Dr Amy Coopes and Alison Barrett reported on the RANZCP 2022 Congress – ‘stronger bridges, safer harbours’, for the Croakey Conference News Service.
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#RANZCP2022

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![Croakey](https://www.croakey.com.au)
Inclusion, connection and creativity – focusing on the biopsychosocial model of mental healthcare

Introduction by Croakey: During the final week of the election campaign, The Royal Australian and New Zealand College of Psychiatrists held a congress to discuss climate change, the broader determinants of mental health and updates in the diagnosis and management of mental health.

It is a timely opportunity to discuss the impacts of COVID-19 on the mental health and wellbeing of Australians, with a report released by the Mental Health Commission of NSW highlighting the ongoing impact of the pandemic on community mental health and wellbeing.

The mental health and wellbeing of Aboriginal and Torres Strait Islander people is also on the program, with sessions about improving cultural safety and the importance of valuing Indigenous knowledge in psychiatry practice.

‘Stronger Bridges, Safer Harbours’ was held both online and in-person at the International Convention Centre in Sydney 15 – 19 May.

Dr Amy Coopes, who covered the hybrid event for the Croakey Conference News Service, previews the #RANZCP2022 discussions below.
Amy Coopes writes:

Connection, inclusion and the broader determinants of mental health will be in focus at the annual trans-Tasman gathering of psychiatrists in Sydney on the eve of the Federal Election.

The impacts of COVID, climate change, and healthcare worker wellbeing feature prominently on a program of unprecedented scale. Organisers have billed it the largest-ever Congress held by the Royal Australian and New Zealand College of Psychiatrists, with dozens of streams over the four days.

The pandemic and its impacts will be the subject of several sessions and symposia, with the related issue of health care worker burnout also in focus.

As part of the pandemic response, “already incredibly inadequate” mental health services were some of the first to be mothballed and staff redeployed to COVID efforts, said Congress convenor Dr Ralf Ilchef, a consultant liaison psychiatrist at Sydney’s Royal North Shore Hospital.

The impacts of these decisions continue to be felt.

“There’s this shadow pandemic of mental distress that’s actually going to dwarf the impacts of COVID, there’s been a terrifying increase, for example, in the number of emergency presentations by adolescents and young people in the past two years,” Ilchef said.

“We’re going to have to see whether that’s going to be a long-term phenomenon or whether that will settle as the pandemic settles, but I think we’ve got a lot to learn about how to manage this.”

The RANZCP Congress, brought together psychiatrists from across Australia and New Zealand to discuss the latest in mental health diagnosis, management and policy.

This is the first time the specialty has come together in full since the height of the COVID-19 outbreak to discuss several years of research and advances in the field.

Falling in the days before the Federal election, the program also has a focus on the climate emergency and Aboriginal and Torres Strait Islander peoples’ mental health, with keynotes by Tim Flannery and Stan Grant, and connected sessions.

Social determinants of mental health

RANZCP President Dr Vinay Lakra said policy priorities in mental health went far beyond directly-related matters such as workforce planning and resourcing to encompass broader determinants such as early childhood, education, housing and the climate.

“Ensuring that we make the connection between these social issues and how they impact on people’s health and mental wellbeing and mental illness is so important,” Lakra said. “That connection is becoming more and more apparent as time is progressing.”

Lakra said the College was seeking bipartisan support for ongoing investment into mental health services and clarity around cost-shifting, with the sector mired in complexities straddling state and federal jurisdictions.
He called for a national data collection centre and establishment of registries to log and analyse mental health indicators in a coherent way which drove timely policy decision-making, similar to the Scandinavian model.

Lakra also advocated for bulk billing incentives that addressed affordability of and access to mental health services in rural and other areas of need, including the so-called ‘missing middle’ who were too unwell for private care but not unwell enough for public intervention.

Harmonisation of mental health legislation was also nominated as a priority for the incoming federal government, with inconsistent and fragmented state-based laws meaning patients were treated differently in different jurisdictions. Lakra said his preference would be “one legislation across the country”.

“We are watching with great interest what the outcome of the election is and will continue with our advocacy in this space,” Lakra said.

**Stronger Bridges, Safer Harbours**

The Congress is themed Stronger Bridges, Safer Harbours, and was organised around the concepts of connection, inclusion and creativity, with content spanning the tenets of the biopsychosocial model of mental health.

