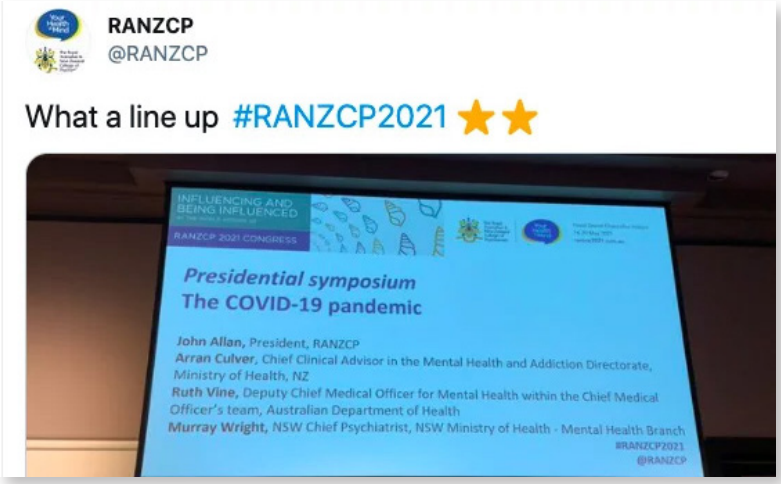

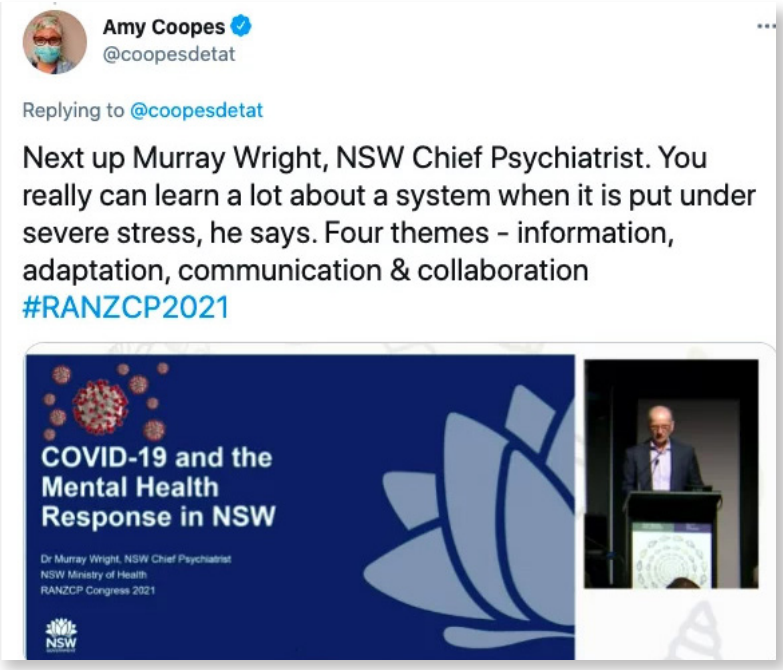

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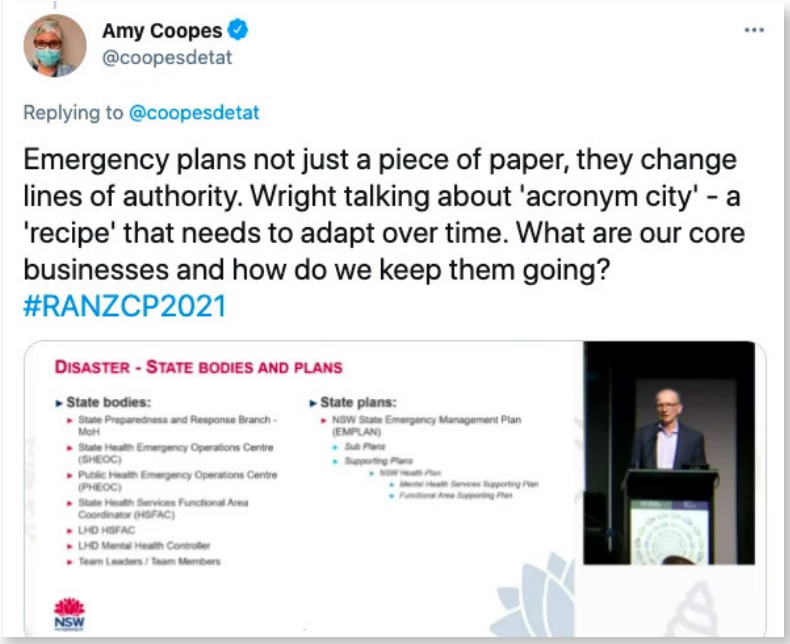

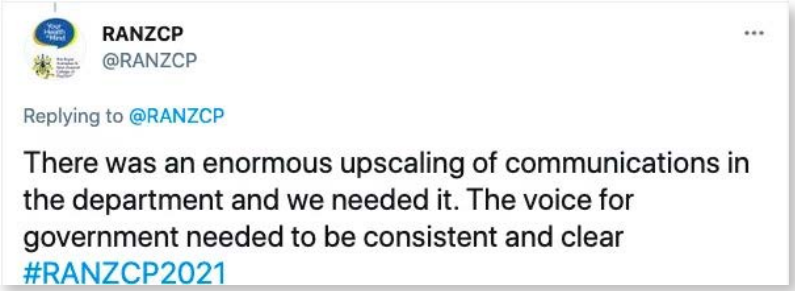

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RANZCP
@RANZCP

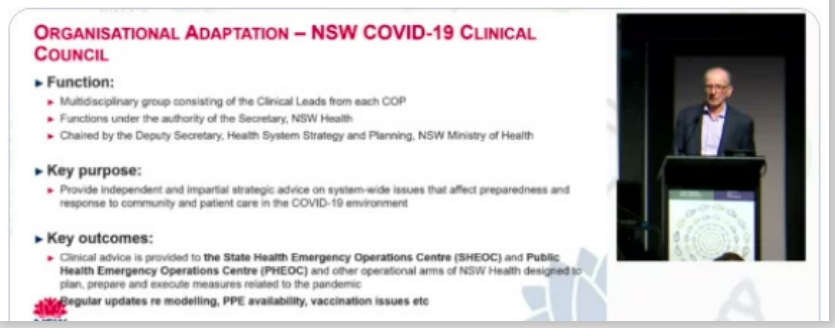
Replying to @RANZCP

We met weekly to ensure that clinicians needs were being heard and escalated quickly. This served as a good way to manage the distress and anxiety extremely well #RANZCP2021

Amy Coopes
@coopesdetat

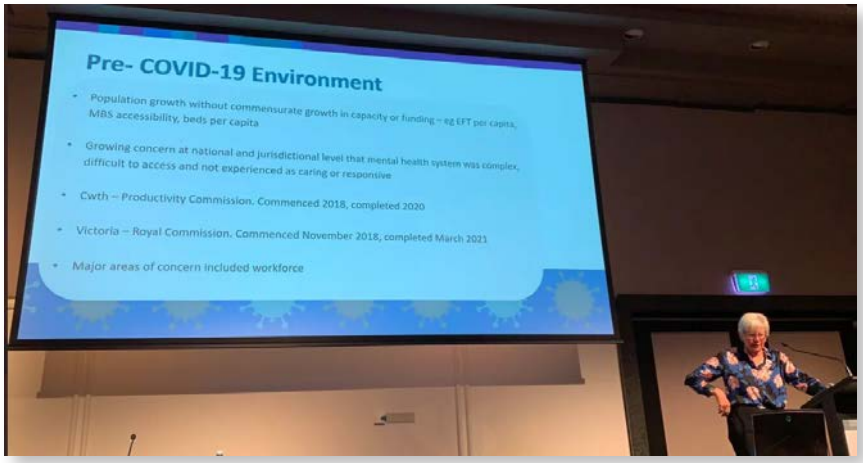
Replying to @coopesdetat

Wright speaks to tensions around competing clinical & bureaucratic demands. Meeting of #COVID19 Clinical Council weekly to bring together 30 clinical specialist areas. 'Pretty torrid' first month. High level of distress & distrust of bureaucrats, but been fundamental #RANZCP2021



RANZCP
@RANZCP

Deputy Chief Medical Officer for Mental Health, Dr Ruth Vine, on the mental health system before and during the #COVID19 pandemic #RANZCP2021



You can track Croakey's coverage of the Congress here.

RANZCP
@RANZCP

Replying to @RANZCP

There was a whole raft of non-health things that were highly significant and had a big impact on our mental health #RANZCP2021

Amy Coopes
@coopesdetat

Replying to @coopesdetat

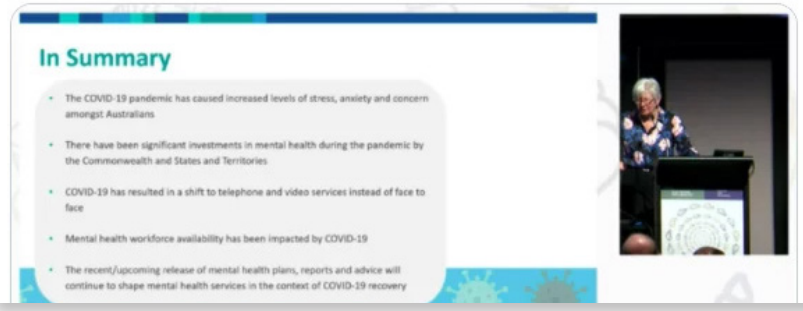
Vine says Victoria was more immediately and significantly affected than other states. Talking about the 'opportunistic experiment' of multidisciplinary primary care colocated Head 2 Help Clinics #RANZCP2021

Free advice and help for all Victorians
Feeling stressed, anxious, or sad? Help is here. Call now The sooner you HeadtoHelp, the better you'll feel. HeadtoHelp supports Victorians of all ages...
headtohelp.org.au

Amy Coopes
@coopesdetat

Replying to @coopesdetat

While @ozprodcom and @RCmentalhealth were both already underway pre-#COVID19 Vine says the pandemic has definitely influenced both, in terms of their thinking around availability of services in the community, demand, systems issues highlighted #RANZCP2021



You can track Croakey's coverage of the Congress here.

RANZCP
@RANZCP

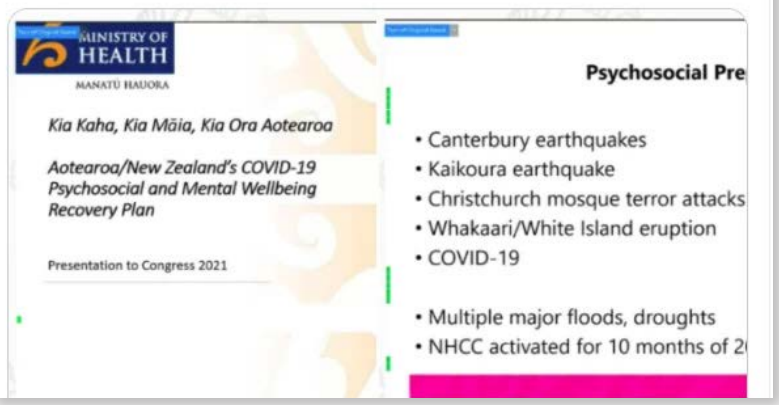
Replying to @RANZCP

The activity of helplines is so important to track the mental health of the country and how we are as a system and where the problems are going to come from #RANZCP2021

Amy Coopes
@coopesdetat

Replying to @coopesdetat

Up now Arran Culver, chief clinical advisor MH & addiction to NZ Health Ministry. Culver says NZ has had lots of #COVID19 readiness practice in recent years. In fact they have been in activation mode from psychosocial crisis response perspective much of the year #RANZCP2021



Amy Coopes
@coopesdetat

Replying to @coopesdetat

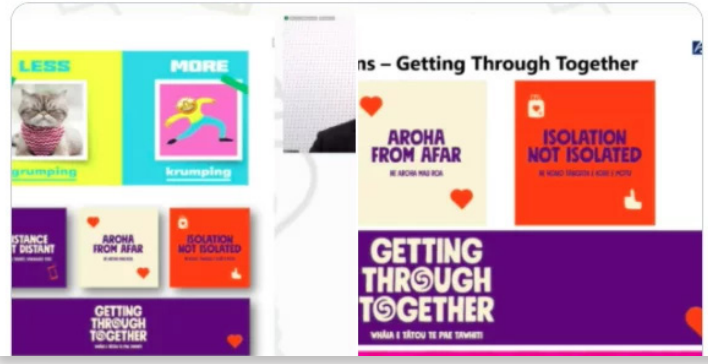
Culver said learning to fail & fail quickly key to developing psychosocial responses to #COVID19. Nothing done to date was fit for purpose for a national-level response to a pandemic. Major impacts were always going to be #SDOH - income, food, housing, employment, FDV #RANZCP2021

You can track Croakey's coverage of the Congress here.

Amy Coopes
@coopesdetat

Replying to @coopesdetat

Culver says having one source of truth and consistent messaging was important in NZ #COVID19. $15m pledged to the initial psychosocial response (for context, Culver says Sports NZ got $25m). Getting Through Together had 60% cut-through and high levels of utility #RANZCP2021



Amy Coopes
@coopesdetat

Replying to @coopesdetat

Culver says young people and eating disorder increases also being seen in NZ, but cautions on long-term trends with latter. This tailed off in NZ after about 6-8 weeks though, Culver says. Wright adds this is an international phenomenon and reflects 10-yr trend #RANZCP2021

Amy Coopes
@coopesdetat

Replying to @coopesdetat

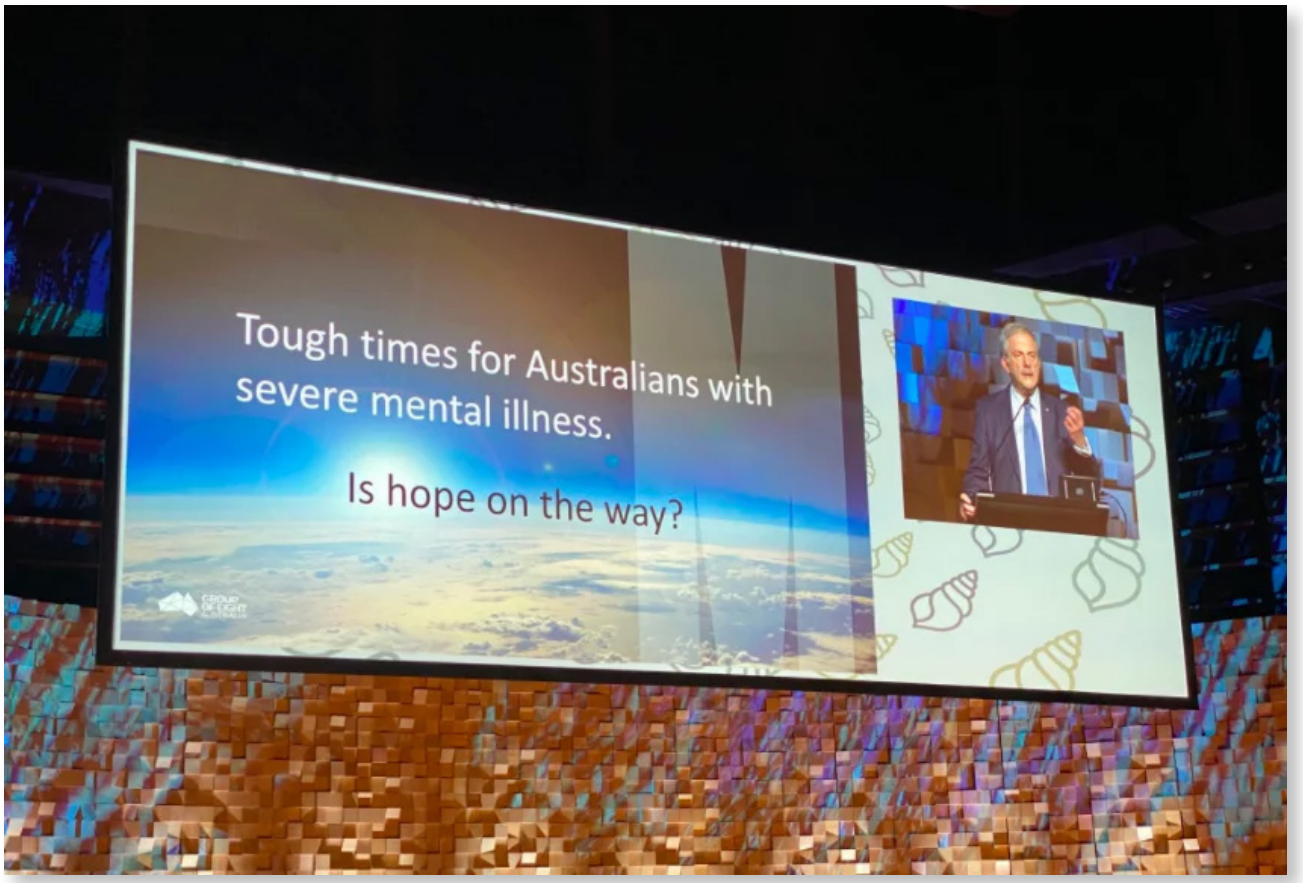
Vine sharing @mbismark's Emotional Lifecycle of a Disaster. Saw this playing out for HC workforce during #COVID19 #RANZCP2021

Amy Coopes
@coopesdetat

Interesting reflection - all distress in these contexts is appropriate and relevant and no use trying to stratify and target with different responses #COVID19 #RANZCP2021

You can track Croakey's coverage of the Congress here.

Wrapping tweets and news from #RANZCP2021



Big questions for mental health on the agenda at #RANZCP2021. Photo: Dr Astha Tomar

Introduction by Croakey: Is hope on the way for mental health system reform?

That was one of the bigger issues on the agenda at the 2021 Royal Australian and New Zealand College of Psychiatrists (RANZCP) Congress, in the wake of major mental health system investigations by the **Productivity Commission** and Victoria's **Royal Commission**.

The question may have got one answer on its closing day, as the Victorian Government announced what's being hailed as an historic commitment of $3.8 billion over four years in response to the Royal Commission's findings and recommendations.

It outstripped the Federal Government's record $2.3 billion mental health budget announcement and prompted mental health expert Professor Patrick McGorry to **say** he "never thought I would live to see the day mental illness would be the heart of a state budget".

The RANZCP welcomed the funding as underscoring the central premise of the Royal Commission, "that every person has a right to appropriate and effective mental health care, whenever and wherever they need it".

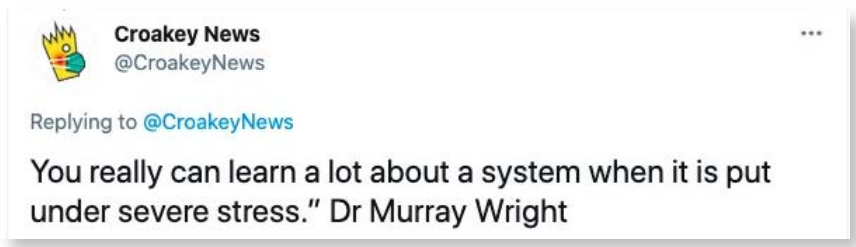
Some of the asks for mental health reform from psychiatrists and other mental health specialists are outlined in this big omnibus post from #RANZCP2021, that features tweets from a number of sessions and participants across the four days of the Congress.

As well as reflections on the big mental health inquiries and takeaways from Day 3 from Croakey journalist Jennifer Doggett, it includes tweets from sessions on alcohol and mental health, therapeutic inpatient services, intellectual disability and mental health, and some selfies, snaps and snapshots from around #RANZCP2021.

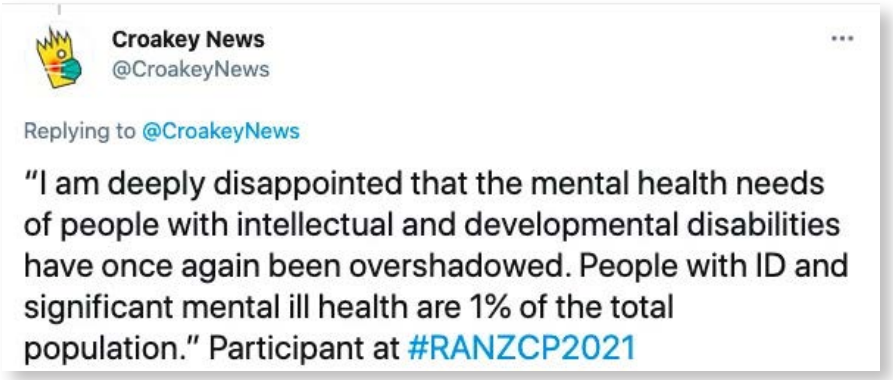
The Congress also marked the handover of the College presidency from Associate Professor John Allan to Associate Professor Vinay Lakra, who said his main priorities will include training and workforce issues and advancing psychiatry's voice in the mental and physical health sectors.

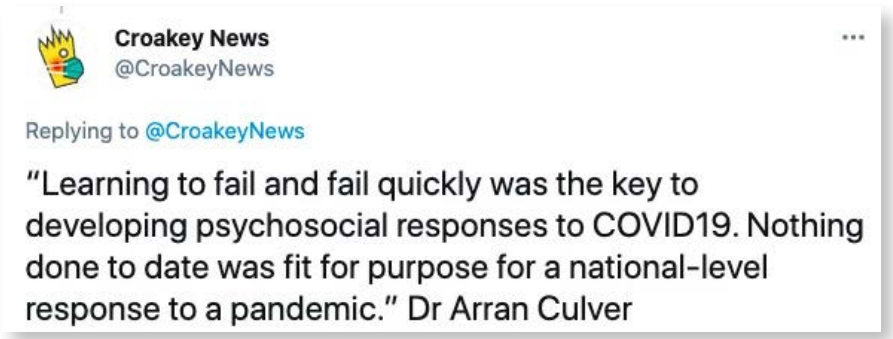
He said that, as the first RANZCP President to have trained overseas, he also aims to "encourage and promote cultural diversity, equity and inclusion in access to mental health services".

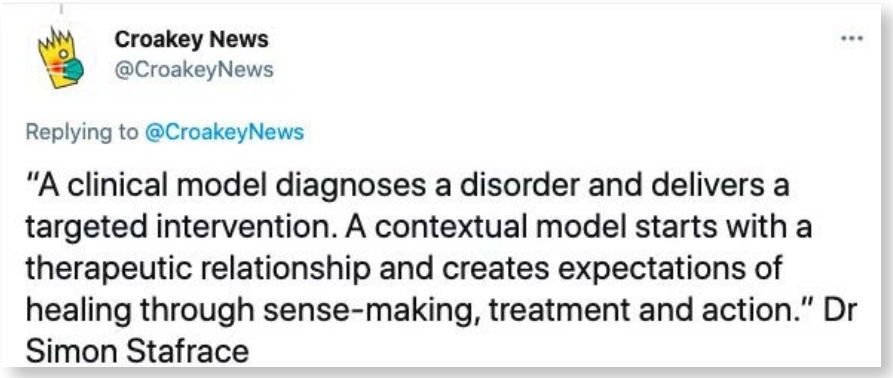
Day 3 takeaways from Croakey

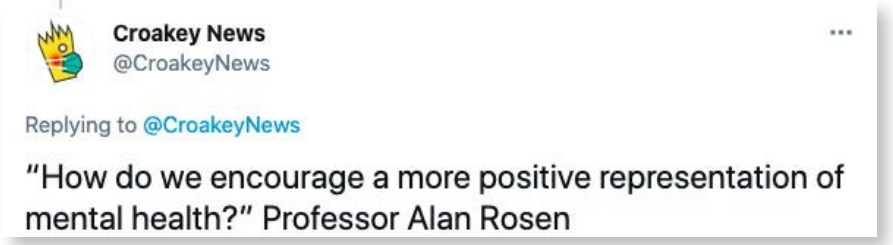


You can track Croakey's coverage of the Congress here.









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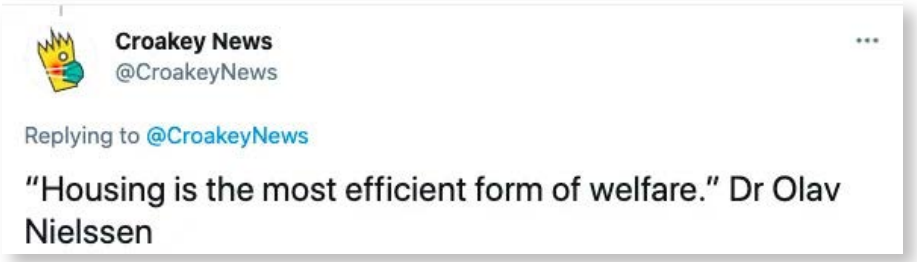
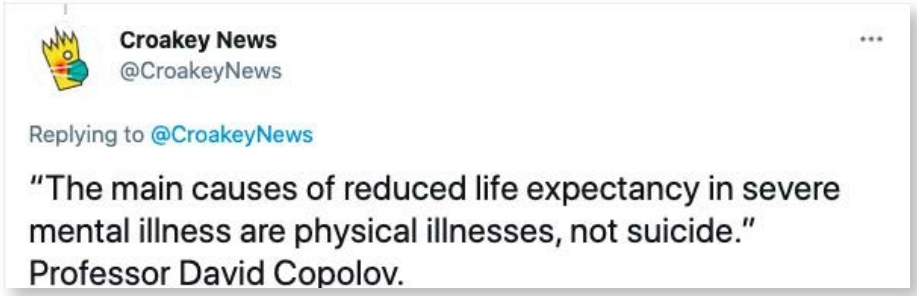
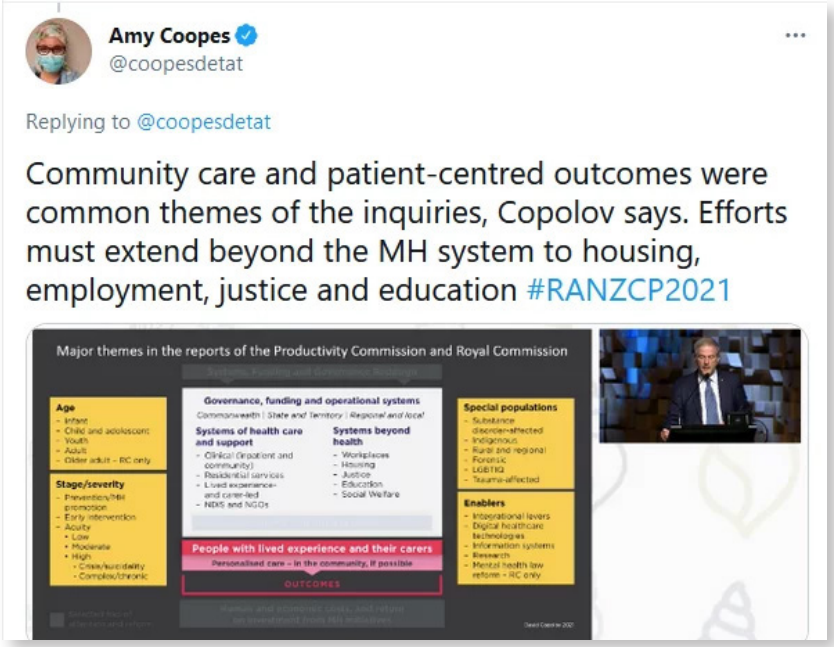




Is hope on the way?

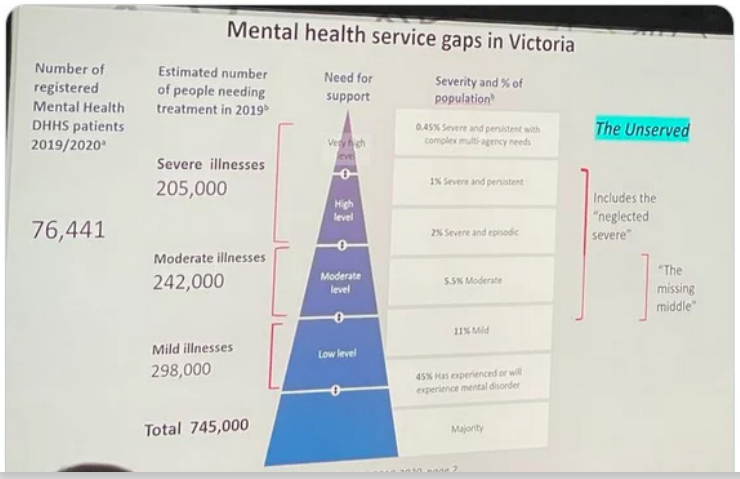
Plenary addresses from Monash University Pro Vice-Chancellor Professor David Copolov (see his full presentation **here**) and the University of Queensland's Professor Harvey Whiteford broke down the findings of the Royal Commission into Victoria's Mental Health System and the Productivity Commission's report on mental health.

Copolov also opened a discussion on inpatient care and hospitals "in the forthcoming era of 'BigCommunity'"



Dr Shalini Arunogiri
@SArunogiri

#RANZCP2021 Copolov discusses the neglected severe- the unserved. People with #severementalillness #SMI. *note- data are based on MH DHHS registered patients- so by definition this does not include #AoD #alcohol #drugs. Where do they fit into the 'missing middle'...?