Ilchef said it aimed to capture and cater to the diverse aspects of and interest areas within psychiatry, from the neurobiology of mental illness and its medical management through to talk-based psychotherapy models of care and advocacy for marginalised and vulnerable groups.

The bridge motif symbolised both neural and social connections, the latter which Ilchef said had been “imperilled by digital changes and by COVID, impacting us as individuals and communities”.

Inclusion was also central to session planning, with many marginalised groups also excluded from access to good mental health care, whether refugee, First Nations or LGBTQIA+ populations, or people with a disability.

Though not a marginalised group in the traditional sense, Ilchef said men often also struggled to access appropriate care and “tend to get treated through the forensic system.”

“Inclusion, how to find ways of delivering treatment respectfully and effectively to those groups is an ongoing challenge.”

Sessions will zero in on a broad host of topics, ranging from autoimmune triggers of mental illness, the emerging role of psychedelics and ketamine in mood disorders, attachment and trauma, racism and colonialism, cultural safety, and the 20-30 year mortality gap in mental health.

Echoing Lakra’s thoughts on the need for structural reform, Ilchef said mental health’s model of service was not fit for purpose.

“There are so many things that are wrong with it: the split between public and private, the split between federal and state, the split between hospitals, GPs and community care,” he said. “It’s true I think for every part of health, but particularly mental health, it’s very hard to have a coordinated journey of health care in any part of our system.”

The program also offers some introspection for the College, with sessions focused on trainee experiences of the pandemic and repeated disruptions to exams.
Ilchef said the disruptions caused incredible distress to a cohort of several hundred psychiatrists in training and resulted in “generational argy-bargy” over representation and consideration of trainee perspectives.

“It was very distressing and did the College, both internally and externally, a lot of reputational damage,” he said.

Lakra acknowledged it was “distressing and difficult for many of our trainees and we were really sorry” and there was an internal review underway to determine what could be learned from the events.

The College is poised to unveil a trainee position on its board during Congress and Lakra said a number of other reforms were underway to shift away from exam-driven certification to workplace-based assessment.

Noting this had been a widespread issue for all medical colleges during the pandemic, not just RANZCP, Lakra said the “most important thing is how we get together and solve those problems.”

There will also be discussions around the College’s name, with a growing movement supporting a rebrand to remove ‘Royal’ from its title, due to its colonialist connotations and outdated links to the British monarchy. The College adopted this name in 1977, 14 years after forming as the Australian and New Zealand College of Psychiatrists.

“My personal view is that it’s time to move on,” said Lakra, adding that, as someone of Indian origin he was “well aware of the history”.

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From Twitter

Dr Asha Basu, MD MHM GAICD @ashnabasu · May 12

Charging up all my powerbanks in anticipation of the live tweeting at #RANZCP2022 😊 & looking forward to finally meeting psych twitter pals in person! @mbismark @skyekinda @drkatzzz

Ralf Ilchef @ralf_ilchef · May 13

#RANZCP2022 = SOCIOCULTURAL SUPERBOWL! Mh of First Nations peoples, those with disabilities, elderly, refugees, rural + remote, as well as trainee welfare, impacts of racism, gender-based violence, climate change. @RANZCP @DrCybeleDey @DrAstaTomar @skyekinda @DrWilliams

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Inclusion, connection and creativity – focusing on the biopsychosocial model of mental healthcare

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You can track Croakey’s coverage of the Conference here.

Inclusion, connection and creativity – focusing on the biopsychosocial model of mental healthcare

#RANZCP2022

Vinay Lakra
@DrVinayLakra

Looking forward to the next few days at #RANZCP2022 where we share / exchange knowledge & ideas, celebrate achievements of our fellow colleagues. Congratulations to all new fellows & award winners. @RANZCP @ralf_ichief @MelissaSweetDr

Ralf Ilchef
@ralf_ichief

Just hoping our festival will be more like Woodstock than Fyre! Have fun everyone!

Ian Hickie
@ian_hickie

Replying to @murpharoo

Perhaps we can go forward as a compassionate, intelligent, engaged and cohesive society on these ancient lands...@annabelcrabb @sammostyn @SabraLane @PatsKarvelas @MelissaLDavey @L.RussellWolpe @MelissaSweetDr @DrEmmaLJohnston @BrainMind_Usyd @RANZCP
Inclusion, connection and creativity – focusing on the biopsychosocial model of mental healthcare

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Inclusion, connection and creativity – focusing on the biopsychosocial model of mental healthcare

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You can track Croakey’s coverage of the Conference here.

Delegates at the #RANZCP2022 welcome reception enjoying the views, the company and the conversations.

Nothing beats the buzz and excitement of in-person events. What a turn out at the #RANZCP2022 welcome reception at @SydOperaHouse!

It’s a spectacular evening for the #RANZCP2022 welcome reception! Welcome to #sydney everybody! @SydOperaHouse @DrVinayLakra
Dr Amy Coopes was in virtual attendance for the Croakey Conference News Service. Follow her at @coopesdetat, with additional coverage via @croakeynews and @wepublichealth.

Click through for the full in-person and virtual programs.

Bookmark this link to see all our conference coverage, and join the conversation at #RANZCP2022.

Listen to #RANZCP2022 Spotify playlist, curated by Dr Ralf Ilchef.
Amid surging demand for mental health services, psychiatrists urged to abandon reductionism

As a new report highlights the COVID-19 pandemic’s impacts upon the community’s mental health and wellbeing, Dr Amy Coopes reports on some related discussions from day one of the Royal Australian and New Zealand College of Psychiatrists Congress.

Amy Coopes writes:

With the ongoing COVID-19 pandemic placing mental health services under unprecedented strain, psychiatrists have been urged to consider the whole patient in their context and eschew all forms of reductionism in favour of a “radiant, harmonic, unified” biopsychosocial model of care.

The call was made by eminent US psychiatrist Professor Allen Frances in a rousing keynote to open the 2022 Royal Australian and New Zealand College of Psychiatrists’ Annual Congress in Sydney, a hybrid virtual-in person event billed as the College’s largest meeting ever.

Duke University-based Frances has overseen several iterations of the authoritative Diagnostic and Statistical Manual of Mental Disorders (commonly known as the DSM, and currently in its fifth edition).
Frances lamented its siloed approach to mental health, too commonly viewed as a neurobiological issue, the product of trauma or a social ill that failed to apprehend the complexity of the human condition and was a “disaster” for patients.

“We need to realise that people are more complicated than any lab test will be able to cover,” Frances told delegates in a virtual address from the United States.

“The biological model of mental illness has been confirmed over and over again in a simple way, but it doesn’t explain disorders at a group level.”

Frances was scathing on the so-called ‘decade of the brain’, with untold billions spent on genetic and biomarker research that “overpromised and underdelivered” and had “failed miserably” in the quest for an organic silver bullet to explain and treat disorders of the mind.

With more than 200 genes typically implicated in development of a mental disorder, in a complex interplay with environmental drivers, Frances said polygenic risk factors were an over-hyped ‘fudge factor’ with less predictive value than a simple family history.

He described this biological reductionism as the biggest problem in psychiatry over the past 40 years, typified by the Sacker brothers – three psychiatrists who seeded the Valium and Xanax epidemics in the United States.

While much neuroscience research was intellectually fascinating at an academic or theoretical level, Frances said virtually nothing of clinical significance with a material benefit to patients had been discovered since the 1980s, when psychotherapy had its day in the sun, but at a fraction of the cost.

“If you focus only on the brain, you’ll be mindless. If you focus only on the mind, you’ll be brainless,” Frances said, citing a Hippocratic maxim that “knowing the patient who has the disease is just as important as knowing the disease the patient has”. This, he said, was “never more true than today.”

Supporting this was data showing that 80 percent of illness risk and treatment response was due to socioeconomic factors, he added.

Positing that reductionism was always wrong, regardless of its slant, Frances advocated instead for a “radiant, harmonic, unified theory of the biopsychosocial model of mental health and its treatment” which appreciated that medications were overused in people who didn’t need them, underused in those who did, and never sufficient in isolation.

He called for a rebalancing of research funding, 90 percent of which he said focused on neurobiology, advocating for improving treatment rather than establishing causality.