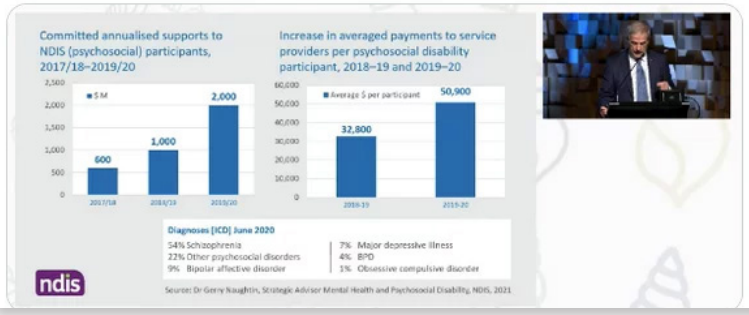
Benjamin Veness
@venessb

David Copolov says the main reason people with severe mental illness die early is physical illness, especially cardiovascular disease. So important that patients are treated holistically and that effort ++ is put into ensuring their physical health is prioritised. #RANZCP2021

Amy Coopes
@coopesdetat

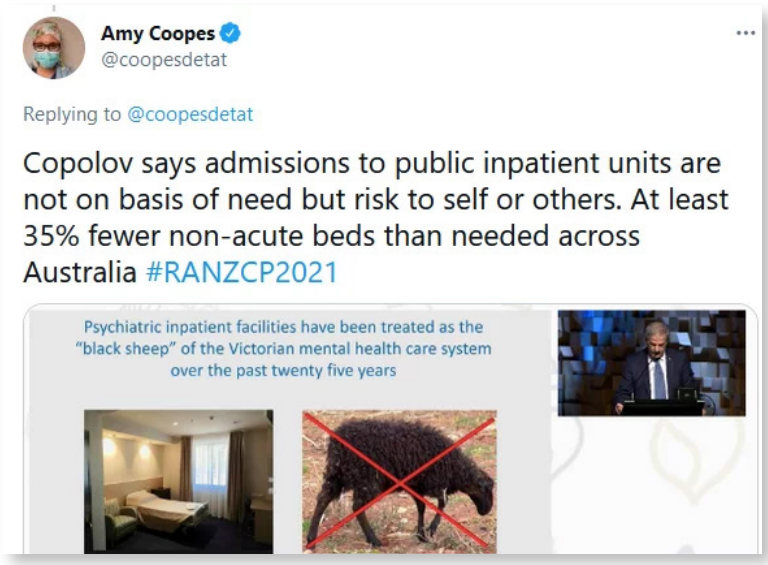
Replying to @coopesdetat

Copolov says people with psychosocial disabilities now comprise 10% of all people on the @NDIS but the scheme is insufficiently integrated with systems of clinical care. Significant unmet need #RANZCP2021



You can track Croakey's coverage of the Congress here.

Making the case for therapeutic inpatient beds



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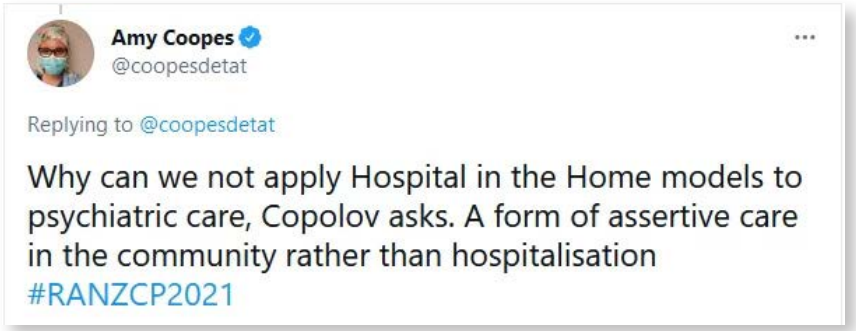
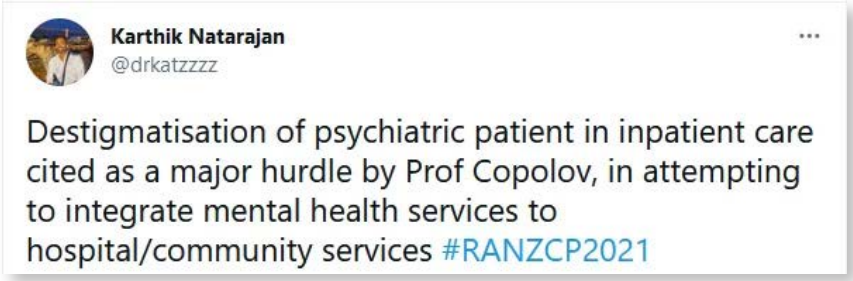




What role for psychiatrists in alcohol harms?

From the Presidential Symposium on alcohol and mental health harms. See also this **Twitter thread** of the session by Dr Skye Kinder and this **thread** by Croakey's Jennifer Doggett of questions and comments from participants at the session.

You can track Croakey's coverage of the Congress here.

RANZCP
@RANZCP

@RANZCP President A/Prof Allan asking the panel what we should say in our advocacy campaign. Do we tell them alcohol is bad for the #mentalhealth? Is that the right thing to say or should we be approaching it from a different angle? #RANZCP2021

Croakey News
@CroakeyNews

Janne McMahon - important message that psychiatrists need to convey to patients is when social drinking becomes a problem. #RANZCP2021

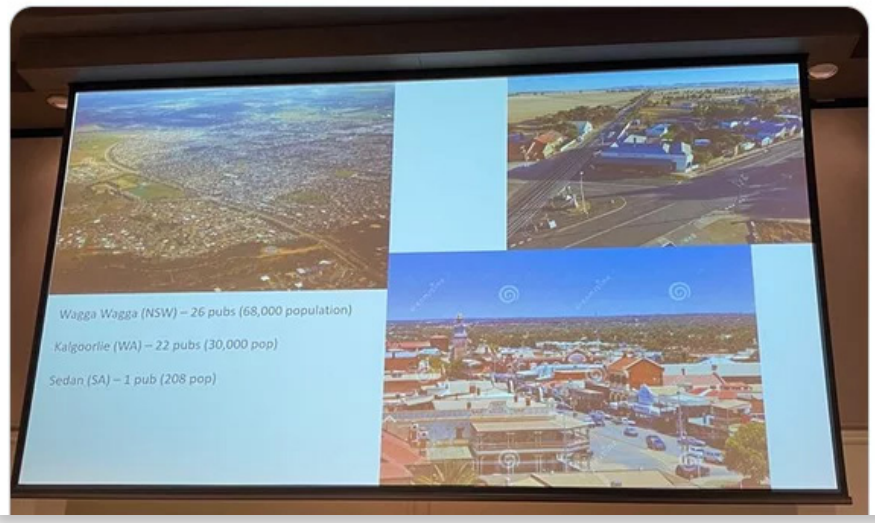
RANZCP
@RANZCP

Replying to @RANZCP

The silos in the system are a hindrance in being able to help with the combination of health and mental health problems associated with alcohol #RANZCP2021

Dan Lubman
@dan_lubman

Important discussion by Mat Coleman at #RANZCP2021 Congress of central role of pubs & drinking in rural Australian life, relationship with higher risk drinking & harms, & limited addiction support #RethinkAddiction @RANZCP @SITC_CEO_Shanna



Karthik Natarajan
@karthik_ntrj

'Root, shoot and drink' Matthew Coleman on the norms of drinking culture in rural and remote settings #RANZCP2021

Dr Skye Kinder
@skyekinder

Replying to @skyekinder

Mat Coleman challenges narrative that there aren't detox beds available - believes every rural hospital can offer detox with the right leadership and clinical supports. #RANZCP2021

Karthik Natarajan
@karthik_ntrj

The elephant in the room is comorbidity of personality disorders, alcohol and substance misuse are the most common and significant issue that we need to accept. We need to treat substance use first! - @SathyRao #RANZCP2021

RANZCP
@RANZCP

Replying to @RANZCP

As a public health measure, alcohol harm and mental health is an important area for the @RANZCP to be stepping into and getting more actively involved @michelleatchi15 #RANZCP2021

RANZCP
@RANZCP

Replying to @RANZCP

@dan_lubman on the key challenges we face as advocates for alcohol harm and mental health. We really need to train people on how to advocate on these issues #RANZCP2021 @TurningPointAU @SArunogiri

Dr Skye Kinder
@skyekinder

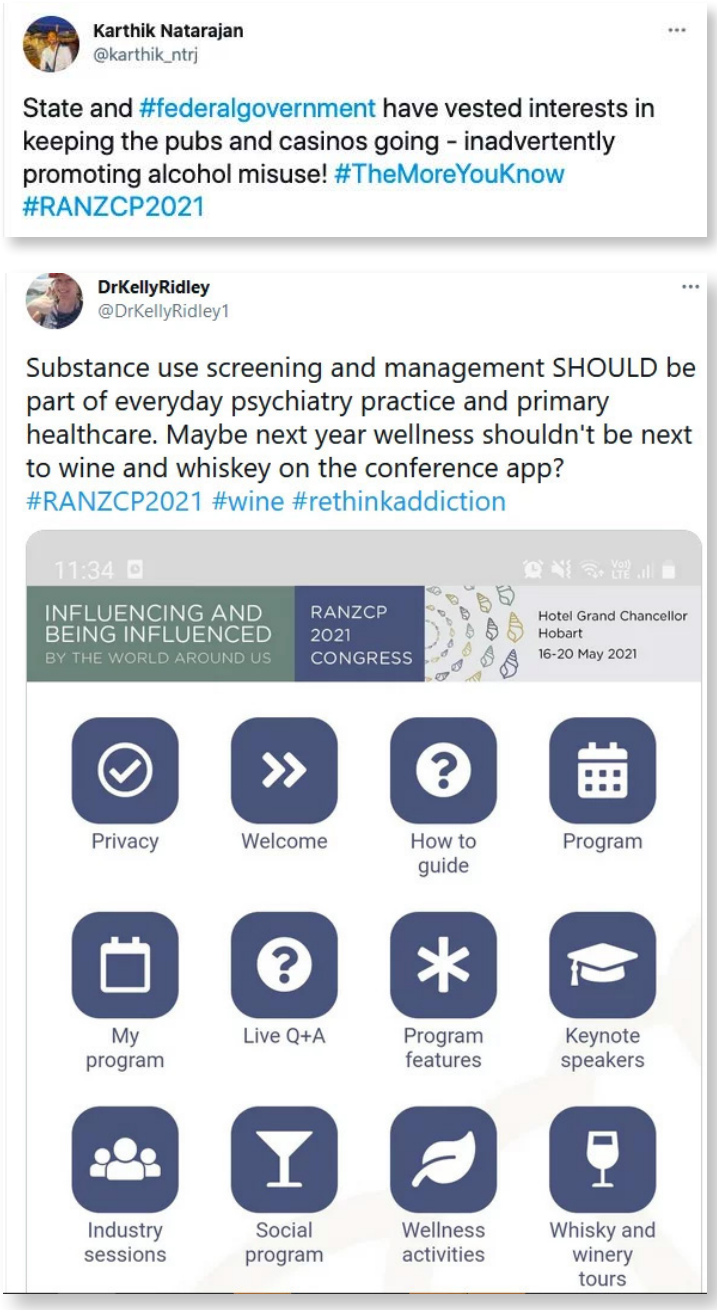
Replying to @skyekinder

@dan_lubman: Current focus is on abstinence and cure from addiction rather than having a focus on recovery from addiction as a process/journey. #RANZCP2021

Karthik Natarajan
@karthik_ntrj

'When thinking pf mental health we can't ignore alcohol - the alcohol industry is very good at undoing the work we do' @dan_lubman #RANZCP2021 #addiction #alcohol

You can track Croakey's coverage of the Congress here.



Intellectual disability and mental health

QCIDD
@QCIDD

Dr Vanessa Groote on functional neurological disorder (FND) in people with intellectual disability

Vanessa is presenting a case of a young women with Down syndrome with psychogenic non epileptic seizures

But her family said this diagnosis just didn't quite fit

QCIDD
@QCIDD

@DrCathyFranklin is talking about the #NDIS, intellectual & developmental disability and mental health services

The data shows us that people who access the NDIS have a regular GP + have no problem accessing health care

But we think the data is probably skewed

QCIDD
@QCIDD

Replying to @QCIDD

We know that there are lots of people out there who are having trouble accessing the #NDIS

In particular, people who are stuck in mental health services

Which is where @DrCathyFranklin and the MIDAS project comes in!

You can track Croakey's coverage of the Congress here.

QCIDD @QCIDD · 3h

They conducted assessments with 135 people

People who had or doctors wanted to know if they had a diagnosis of
- intellectual disability
- autism
- mental health

They wrote lots of reports, including for the #NDIS

They helped 60 people gain access to the NDIS!

#RANZCP2021

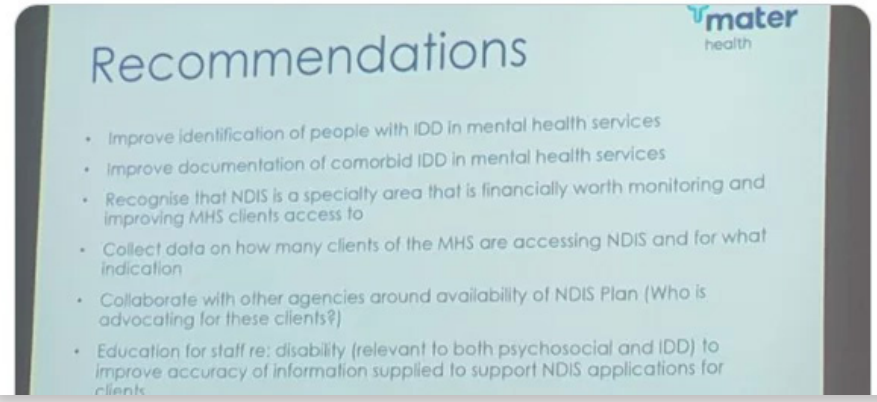
QCIDD
@QCIDD

Replying to @QCIDD

Lots of recommendations here!

More awareness and training around intellectual disability, autism and the #NDIS for our mental health services is needed

#RANZCP2021



Snapshots from other sessions

You can track Croakey's coverage of the Congress here.

RANZCP
@RANZCP

Like bread, with clinical practice guidelines you get what you paid for - Edward Petch #RANZCP2021

Simon Stafrace
@SimonStafrace

Organisational culture trumps everything in #mentalhealth care. Fear, indifference & institutional neglect are corrosive to #Quality, #safety & healthcare #improvement #toerrishuman #aarongroves #margarettobinaward #RANZCP2021 @RANZCP

Michelle Blanchard @DrMichBlanchard · May 18

Big thanks @elisecarrotte for leading our work on this and finally (!) sharing it at **#RANZCP2021**. Just as relevant a year on.

> **Elise Carrotte** @elisecarrotte · May 18
> Today I was grateful to present our shared decision-making research at the RANZCP Congress #RANZCP2021 in Hobart. This study was conducted by @ADRCAustralia, an initiative of @SANEAustralia.
>
> (1/n)
>
> Show this thread

You can track Croakey's coverage of the Congress here.

Priya Sunder
@prisunder

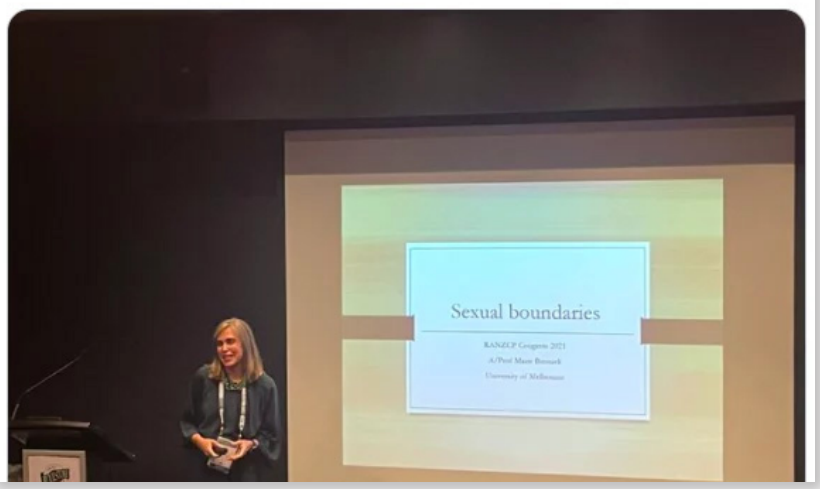
Prof Michael Berk - Increased risk of breast cancer in patients with bipolar disorder - but not if you are taking lithium. Fascinating! #RANZCP2021

Dr Sarah Farrand
@melb_neuropsych

Rates of PTSD double in Australian asylum seekers held in offshore detention compared with those detained overseas in Europe etc. @AgainstOurOath a brilliant and tear jerking doco - highly recommend. We can and should do better. Grateful to those who forged ahead #RANZCP2021

Benjamin Veness
@venessb

A/Prof @mbismark presenting her @theMJA paper, 'Sexual misconduct by health professionals in Australia, 2011–2016: a retrospective analysis of notifications to health regulators' #RANZCP2021
onlinelibrary.wiley.com/doi/full/10.56...