Instead, he said studies should seek solutions to issues like imprisonment and homelessness and have improvement of patient quality of life as their endpoint, helping people find more meaning in their lives through spirituality and connection, and integrating recovery and cognitive-based models of care.

COVID load

This week’s Congress is the first time in two years RANZCP and trainees have been able to come together in person in any substantive way due to COVID. The pandemic was the subject of much discussion as proceedings got underway, with some 2,000 delegates in attendance face to face or via the online portal.
Bronnie Taylor MLC, NSW Minister for both Regional and Mental Health portfolios, said the pandemic, preceding bushfire crisis and recent flooding emergency had damaged Australia’s national psyche.

A number of speakers at the Congress reported they had never seen mental health services so stretched due to workforce shortages and surging demand.

Dr Nick O’Connor, who serves on the RANZCP board of directors and is also clinical lead of the mental health patient safety program at the NSW Clinical Excellence Commission, said he had “never really seen it as tough as it is now”, the result of years of chronic underfunding, increasing patient complexity and accelerating social inequity.

A dedicated crisis-themed session heard that 15 percent of all mental health assessment activity in rural NSW’s mental health emergency care services (MHECS) was attributable to the pandemic last year, with demand now at a new baseline.

Dr Katherine Knight, from the Sydney Children’s Hospital Network, said mental health presentations by young people had increased ten percent above population growth over the decade preceding COVID, and her service had seen a 30-40 percent surge between 2019 and 2021.
More troubling, Knight said, was the decreasing age of those presenting, with kids seen as young as six or eight, and growing numbers of tweens and early teens.

Broader determinants of mental health

In his talk, Frances said the United States was presently the worst time and place in human history to be experiencing mental illness, with some 600,000 patients in jail or homeless, “treated like outcasts” and community psychiatry defunded to the point of extinction.

He contrasted this with approaches in Trieste, Italy, which focused on psychosocial determinants and interventions in a best-practice model of care.

Extending on his address was a much-lauded, powerful and heartfelt keynote from Wiradjuri and Kamilaroi journalist Stan Grant, who shared his personal reflections on the legacies of colonisation and assimilation for Australia’s Aboriginal and Torres Strait Islander people.

Grant’s remarks, which will be the subject of a separate Croakey story in coming days, were met with a prolonged standing ovation, and saw his name trending across Australia on Twitter.

The day also featured a lively and spirited debate on the prescription of stimulants for ADHD, which will also be covered in detail as part of Croakey’s conference reporting.

Looking ahead, highlights will include a session on climate change and mental health featuring Tim Flannery, keynotes on women’s mental health and psychedelics in the treatment of mental illness, and a presidential symposium focused on COVID.
Extending on Monday’s sessions on training reform and advocacy in psychiatry, there will also be a trainee forum focusing on recent ructions within the College around representation and assessment to progress.

**From Twitter**

See Coopes’ Twitter thread from Professor Allen Frances’ keynote [here](#).

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Deeply moved by Stan Grant’s opening plenary discussing his experience of being Aboriginal, of trauma and mental illness at #RANZCP2022 along with @AllenFrancesMD Kudos to @ralf_ilchef for such a brave start!

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Thanks live tweeting is also fantastic and fascinating to follow for specialists from other colleges who otherwise would not be in attendance. So much of shared relevance. #RANZCP2022

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Absolutely scathing critique of the US mental health system by Prof @AllenFrancesMD who says US MH system one of the worst in the world. “People are discharged from horrible hospitals into prison or the streets”. Lack of community care and crucial social programs #RANZCP2022

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Human beings are much more alike than we are different, according to Darwin - @AllenFrancesMD #RANZCP2022.
Amid surging demand for mental health services, psychiatrists urged to abandon reductionism

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

Jean Pepperill, MD
@jkpepperill

Is he though? Despite his theories he believed people of colour were inferior. He would choose to study animals over other cultures because he thought they had nothing to offer about evolution. Need to be careful how much credit we give him #RANZCP2022

Amy Cooper @coopsedetat · May 16

Frances says Darwin a singularly influential figure in the field, famously stating it was more instructive to study baboons than philosophy in understanding human nature ‘the single greatest insight in the history’. First person to recognise human emotions universal #ranzcp2022

Show this thread

Dr Ashna Basu, MD MHM GAICD
@ashnabasu

Prof @AllenFrancesMD highlights that 90% of NIMH grants go to brain/gene research, and posits (spicily 🎨) that while this research is intellectually interesting, it has yet not helped any patients (and is a long way from doing so) #RANZCP2022

Croakey News
@CroakeyNews

We have 86 bill neurons, 500 trill synapses- "It's amazing that most of us work as well as we do" - @AllenFrancesMD #RANZCP2022.