Priya Sunder
@prisunder

Prof Alan Rosen speaks about 'iconomy' and the psychiatric horror stereotypes now sold as 'entertainment' (eg Beechworth Asylum) - how do we encourage more positive representation of mental health? #RANZCP2021

You can track Croakey's coverage of the Congress here.

Some Twitter threads:

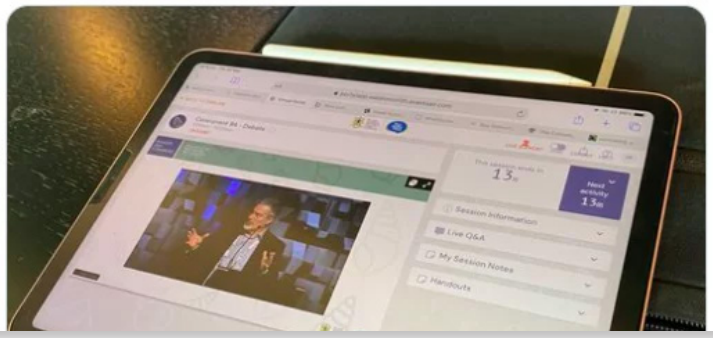
- **Outcomes for children with ADHD at mental health clinics in Queensland**
- **Shared decision making in schizophrenia spectrum disorders**
- **Questions raised in a keynote address on the role of the immune system in psychiatric disorders and their therapy**
- **A human rights based framework for 'digital pills to monitor anti-psychotic non-adherence** – see tweet below.

Snaps, selfies and snapshots

You can track Croakey's coverage of the Congress here.

Dr K @animalia123 · 4h

Amazing 5 days at **#RANZCP2021** . And thanks to COVID-related tech innovation, I'm sitting at the airport participating virtually even though I wasn't able to be physically present for the last morning.



RANZCP
@RANZCP

Wonderful to have Dr Peggy Brown here with us in Hobart at #RANZCP2021

> **ACSQHC** @ACSQHC · May 18
> Great to see Dr Peggy Brown presenting in-person on the Commission's #digitalmentalhealth standards at the @RANZCP Congress 2021 in Hobart. Check out the standards and resources at: ow.ly/39su50EP18Z #RANZCP2021

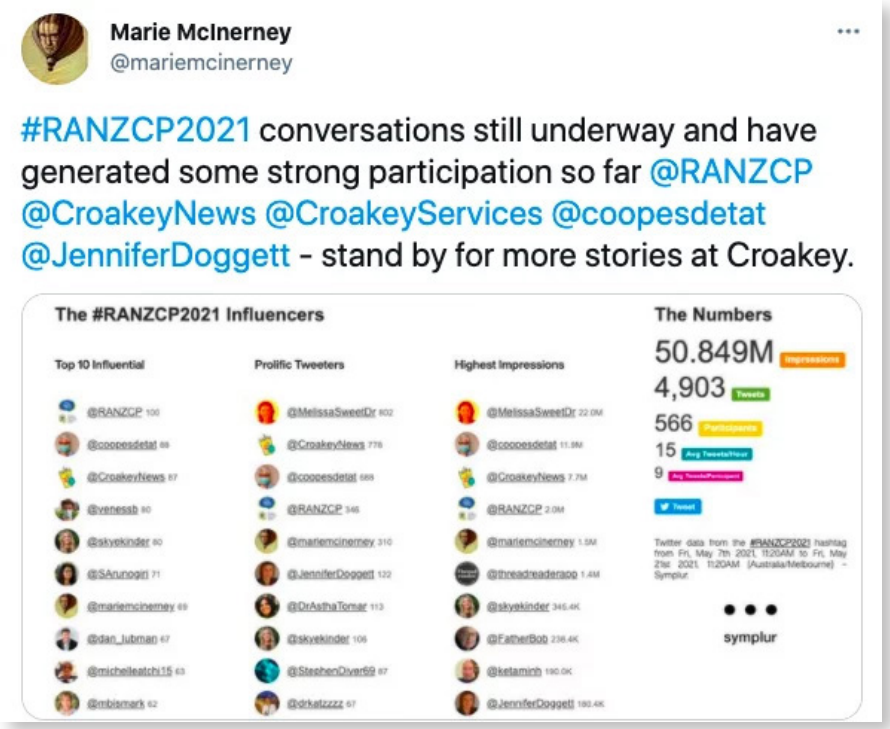
RANZCP
@RANZCP

Final spit and polish on the Presidential hardware before the #RANZCP2021 College Ceremony to welcome our new Fellows

You can track Croakey's coverage of the Congress here.

Farewell

You can track Croakey's coverage of the Congress here.



You can track Croakey's coverage of the Congress here.

"It was personal. It was now. It was the future." The mental health toll of climate disasters

Artwork by Elizabeth Gleeson

The critical need for the Australian Government to put **climate health** on the agenda was clear from a powerful session on the mental health toll of bushfires and climate change at the 2021 annual Congress of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in Hobart.

The conference coincided with the launch of a new International Energy Agency report, **Net Zero by 2050: A Roadmap for the Global Energy Sector**, warning that we are approaching a decisive moment for international efforts to tackle the climate crisis, but with huge health dividends if we act.

The report highlights the massive health benefits from tackling carbon emissions and air pollution, estimating the potential for lower inside and outside air pollution to roughly halve premature deaths in 2050 compared with 2020, "saving the lives of about 2 million people per year, around 85 percent of them in emerging market and developing economies".

Amy Coopes writes:

As the climate emergency advances and intensifies, bringing ecological grief and existential angst about human survival, Australian and New Zealand psychiatrists have been warned the mental health of coming generations will be tested as never before by the cumulative and rolling impacts of disasters.

These effects will include post-traumatic stress disorder, depression, anxiety, substance use and explosive anger leading to family and domestic violence, and social cohesion will be central to staving off the worst of its effects, the annual Congress of the Royal Australian and New Zealand Psychiatrists (RANZCP) was told in Hobart.

The unparalleled 2019-20 Australian bushfire crisis and precipitating climate emergency were the focus of a closing symposium at the conference, which is among the first major medical specialty meetings to be held in Australia since the eruption of the coronavirus pandemic.

The lessons of previous Australian disasters including longitudinal findings from survivors of the 2009 Black Saturday bushfires in Victoria were discussed, along with reflections from the frontlines of last summer's fire emergency.

With these sorts of events expected to increase both in frequency and intensity over coming decades, understanding and anticipating the mental health impacts would be essential to both preparedness and recovery, the session heard.

Cumulative and compounding events

Dr Murray Wright, chief psychiatrist of New South Wales, offered a glimpse behind the scenes of the State Government's response to the 2019-20 bushfires, a national crisis which claimed 33 lives, destroyed more than 3,000 homes and shrouded Australia for months in a pall of toxic smoke.

Wright said the emergency was unprecedented in a number of ways. First was its sheer scale, impacting almost half the state's local health districts and lasting for many months – with the first fires igniting in September 2019, and the final blaze not extinguished until the following March – and communities shifting along the spectrum to recovery at their own speed in that time.

Perhaps more important, and a harbinger of what we could expect in an era of climate crisis, was that New South Wales was already in disaster mode when the fires hit, grappling with the worst drought in living memory – with many of the same communities affected.

Rather than the typical emotional trajectory of a disaster, Wright said these cumulative and compounding events had seen a "staccato decline in function" for affected populations. From the outset, he said it was obvious which communities would struggle most, with social cohesion a key predictor of risk.

For the government, the scale and length of the crisis – involving an unprecedented three successive state of emergency declarations in November and December 2019 and January 2020 – posed new challenges around deployment of mental health response crews including where they were drawn from and how long they were dispatched for, Wright said. These groups swiftly went from being seen as heroes on the ground to becoming targets of anger at governments, and Wright said there were also safety and access questions for response crews as the fires burned on in some areas for many weeks and months.

One of the key lessons Wright said had been drawn from last summer's events was that psychological first aid training was essential for every single person involved in disaster response, from frontline workers up.

"Because the levels of community distress we experienced were everywhere, and everyone," Wright told the symposium. "The whole of the South Coast was traumatised."

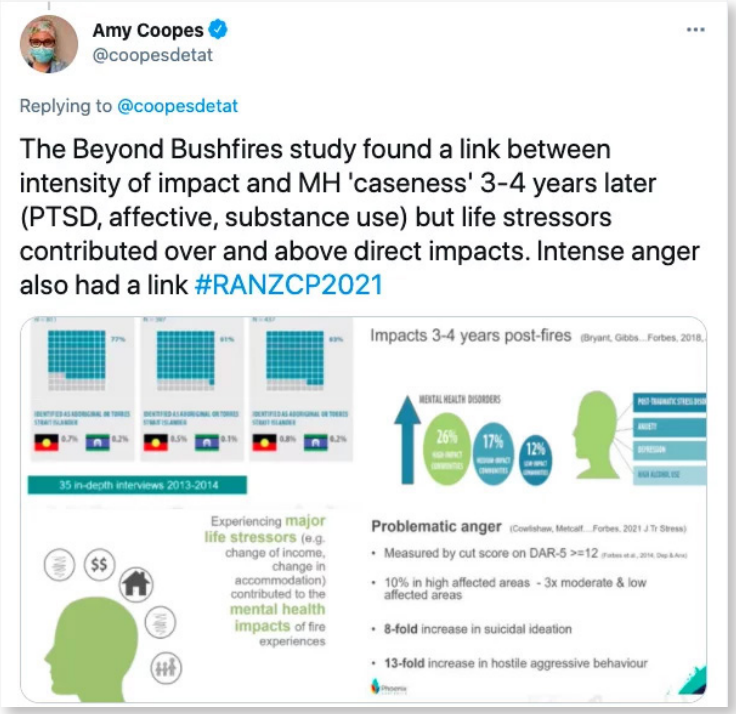
In an era of increasing disasters, Wright said the government was also considering formation of a volunteer corps, like the NSW Rural Fire Service (RFS), of mental health respondents, drawn from private practice and retired psychiatrists, and establishment of permanent recovery clinicians in rural and regional areas.

Impact of subsequent life stressors

Drawing on data from the Beyond Bushfires longitudinal study of Black Saturday survivors, David Forbes, from the Phoenix Australia Centre for Posttraumatic Mental Health, took delegates through some of the mental health and associated impacts of disaster.

Not everyone responded the same to a crisis, Forbes said, and this was determined by factors preceding, linked to, and following the event.

The Beyond Bushfires study demonstrated a link between intensity of the original disaster impact and later mental health 'case-ness' for things like PTSD, anxiety/depression and substance use in the ensuing three to four years, with rates of 26 percent in the worst-affected communities, 17 percent in moderately impacted areas and 12 percent in low-impact zones.



Problematic anger and its sequelae, including hostile aggressive behaviour (13-fold increase in worst-affected areas), and suicidal ideation (8-fold increase), were also linked to disaster intensity. Anger translated directly into increased family and domestic violence, with 7.4 percent of women in the worst-affected communities reporting experiencing violence in the 12 months after Black Saturday, Forbes said, an "extremely worrying" phenomenon.

However, Forbes said subsequent life stressors, particularly threats to financial and housing security, determined "above and beyond" the original impact, whether people went on to experience adverse mental health effects. This highlighted the importance of long-term financial and other forms of support to mitigate mental health effects, he said.

Ten years after Black Saturday, Forbes said levels of PTSD dropped off but depression and substance use was unchanged. In the worst-affected areas, 10 years on, he said 22 per cent of people were still experiencing PTSD, depression or severe distress, and this was associated with extent of original property loss, and subsequent traumas or stressful life events. Only a quarter had sought professional help in the preceding six months.

"When we're talking about climate change, we're talking about trauma on trauma on trauma, and what we see in this dataset is, over the course of ten years, these factors accrue," Forbes told the forum.

Though the study had not specifically examined the impact of COVID-19, as it had occurred outside the research period, Forbes said it had been a confounder to recovery, undermining social cohesion through fear, uncertainty and perceptions of risk as well as via government-mandated distancing and isolation.

Heightened existential angst

Children and young people had been among groups whose mental health was worst affected by the pandemic, with data presented earlier at the Congress showing a rise in youth crisis presentations to emergency departments and increasing eating disorders.

They were also the group likely to be most vulnerable to adverse psychological impacts of the climate crisis, the session heard.

Eminent Australian child psychiatrist Dr Brett McDermott shared his experiences across several decades working in Australia and elsewhere with young disaster survivors.

He said there was "palpable" child and adolescent angst about the climate crisis and, as it accelerated, bringing more frequent and overlapping acute single-event traumas, this 'heightened existential angst' would leave a whole generation more vulnerable to adverse mental health impacts.

He condemned a "perfect storm" of politically-controlled media coverage and government inaction for downplaying "strong grassroots angst" in the community about the climate emergency.

In the final presentation of the day, psychiatrist-psychotherapist Dr Charles Le Feuvre, who is executive director of the non-profit Psychology for a Safe Climate, discussed his work on eco-distress. It has involved counselling those "who have grieved over loss of land to drought, who grieved over the loss of so many beings in the bushfires; those who fear rising sea levels and diminishing ice, and those who fear human extinction".

He described the 2019-20 bushfire crisis as a 'double trauma', razing huge tracts of Australia and cloaking the nation in a smoke haze that was "a global memorial to humans, other living beings and places we loved but had lost."

"It was a global fire alarm for a climate emergency," Le Feuvre said.

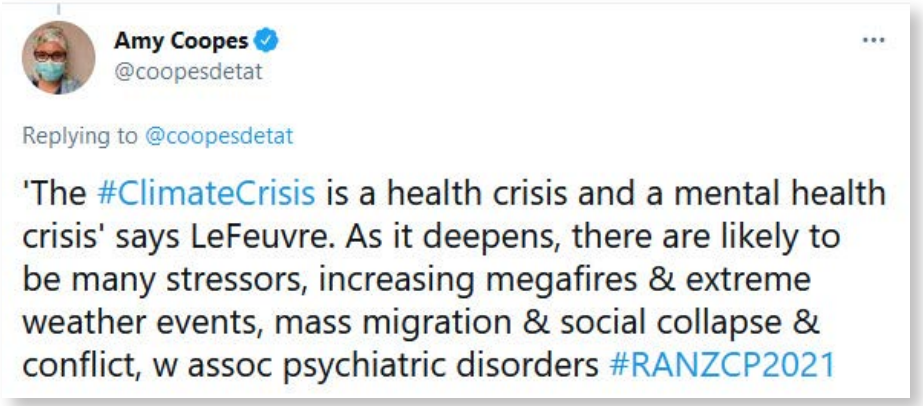
While many people had accepted the reality of climate change, he said there was widespread denial of its implications – megafires, extreme weather events, mass migration, conflict and social collapse – with people instead retreating into a bubble of apathy. "The fear and grief can be overwhelming when this bubble bursts," he said.

Le Feuvre described a growing sense in the community of ecological grief for a "loss of species, ecosystems and meaningful landscapes", and eco-anxiety, "watching slow and seemingly irrevocable impacts unfold and worrying about the future".

He said children and young people were particularly vulnerable to these feelings, with a sense of powerlessness and apathy, entrenched through decades of political intransigence, resulting in profound angst with no outlet.

A shared sense of purpose – hope emerging through the process of engagement and action – was one way to combat these. He pointed to the value for mental health of engaging in the school strikes for climate and urging "strong, realistic yet compassionate leadership" from those in power to provide "moral direction in the face of uncertainty and insecurity".

You can track Croakey's coverage of the Congress here.



Read a 55-tweet summary thread of the session **here**.

The feature image for this article is an artwork by Elizabeth Gleeson, a Program Collaboration Coordinator at the Climate Council, who participated in a workshop conducted by RANZCP Congress presenter Dr Charles Le Feuvre, executive director of the non-profit Psychology for a Safe Climate. Participants were asked to produce a piece of art that illustrated their feelings, in the wake of the devastating 2019-20 bushfires and with the constant stream of information on the climate crisis in their work.

You can track Croakey's coverage of the Congress here.

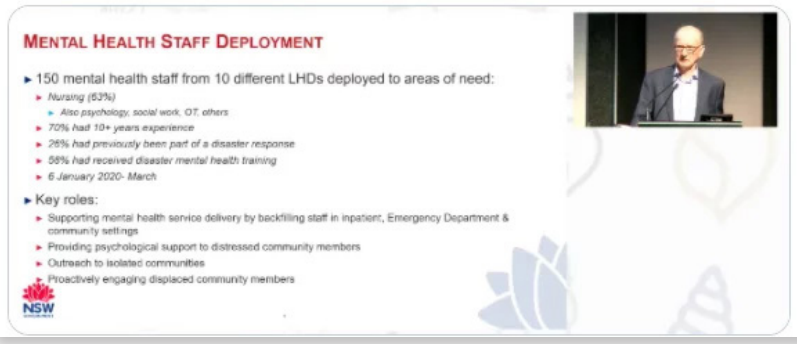
Twitter snapshots

You can track Croakey's coverage of the Congress here.

Amy Coopes ✓
@coopesdetat

Replying to @coopesdetat

Wright said the government contacted all the state's LHDs to put them on a disaster footing the week before Christmas 2019, January 3 advised teams to assemble for deployment, first crew arrived on South Coast Jan 6 #RANZCP2021



Amy Coopes ✓ @coopesdetat · May 20

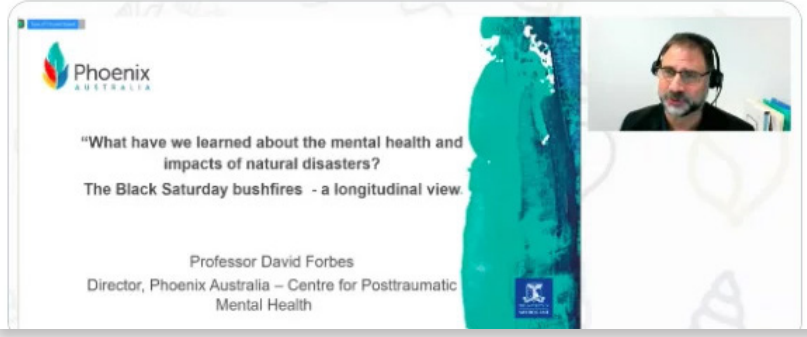
Replying to @coopesdetat

Wright says communities moved from acute to recovery phase in random fashion and this was staggered across the state, presenting other challenges. Key to recovery was social cohesion, and letting it happen at own speed, not imposed agenda from above #RANZCP2021

Amy Coopes ✓
@coopesdetat

Replying to @coopesdetat

Next up is David Forbes from Phoenix Australia talking about longitudinal findings on bushfires and mental health 10 years on from Black Saturday #RANZCP2021



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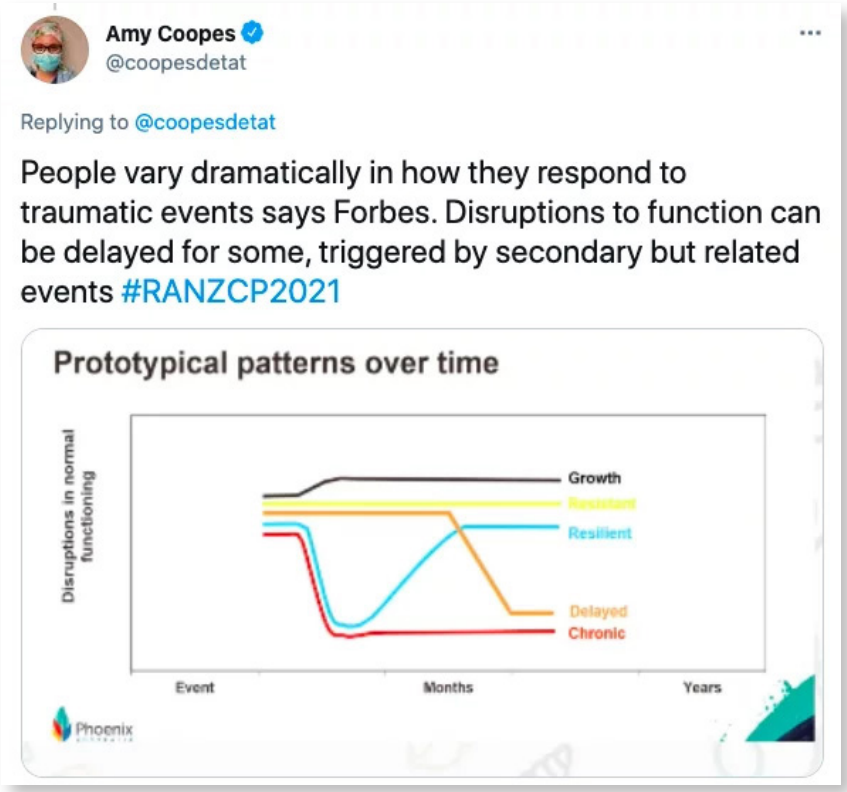

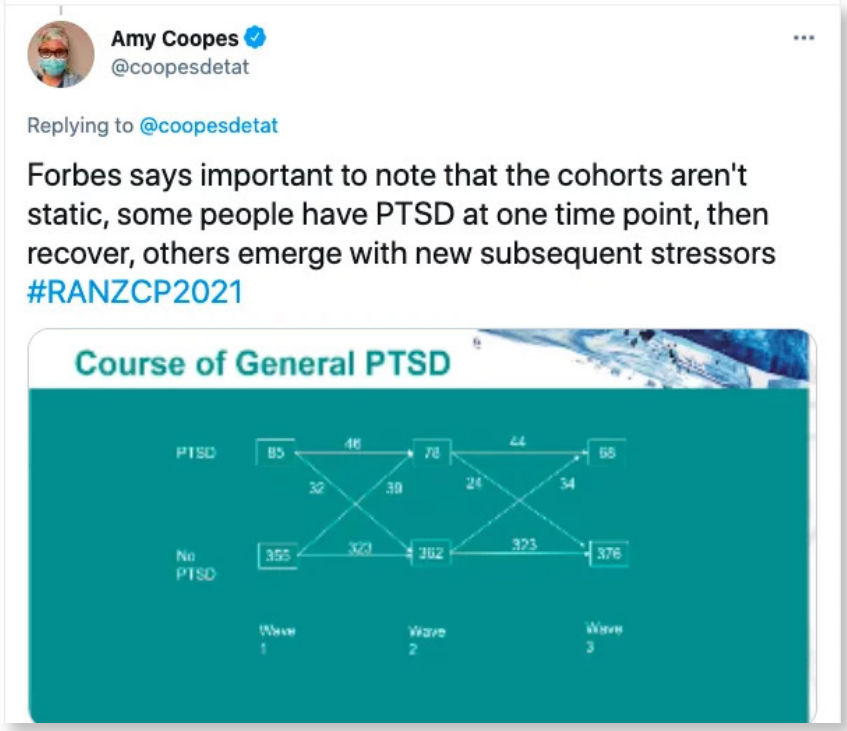

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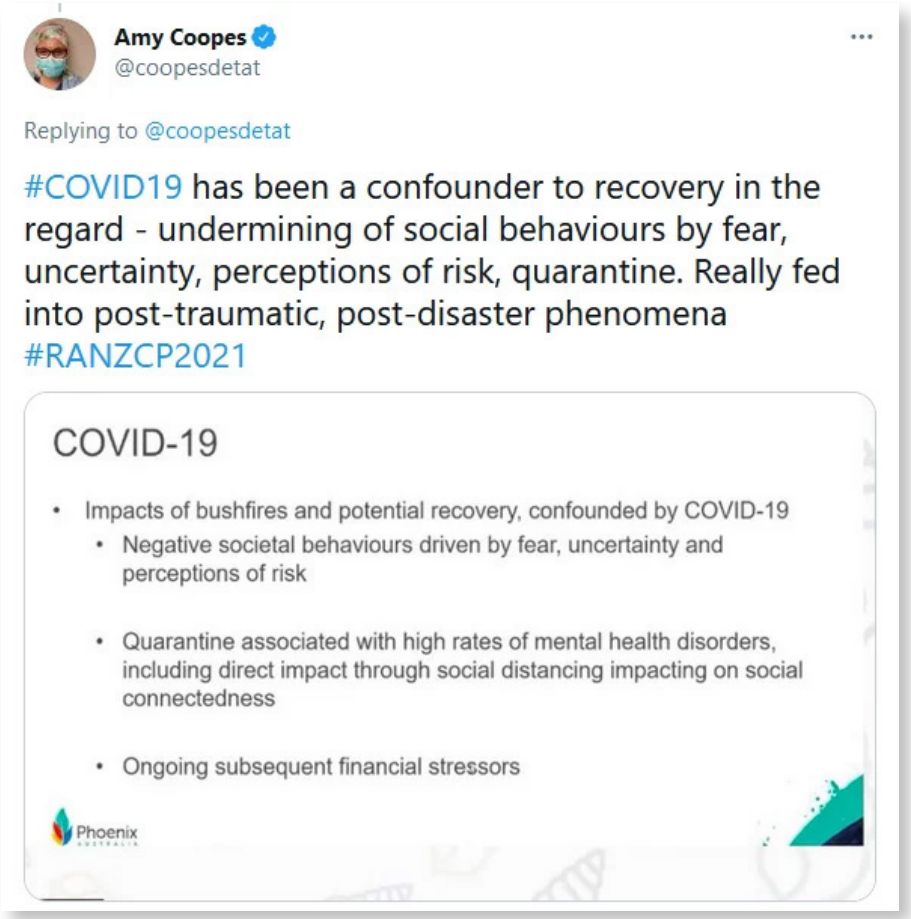

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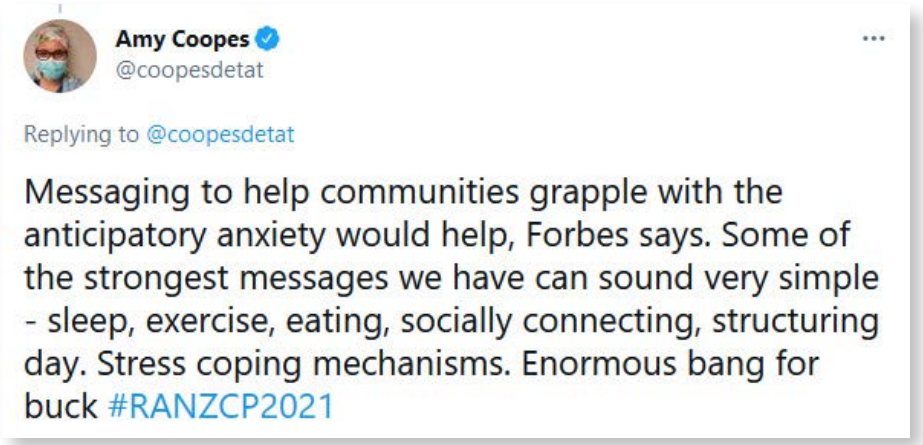


*This article is published as part of our contribution to the global **Covering Climate Now** initiative, an unprecedented collaboration involving hundreds of media outlets around the world. It is co-founded by The Nation and the Columbia Journalism Review (CJR), in partnership with The Guardian.*

See Croakey's archive of **climate and health coverage**.

Psychiatrists must challenge structural drivers of family violence and their own roles in trauma

Putting women's safety on the agenda, including for mental health. #March4Justice rally, Brisbane. Photo by Stewart Munro on Unsplash

Introduction by Croakey: The shocking **coronial finding** that Ambulance Victoria had left a family violence victim to die has again showcased failures in the health system itself to understand the nature and effects of harm caused by family violence.

It came alongside **criticism** from a range of Aboriginal and Torres Strait Islander women academics, activists and frontline workers who say that calls to criminalise coercive control as part of strategies to address family violence fail to understand how the state itself perpetrates abuse and coercive control over Indigenous women and that criminalising coercive control would result in more Indigenous women being imprisoned than protected.

With demands for action on abuse of women dominating headlines in Australia, the **Congress** of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) focused in a number of sessions on the intersection between family violence and mental health.

It was told the sheer scale of childhood trauma was such that psychiatrists should assume "every one of their patients" had been touched by abuse in some way, and that it was incumbent on them to challenge the conditions that perpetuate violence in society and to scrutinise their own part in these equations.

Croakey journalist Dr Amy Coopes reports on these #RANZCP2021 discussions below, and from another session on homelessness and mental health. Find all of our stories from the Congress **here**.

Amy Coopes writes:

Psychiatrists have a responsibility to challenge the social determinants of violence, not merely treat its survivors, and to grapple with political and structural forms of trauma, a peak meeting of mental health specialist doctors heard.

Domestic and family abuse and trauma were prominent topics at the 2021 **Congress** of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in Hobart.

Carole Warshaw, director of the US National Center on Domestic Violence, led a number of sessions looking at domestic violence and its sequelae, with an emphasis on the social and political contexts in which it occurred, including the health system, and the need for trauma-informed, social justice responses.

The discussions were timely given the ongoing focus in national debates around gendered violence and abuse — including in the Australian parliament — given prominence by survivors **Brittany Higgins** and Australian of the Year **Grace Tame**, as well as journalist Jess Hill's Stella Prize-winning ***See What You Made Me Do***.

Dr Karen Williams, an expert in complex trauma and gender-based violence, put things into sobering context, saying that one in four Australian adults are survivors of childhood trauma, about half of which was emotional abuse, a quarter was neglect, 18 percent was physical abuse and 12 percent was sexual abuse.

The sheer scale was such that she told colleagues they should assume every one of their patients had been touched by abuse in some way, and open therapeutic opportunity for these disclosures.

The burden fell disproportionately on women and children, with one in four Australian women experiencing at least one incident of intimate partner violence and one in five enduring sexual violence in their lifetime. Every two hours in Australia, Williams said a woman was hospitalised by an intimate partner, and one-third of all family violence hospitalisations were children. One quarter of these children would have a brain injury, she said.