Dr Katy McAlpine
@mckaty

"Every patient encounter is psychotherapy"
@AllenFrancesMD #RANZCP2022
Amid surging demand for mental health services, psychiatrists urged to abandon reductionism

#RANZCP2022

Follow the news

See a broad overview of the discussions from day one of the Congress in this thread by Alison Barrett for @CroakeyNews.
Australians urged to get political and keep the climate in mind

Amy Coopes writes:

As Australians prepare to go to the polls, celebrated climate scientist and author Professor Tim Flannery has urged people to get political for the planet, in a stirring keynote address themed around hope, forgiveness and action.

Delivering the keynote address from Geneva to psychiatrists gathered in Sydney to discuss climate change and mental health at the annual Congress of the Royal Australian and New Zealand College of Psychiatrists, Flannery said the major roadblock on climate change in Australia was political.

“What follows is that the most urgent action we can take is getting involved in politics,” Flannery said. “That’s where the change needs to happen now.”

Study after study had demonstrated it was possible to decarbonise Australia within five years but what was missing was political will, government policy and an aggressive emissions reduction target to empower and unite the community, said Flannery.

“There is something profoundly wrong with our political system at the moment,” he said, adding that political parties “have a lot to answer for”, distorting morality and sequestering MPs from the views of their constituents behind party lines when they would be “well served to take a lead in this and listen to their own children.”

“You would think that people who represent others would have a deep empathy to their plight, but that is not always the case,” said Flannery pointedly, noting that government had a significant role to play. Not only on the policy front but in driving “honest dialogue” and more respect, listening and empathy with the generation that stood to bear the brunt of the crisis.
Flannery, a former Australian of the Year and Chief Councillor of the Climate Council, described conservation of mental wellbeing as a form of sustainability that would be crucial in meeting the challenges of the climate crisis.

He said reconciliation and forgiveness for the intergenerational betrayal of failing to act was a really important step, saying the “very real” potential for anger to escalate and become corrosive was something that troubled him, reflecting on the lessons of history.

Flannery gave the example of toxic resentment amongst young Germans post-WWII in response to the lack of accountability for crimes committed there during the war, manifesting in the emergence of the far-left extremist group Baader Meinhof.

He acknowledged that his generation and those before would not live to see the results of a problem set in train 200 years ago, which had rapidly accelerated in recent decades. One third of all the global greenhouse gases emitted in human history have been recorded in the years since Flannery was Australian of the Year in 2007.

But he said they could lay the foundations for change and make a contribution to reducing emissions by increments that, however small, would make a difference in future.

**Need for speed**

Optimism and hope were the overriding themes of Flannery’s talk, and an attitude he said would be critical in accelerating reform, in a context where “we no longer have time”.

“We are doing the right things, we just need to do them faster,” he said, calling for a “proper regulatory framework to get us sufficiently quickly to where we need to go”.

If we continued burning fossil fuels for just a few more years, all to line the coffers of an avaricious few, Flannery said it would “cost us the planet”, setting in train a series of irreversible tipping points that would unleash cataclysmic events.

Were we able to head off the worst, palaeontology-trained Flannery said the world would return to climate conditions last seen on Earth three to five million years ago in the Pliocene era when Australia teemed with biodiversity, rainforest stretched all the way from Papua New Guinea to Victoria, and the continent’s centre was rich with freshwater lakes home to flamingos and dolphins.

It wasn’t the destination that Flannery said worried him but the rapidity with which this disruptive shift would take place, at a speed and scale unseen before, with Australians already getting a taste of what this would entail – megafires, relentless floods.

“As Australians I don’t need to tell you about climatic disruption – you’ve lived it,” he said.

Small, discrete, tangible actions – installing solar panels, reducing meat consumption, buying a hybrid vehicle, running conservation projects – were his panacea to the overwhelming grief and hardening to the facts he admitted feeling at times and witnessing among his colleagues.