Even if they weren't directly targeted, Williams said the impact on children was significant. More than two thirds of women who experienced violence said it had been heard or witnessed by their children. Family and domestic violence was linked to prematurity and low birth weight, neglect, and a range of mental health issues including ADHD, oppositional defiant disorder, conduct disorder and mood and anxiety disorders.

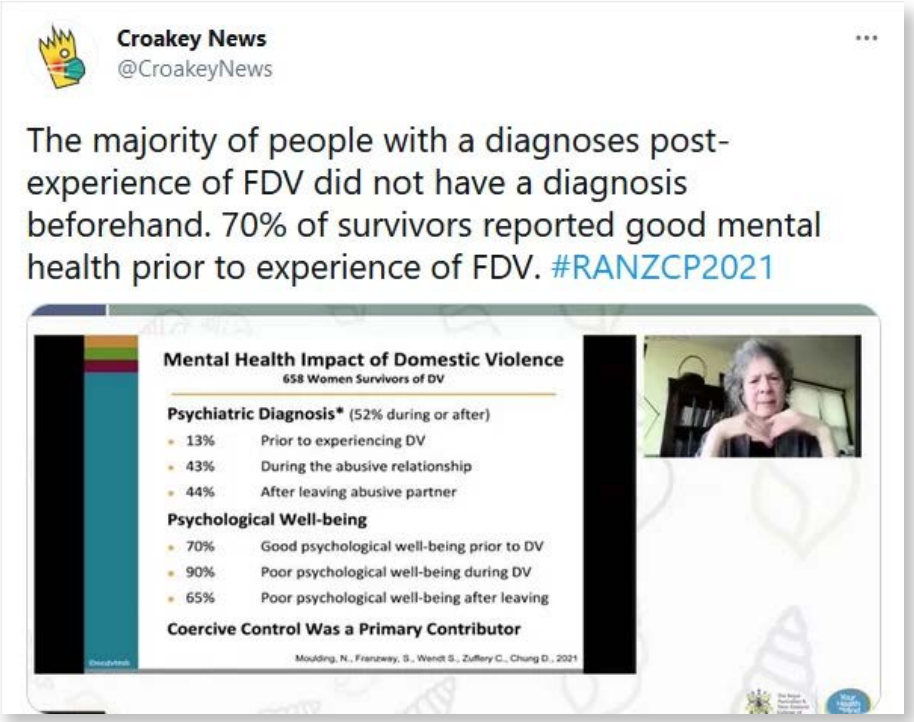
In economic and social terms, the cost was immense, with a conservative annual pricetag of $26 billion due to lost productivity, imprisonment, homelessness and other impacts including to health, Williams said.

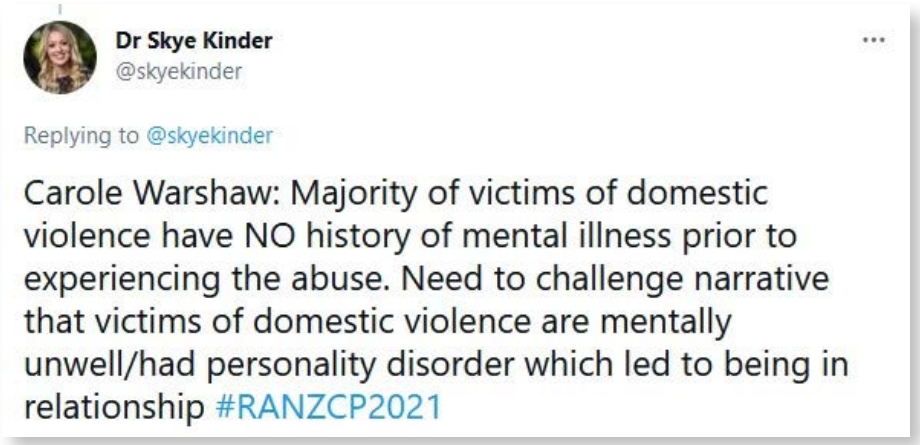
For women aged 25-44, intimate partner violence was Australia's leading cause of morbidity and mortality, she added, with more than one woman killed every week by a current or former partner and an untold quantum of other impacts including early pregnancy loss, physical injuries such as bruises, fractures, lacerations and burns, and brain injury – which Williams said was often under-recognised.

Domestic abuse was also associated with a range of other conditions including allergies, bronchitis and asthma, bowel problems, hearing and eyesight problems, anaemia, cardiovascular issues and cervical cancer, Williams said.

There were also obvious impacts to mental health, with one Australian study showing more than half of women with a history of domestic abuse had received a mental health diagnosis, including anxiety, depression, sleep disorder, substance use and PTSD. Importantly, and contrary to received wisdom, she said the vast majority of these were made during or after the relationship, with only 13 percent being diagnosed before the abuse.

You can track Croakey's coverage of the Congress here.





Power imbalances and abuses

These statistics were echoed by Warshaw, who said they disproved a common misunderstanding that survivors of abuse were somehow predisposed to enter damaging relationships by virtue of their mental health. In fact, in the study population she said 70 percent reported good psychological wellbeing prior to the abuse.

Warshaw pointed to the importance of social determinants such as poverty and housing security, institutionalisation and reliance on caregivers in exacerbating the risk of abuse, and highlighted that historical and intergenerational trauma and political and structural violence – including by medical institutions and practitioners like psychiatrists – were often overlooked, underestimated or misunderstood.

This was particularly true for Indigenous peoples in North America and Australia, where there was an epidemic of murdered and missing women, and for migrant populations. Warshaw said the legal, migration and health care systems were too often at the intersection of abuse. Discrimination, racism and homo/transphobia all contributed to trauma risk.

Given this, she said it was incumbent on psychiatrists to challenge the conditions that perpetuated violence in society, whether that be political and economic structures, or the social, cultural and institutional drivers. She also urged delegates to remember that they could often be part of these equations, and to be mindful of the power imbalances at the heart of coercion, control and abuse.

Rather than a linear relationship, Warshaw said mental health, substance use, trauma and abuse had a kind of wicked symbiosis, each in turn increasing the risk and harms of the other. She spoke at length about the ways in which mental health issues and substance use were weaponised by abusers, aided and abetted by systems that were meant to protect.

Overall, Warshaw said intimate partner violence increased the risk of PTSD, major depressive disorder, self-harm and psychotic symptoms threefold, quadrupled the risk of suicide attempts and increased substance use disorder risk six-fold.

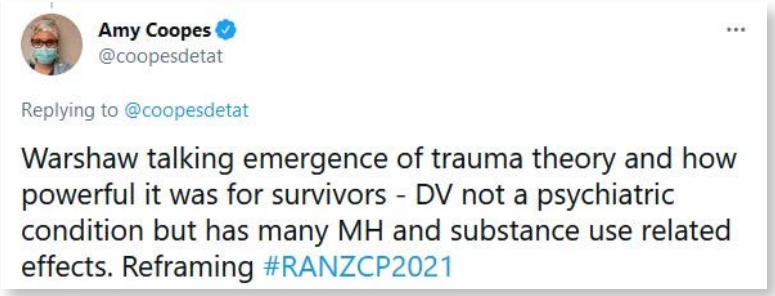
She also reflected on the impact of COVID-19, saying intimate partner violence had been more frequent and resulted in more severe injuries during the pandemic, and cut people off from supports. It had also posed particular therapeutic challenges, when survivors were trapped in lockdown with controlling and abusive partners, with the rise of telehealth.

Warshaw offered clinicians a range of tips for working with survivors and broaching difficult subjects, urging colleagues to focus on building mutuality and trust rather than offering solutions or analyses, and to sit with the fear and uncertainty of the work. Focusing on strengths was critical to helping rebuild someone stripped away by coercion and abuse.

Read full Twitter thread from the **keynote address** and follow up **session**.

You can track Croakey's coverage of the Congress here.

Discussions via Twitter



You can track Croakey's coverage of the Congress here.

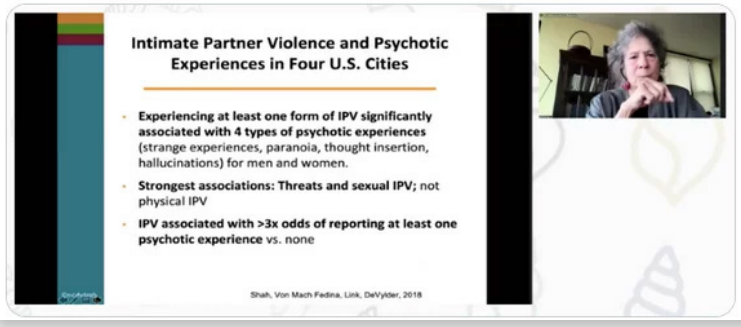
Croakey News
@CroakeyNews

Multiple impacts of FDV which affect mental health, social relationships, physical health and work, Dr Carole Warshaw, explaining how survivors of FDV show up in the mental health system #RANZCP2021

Amy Coopes
@coopesdetat

Replying to @coopesdetat

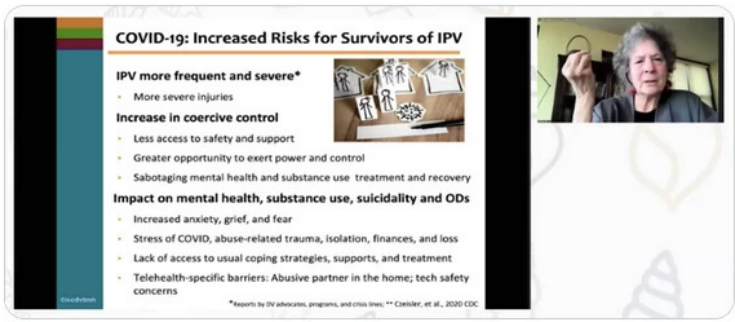
IPV has associations with psychotic symptoms too - esp threats and sexual violence #RANZCP2021



Amy Coopes
@coopesdetat

Replying to @coopesdetat

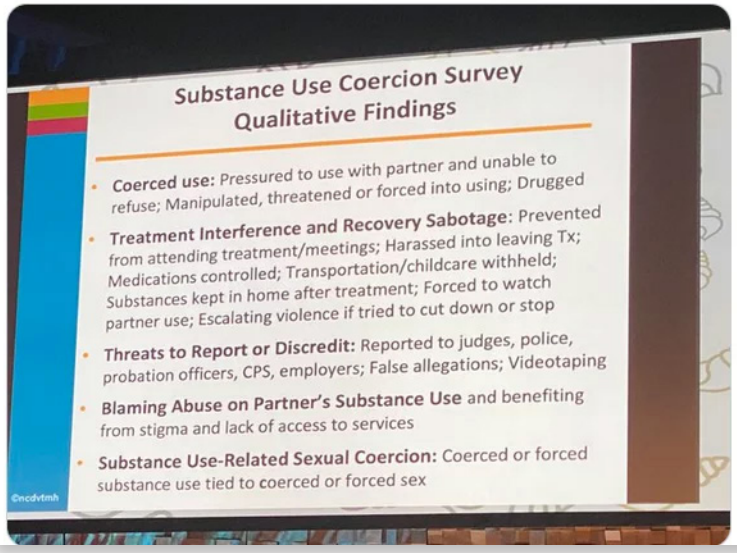
Amplificatory effects of #COVID19 for DV #RANZCP2021



Dr Skye Kinder
@skyekinder

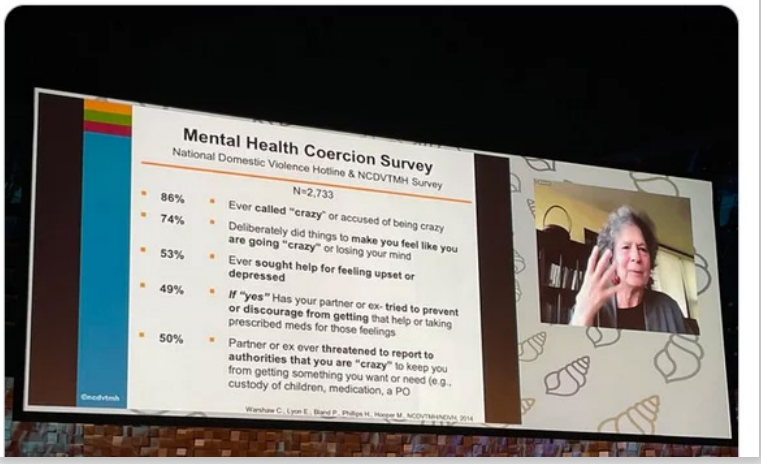
Replying to @skyekinder

Intersection between domestic violence and substance use. Perpetrators frequently interfere with participation of victim in substance treatment programs. Substance use also tied to forced sex which contributes to shame for victim + more challenging to seek help. #RANZCP2021



Benjamin Veness
@venessb

86% ever called "crazy" or accused of being crazy. How mental health is used as a weapon by partners exercising coercive control. #domesticviolence #RANZCP2021



Amy Coopes
@coopesdetat

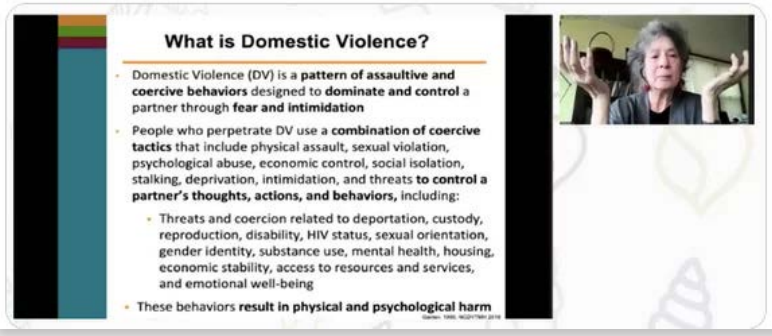
Replying to @coopesdetat

Amid an opioid epidemic in the US, Warshaw says it is a powerful form of coercive control #RANZCP2021

Amy Coopes
@coopesdetat

Replying to @coopesdetat

Coercive control at the heart of DV, physical violence may be a threat to enforce but not always most prominent aspect, says Warshaw. Like being in a hostage situation, aided and abetted by systems - legal, migration and medical #RANZCP2021

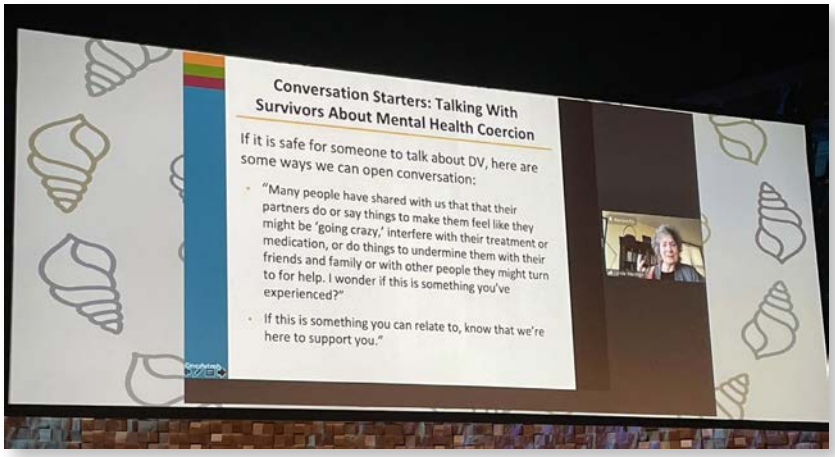


Amy Coopes
@coopesdetat

Replying to @coopesdetat

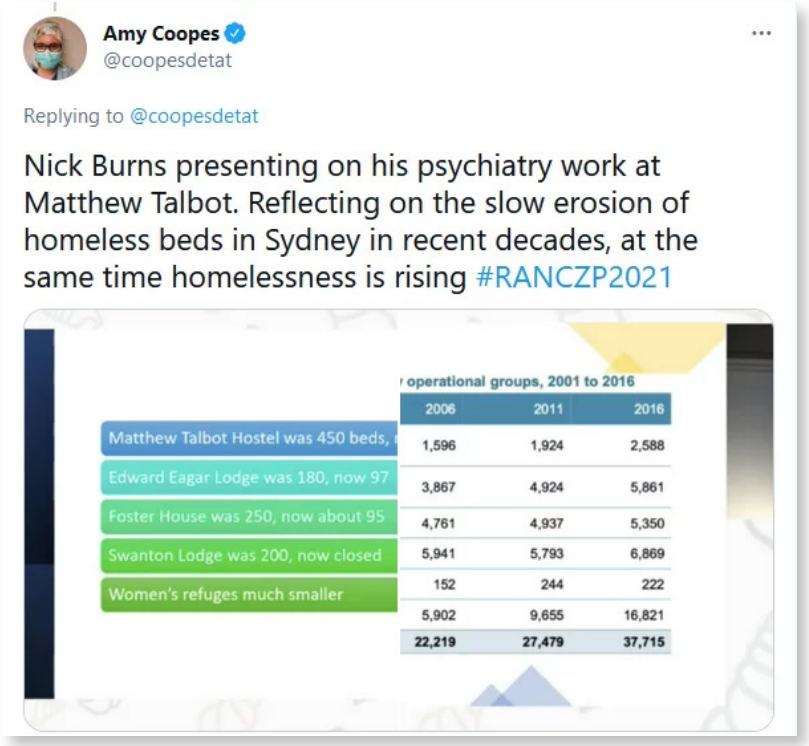
Warshaw also stressing the importance of historical, intergenerational trauma and structural violence in this space. Notes an epidemic of murdered and missing Indigenous women in the US, and these patterns mirrored in Australia #RANZCP2021

You can track Croakey's coverage of the Congress here.