“Small initiatives are where I get meaning,” he said. “What I do is try to make a difference.”

For climate scientists, seeing a way out and knowing what needed to be done on a practical level helped to remain positive, Flannery said. Taking the long view also helped, reflecting on how far we had come over the past ten years.
Every now and again Flannery said he had to pull himself up from his role as the “jolly hangman” and put himself in the shoes of someone hearing the news for the first time.

“We suffer climate grief ourselves and we have the potential to propagate climate grief if we don’t, I suppose, do our job to the highest standard,” Flannery said.

Youth at risk

Flannery singled out handling these conversations with young people as something to be approached with particular care, a topic that was covered in some detail in a separate session looking at research into climate change and mental health.

That session heard that young people were a priority population and that the psychological impacts of climate change were already very real in this group.

University of Queensland PhD candidate Tara Crandon presented findings from a global systematic review showing 84 percent of young people felt moderately to extremely anxious about climate change, 75 percent saw the future as frightening and 55 percent believed humanity was doomed.

Crandon said these impacts were, in part, mediated by factors such as the extent to which the government involved them in conversations around and decision-making about climate change.

Inaction by governments was associated with intensifying climate anxiety in the young.

“Climate anxiety is the initial alarm bell telling you that something needs to change,” Crandon said.

Session chair Dr Cybele Dey reflected on the lessons from Aboriginal and Torres Strait Islander peoples around practices of caring for Country, and the place of ceremony in helping to connect with the natural environment.

Dey noted that Indigenous peoples around the world stood to shoulder a disproportionate climate burden: “The impacts of climate change on mental health are affecting the least responsible first and worst.”

PhD Scientia Scholar Chloe Watfern shared her personal experiences of climate distress during the 2019-20 bushfire crisis, reflecting on the guilt and despair she felt for future generations, and how important it had been to shift focus to building hope, resilience and connection.

Dr Charles Le Feuvre, from Psychology for a Safe Climate, stressed the protective effects of taking action such as joining the school climate strikes.

He asked Flannery how he managed to stay optimistic in the face of such detailed knowledge of the most dire predictions.

“I don’t think of it in terms of hope, I think of it as more a day to day thing,” Flannery said. “Every moment matters... every small thing we achieve still counts.”

We still “have it within our grasp to stabilise the climate system” and even if that wasn’t able to be achieved, he said every decrement of decrease to emissions – no matter how infinitesimal – would make a difference.

It was also important to celebrate every small win because it “helps to shift the dial of our feelings”.

#RANZCP2022
He advocated meeting climate denialism with curiosity and compassion, saying respect had to be the starting point. Even if in profound disagreement, he urged delegates to thank difficult conversants for engaging, find common ground, and offer exits from rhetorical corners.

In a panel discussion following Flannery’s talk with researchers from the earlier session, Le Feuvre advocated that there needed to be space for despair, which could transform into solidarity if shared and serve to renew hope.

The panel also discussed the need for hope to be active rather than passive, with the latter bordering on avoidance or a get-out-of-jail free card.

Instead, delegates heard, it was essential to “make the hope that we seek to inhabit”.

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### From Twitter

See Coopes' Twitter thread from Flannery’s keynote address [here](#).

See Twitter thread by Alison Barrett for @CroakeyNews from the Climate change and mental health symposium – research, clinical and personal [here](#).

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Amy Coopes[@coopesdetat](#)

Concludes session. Dey urges delegates to keep the climate in mind - particularly on Saturday! #ausvotes #RANZCP2022

Nicola Campbell[@NicolaMCampbell](#)

One of the most important tools to manage climate grief is to take action, even on an individual scale says Flannery. #RANZCP2022

Dr Ashlea White[@aashyhanah](#)

So excited to see my college have the wonderful Tim Flannery speak on climate change and the grief associated with it. Having just worked in Lismore and seeing the affects of extreme weather events we have to act now. #ranzcp2022 #auspol

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Australians urged to get political and keep the climate in mind

#RANZCP2022

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Croakey

Conference News Service
You can track Croakey’s coverage of the Conference here.