On homelessness and mental health

Croakey's Dr Amy Coopes also live tweeted an important session on homelessness, which included insights on The Alfred's Homeless in Hotels response in Melbourne to COVID-19, a nurse-led primary health clinic at Sydney's Matthew Talbot Hostel for homeless men, research on homelessness and severe mental illness in inner Melbourne, and on supported accommodation. See the **Twitter thread**.



You can track Croakey's coverage of the Congress here.

Tackling workforce distribution and diversity to deliver on mental health reform

With an Albany backdrop, Dr Phoebe Thornton featured in an RANZCP promotion for more trainee psychiatrists to work in rural and regional areas

In her final report from the 2021 **Congress** of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in Hobart, Croakey journalist Dr Amy Coopes looks at workforce issues, including the launch of a ten-year Rural Psychiatry Roadmap.

This post also includes insights via Twitter on #RANZCP2021 sessions on lived experience of mental health issues in the mental health workforce and patient rights, and it wraps Croakey's coverage with analytics from the event, which was one of the first major medical specialty events held face-to-face since the outbreak of the coronavirus pandemic.

Amy Coopes writes:

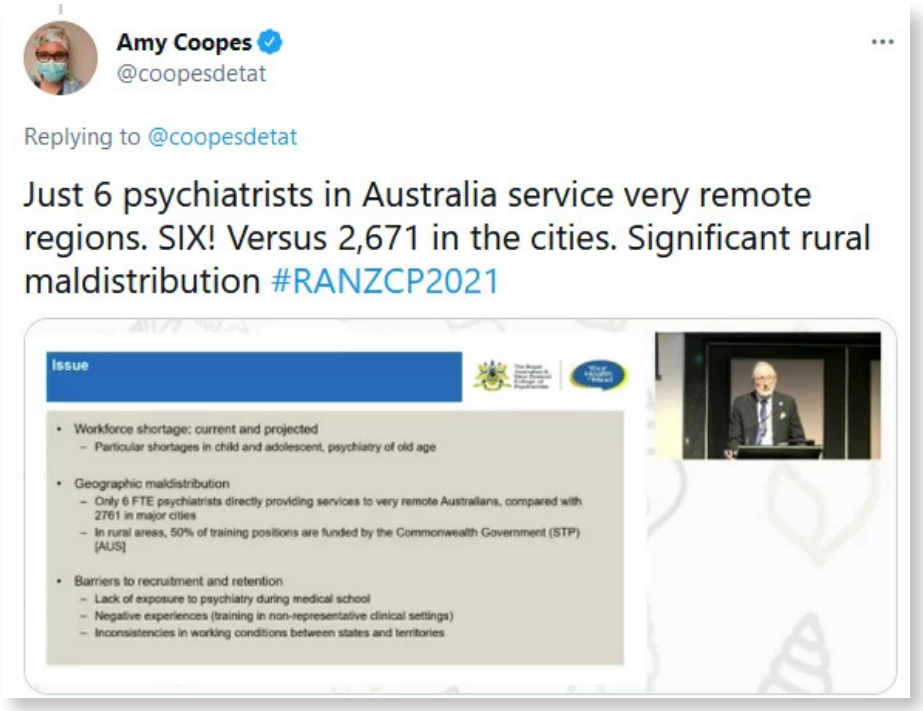
Mental health care is at a crossroads in Australia, with immense appetite for and momentum towards reform, but lofty aspirations will remain out of reach without significant investment in and reimagining of the workforce, a recent summit of psychiatrists has heard.

Diversifying the mental health response workforce and shifting the training paradigm to have greater focus on rural and remote areas were some of the big-ticket items discussed at the Congress of the Royal Australian and New Zealand College of Psychiatrists in Hobart.

The meeting heard from a number of eminent experts involved in recent Productivity Commission and Victorian government inquiries into Australia's fragmented and ailing mental health sector on workforce challenges to care.

The College also **launched** its **Rural Psychiatry Roadmap 2021-31** aimed at addressing marked disparities in access and outcomes for the one in five Australians who live outside major metropolitan centres.

Only six percent of all psychiatrists service this population, and the Congress heard that Australia's very remote areas were covered by just six specialists in total.



Breaking ground in rural training

Associate Professor Mat Coleman, who authored the roadmap and formally launched it in Hobart, said access gaps translated into poorer mental health outcomes across a range of indicators for rural and remote Australians, and contributed to shorter life expectancy and higher mortality rates.

"If you're Aboriginal, your likelihood of suiciding is about three times the general population, but if you live rural and remote it's about six times, another doubling," Coleman told Croakey on the sidelines of the meeting. "You're twice as likely to have an alcohol problem just by your postcode."

Central to the roadmap is — for the first time in psychiatry and unprecedented among specialist training programs except for general practice — an end-to-end model allowing trainees to complete all their training in a rural location.

Currently, specialist training in Australia is built on a metro-centric model where trainees are attached to a metropolitan hospital and go on secondment to rural centres, an outdated paradigm which perpetuates rural workforce shortages by having training doctors tied to the cities during their most formative years of life.

"If the system is structured so that you have to be in a capital city during those years of your life you're more than likely to remain there, it's a fairly simple equation," said Coleman, who lives on a farm four and half hours outside Perth.

You can track Croakey's coverage of the Congress here.

Unlike many specialist programs, which do genuinely require some, if not all, training years to be completed in a tertiary centre in order to practice niche and advanced skills, Coleman said psychiatry training could be entirely rurally provided, so long as appropriate supports and structures were in place. In an era of climate disasters, workforce demands would only become more acute.

"There are the opportunities and there's definitely the work and the experience," he said. "Rural communities have exactly the same sorts of problems that metropolitan people have in terms of prevalence of mental disorders.

"Sadly they do poorly in terms of suicide outcomes, substance use outcomes, and are at higher risk of the social determinants associated with mental health, but also trauma. Natural disasters tend to occur more frequently in rural communities — fires, floods, drought."

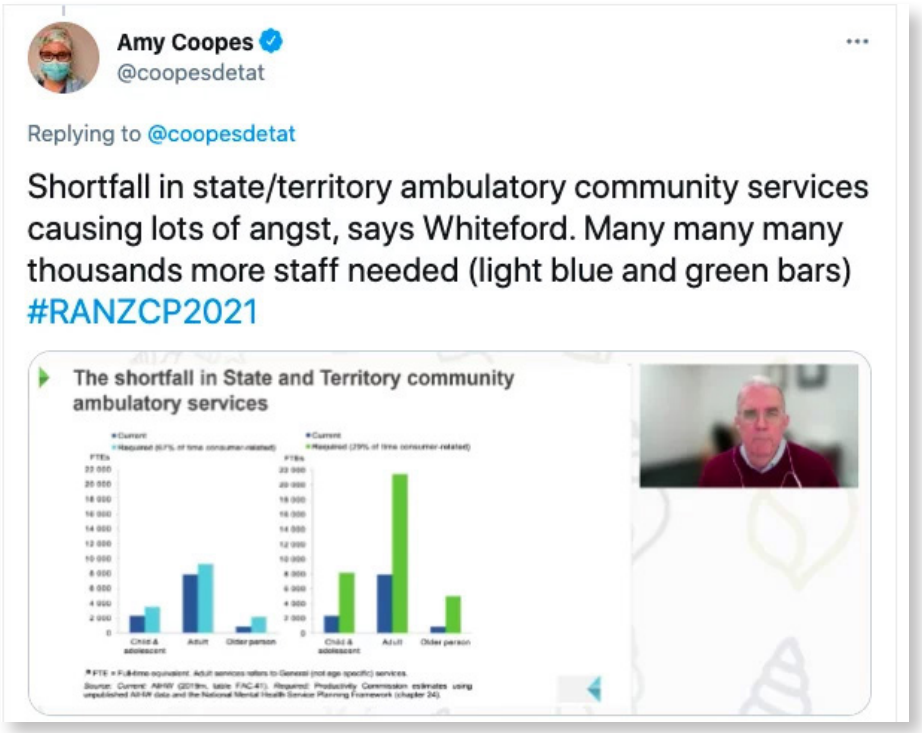
The roadmap also proposes a host of other measures including a Diploma of Psychiatry for GPs and other generalists wanting deeper or more specialised knowledge and skills in mental health.

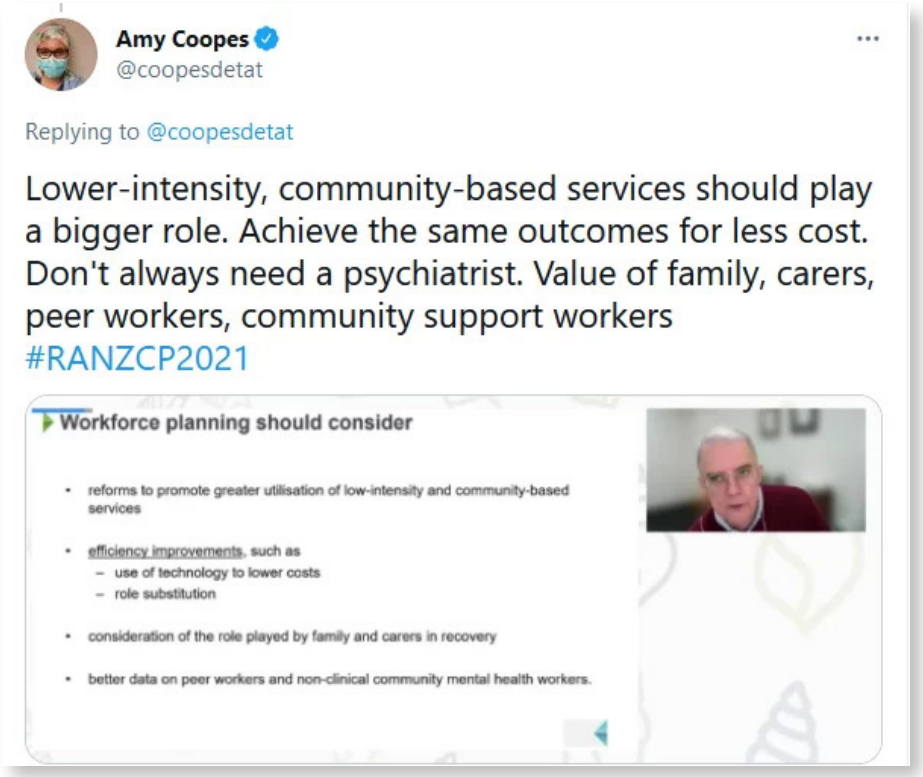
Similar qualifications exist in women's and children's health, aimed at upskilling the primary care workforce to meet demand in these areas.

The roadmap also focuses on growing the Aboriginal and Torres Strait Islander workforce, an area — along with peer workers and nurses — identified as in major shortfall by the National Mental Health Service Planning Framework.

Professor Harvey Whiteford, who was at the helm of the Framework and Productivity Commission inquiry into mental health, discussed some of the findings around workforce.

Whiteford said it wasn't just a question of more workers, but appropriately deploying those already in the system to places of need, such as state and territory-based community ambulatory care. Lower-intensity services should play a bigger role, whereby you could achieve the same outcomes for less cost, but were not incentivised in funding terms.





Noting that you "don't always need a psychiatrist", Whiteford highlighted the value of family, carers, peer workers and community support workers in these settings, though he noted that rural areas and child and adolescent mental health were also desperately strapped for specialists.

At the nursing level, Whiteford said the Productivity Commission had advocated for a midwifery-style undergraduate qualification in mental health, allowing for direct entry to mental health nursing.

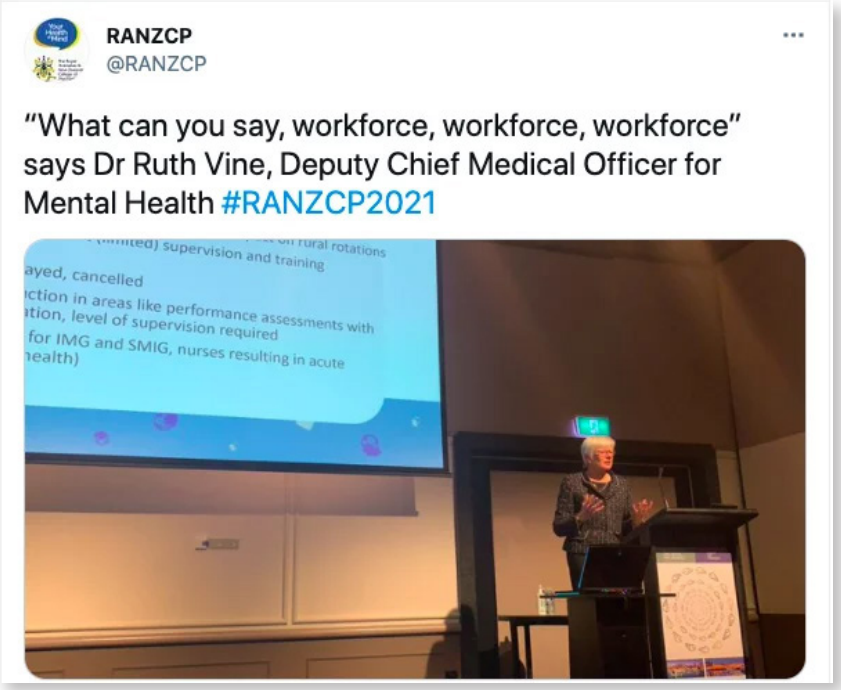
Without addressing workforce concerns, Whiteford said the broader ambitions of the Productivity Commission and related Royal Commission in mental health in Victoria would never get off the ground.

A flagging system swamped by demand

Dr Alex Cockram presided over the Victorian inquiry and shared some personal reflections, saying that nothing less than broad-scale reform was expected by consumers given the extent of failings documented by successive inquiries into the mental health system.

There was an appetite, too, from workers themselves, labouring under the moral injury of short-term medical models of care, in a flagging system swamped by demand, she said.

Dr Ruth Vine, Commonwealth deputy chief medical officer for mental health, said COVID-19 had brought these issues into sharp relief, with heightened levels of anxiety, stress, depression and burnout among the mental health workforce exacerbated by stressors including home schooling, lockdown, PPE and the transition to telehealth. The workforce was also strained by travel restrictions, hitting mental health nursing in particular, Vine added.



Growing demand was yet to abate, Vine said, with impacts most marked in Emergency Department/crisis settings and among younger people. Many psychiatrists worked through 2020 without a break, she said.

Vine said fragmentation and siloing was a major contributor to Australia's workforce issues, with stakeholders spanning state and federal jurisdictions, the public and private systems, and professional and peer cohorts, and the RANZCP itself.

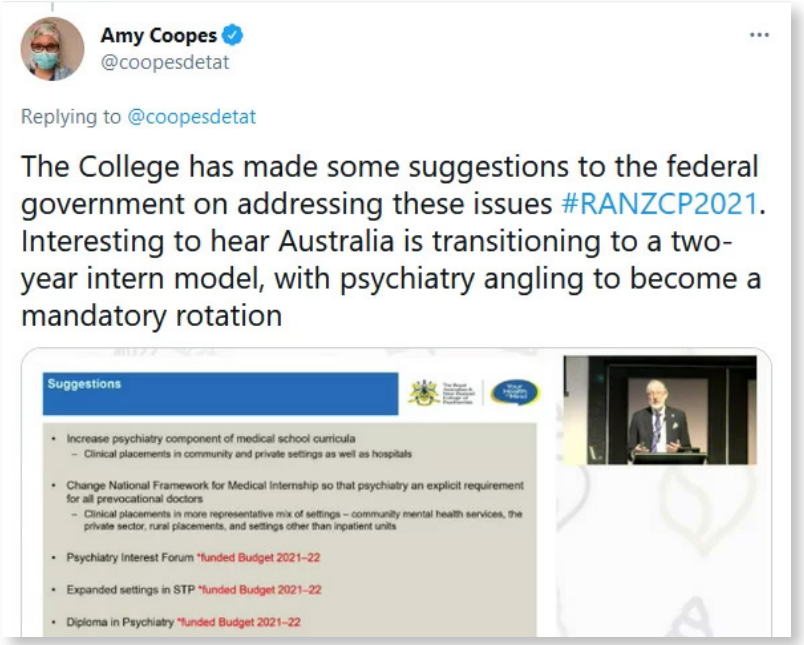
The National Mental Health Workforce strategy was examining these issues, and would be made public at the end of 2021, Vine said.

Cockram called for a system focused on "empathic, recovery-focused partnership", where needs were understood and supported, and access was provided to safe, restorative settings.

She also highlighted primary care as the foundation, not a sideline, of the mental health system.

In a specialty whose therapeutic work was founded on personal bonds, getting the right people into the right place was essential to turning disparities around, Coleman added.

"You are talking about an issue that's all about trust and relationships and feeling safe with people," he said.



See a 28-tweet **thread** from Dr Amy Coopes on the workforce session here.

See also this **thread** from Dr Skye Kinder.

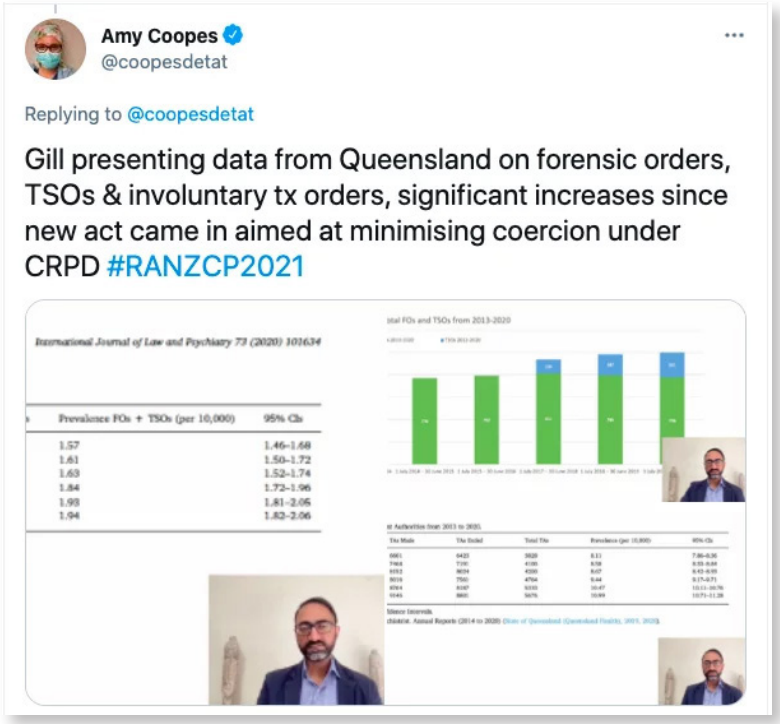
Lived experience

The Congress featured one session on 'how should we be working towards valuing psychiatrists with lived experience'.

You can watch the session **here** and read this **Twitter thread**. See also these tweets below.

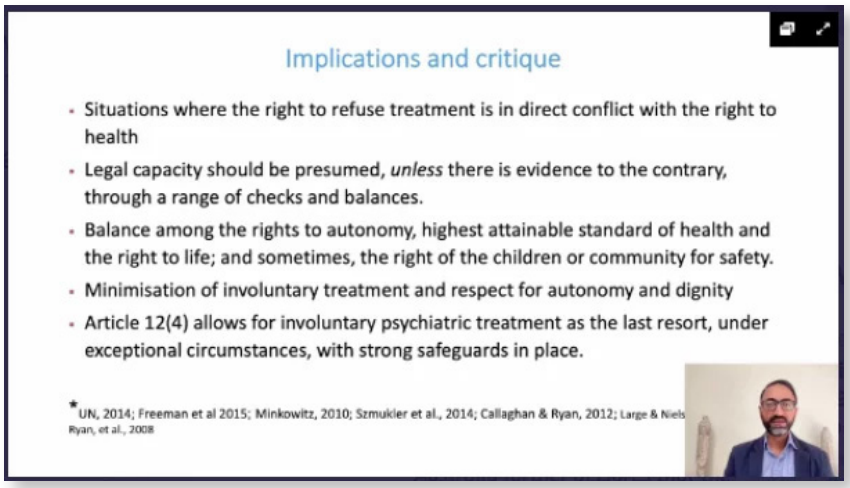
You can track Croakey's coverage of the Congress here.

On patient rights



Amy Coopes @coopesdetat · May 18
What is behind these increases? Lack of appropriate alternatives, risk aversion, a paternalistic and restrictive culture in MH #RANZCP2021
Potential causes for increase in involuntary treatment
• Lack of systematized and well-resourced voluntary alternatives,
• Lack of early interventions
• Paternalistic and restrictive culture in mental health services,
• Risk aversion in clinicians and society (courier mail test or Pub test)
• Poor understanding of the concept of capacity to consent to treatment
• Prioritization of risk assessment over capacity assessment
• Legislative reform has not gone far enough
• Increase in drug-induced psychotic disorders and associated level of aggression
• Argument that increasing rate of involuntary treatment may be a good thing? access to services?

Amy Coopes
@coopesdetat
Replying to @coopesdetat
How does CRPD intersect with psychiatry? Involuntary treatment as a last resort, subject to safeguards. But CTO use in Australia high by international standards and rising, variation across states #RANZCP2021


Implications and critique
• Situations where the right to refuse treatment is in direct conflict with the right to health
• Legal capacity should be presumed, *unless* there is evidence to the contrary, through a range of checks and balances.
• Balance among the rights to autonomy, highest attainable standard of health and the right to life; and sometimes, the right of the children or community for safety.
• Minimisation of involuntary treatment and respect for autonomy and dignity
• Article 12(4) allows for involuntary psychiatric treatment as the last resort, under exceptional circumstances, with strong safeguards in place.
*UN, 2014; Freeman et al 2015; Minkowitz, 2010; Szmukler et al., 2014; Callaghan & Ryan, 2012; Large & Niels Ryan, et al., 2008

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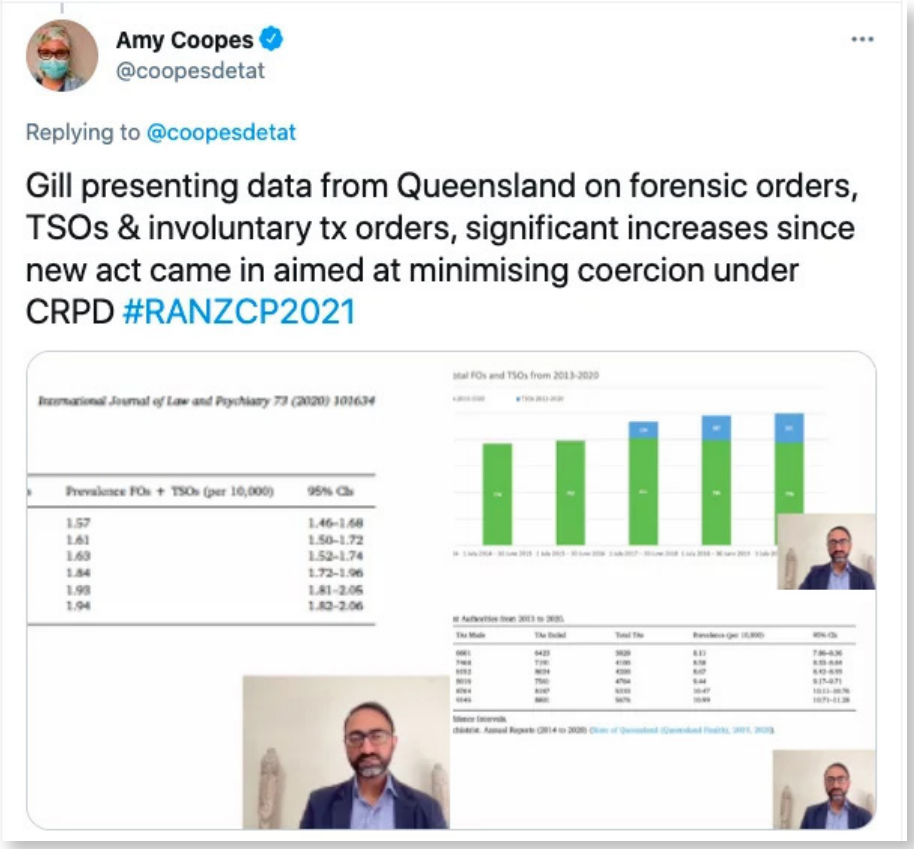

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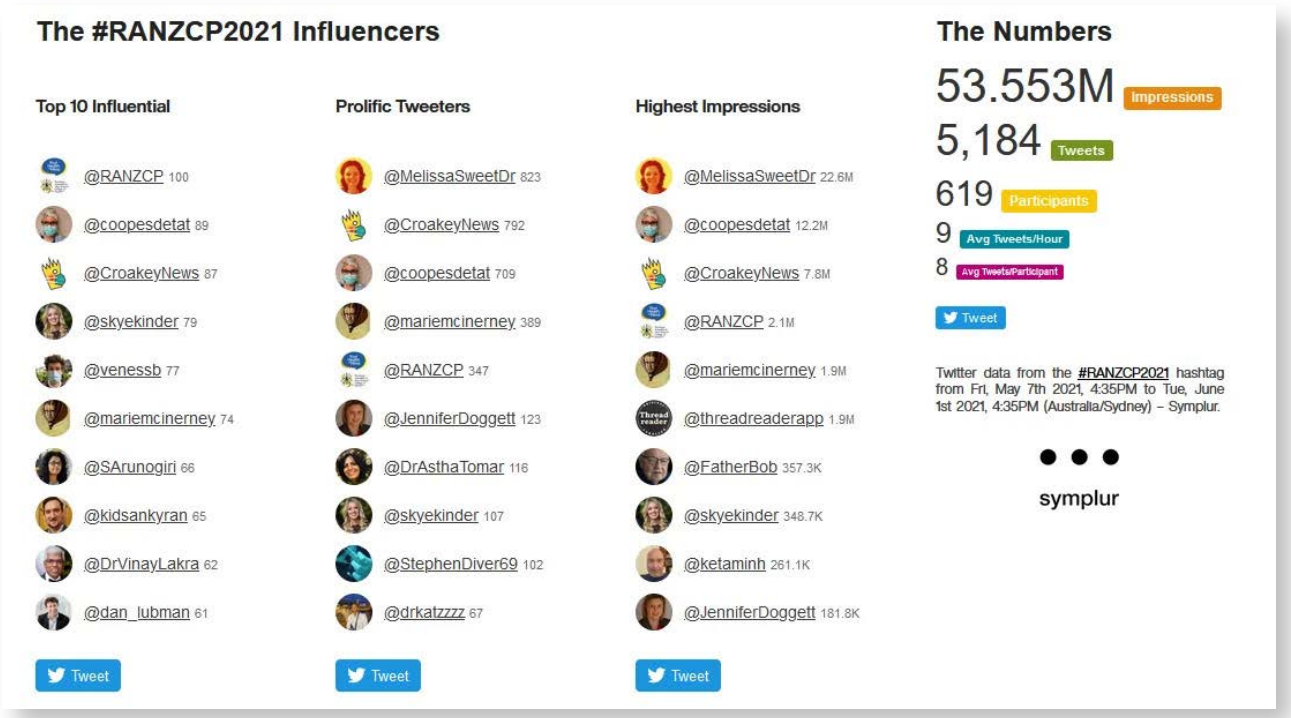
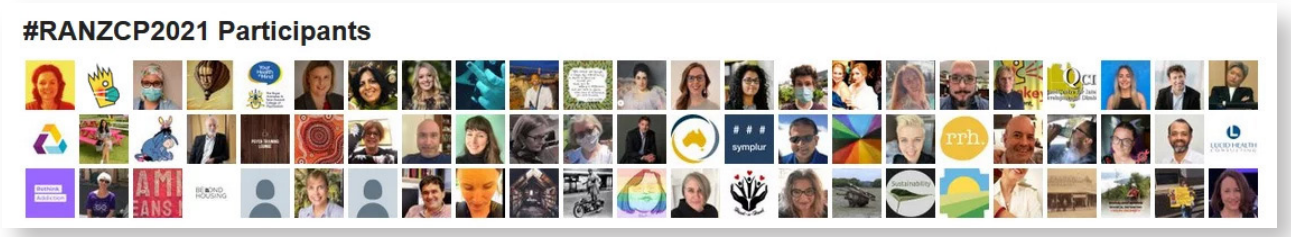
Analytics of Twitter discussions





Croakey Conference News Service

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