Australians urged to get political and keep the climate in mind #RANZCP2022

Nicola Campbell
@NicolaMCampbell

Consider the long view - where were we with renewables now vs 10 years ago. It helps with empowerment and keeping afloat emotionally. #RANZCP2022

“We’re doing the right thing, we just need to do it faster.”

I’m not sure if it’s true for anyone else, but I just felt a massive sense of relief to hear that. #RANZCP2022

Nicola Campbell
@NicolaMCampbell

Advancing technologies have made switching to wind/solar and reducing emissions much more achievable. The hope is it will be a stone rolling down a hill and gather speed as it goes - though requires swift and prompt action now #RANZCP2022 #ausvotes
Along with despair there is a degree of anger, and that scares me. It’s happened before where a generation has let down the generation after them. It’s going to be hard for young people to forgive, we need to start engaging and empowering young people says Flannery #RANZCP2022

I think there won’t be forgiveness from the next generation. They’ve seen what’s been done (or not done) now the facts are clear.

Dialogue between generations & different parts of society about what is important to them - empathy, respect, listening & setting clear targets. Tim Flannery talks about what is important from govts in addressing the #ClimateEmergency #RANZCP2022

Increases frequency of natural disasters in communities has a cumulative impact on populations, there’s no time to recover between extreme weather events anymore #RANZCP2022

Denial of climate change may be based on significant fear, pain and distress. #RANZCP2022
You can track Croakey’s coverage of the Conference here.

Australians urged to get political and keep the climate in mind #RANZCP2022

Published on Thursday, May 19, 2022
Are Australian psychiatrists underdiagnosing and undertreating ADHD?

A lively debate at the Royal Australian and New Zealand College of Psychiatrists Congress put the spotlight on the diagnosis and treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Amy Coopes writes:

Despite its moment in the sun of popular discourse, thrown into the spotlight for many individuals by the isolating conditions of the pandemic, Australian psychiatrists continue to underdiagnose and undertreat ADHD, particularly in adults, an annual gathering of the specialty voted earlier this month.

It was standing room only for the meeting’s ‘Great Debate’ – titled ‘Psychiatrists are prescribing too few stimulants’ – which pitted two teams of three psychiatrists apiece in a battle of the wits and evidence, ultimately resulting in a popular vote in favour of the affirmative.

Attention Deficit Hyperactivity Disorder, or ADHD, is a neurodevelopmental disorder which is typically first diagnosed in childhood, but many adults with the condition – particularly women – can struggle with the symptoms for years before being diagnosed.
As its name suggests, ADHD can manifest with a combination of inattention, impulsivity and hyperactivity. The isolating work-from-home conditions of the COVID-19 pandemic brought the symptoms for many undiagnosed individuals into sharp relief, seeing a surge in referrals and waiting lists.

Stimulant medications are the mainstay of management, but these can only be accessed through a psychiatrist after formal diagnosis using validated criteria. Wait times in many parts of Australia have blown out to a year or more as a result of greater public awareness and discussion of the condition, including on social media platforms such as TikTok.

Part of the issue is that not all psychiatrists are prepared to assess patients for ADHD and prescribe the appropriate drugs, compounding wait times.

This topic was the focus in a packed and popular session at the Royal Australian and New Zealand College of Psychiatrists annual congress in Sydney.

Underdiagnosed and undertreated

Arguing in support of the proposition that stimulants continued being underused in Australia, developmental mental health expert Professor David Coghill detailed the many deleterious consequences of making it to adulthood with undiagnosed and untreated ADHD.

According to Coghill, who works at the University of Melbourne and the Royal Children’s Hospital, 50 percent of people with ADHD do not finish school, they are three times more likely than population averages to be divorced, lose employment or suffer depression.

Also, they are four times more likely to be involved in a motor vehicle accident or have comorbid anxiety and if undiagnosed into adulthood their mortality risk increased fourfold compared to controls, he said.

Individuals with ADHD are seven times more likely to have bipolar affective disorder, and 50 percent of people with borderline personality disorder also had ADHD, Coghill explained.

In terms of prevalence in Australia, five percent of children and young people had a diagnosis of ADHD and 2.5 percent of adults, and Coghill said corresponding stimulant prescription rates were lower than would be expected.

Three percent of children, 1.5 percent of young people and just 0.3 percent of adults – or one in ten with the diagnosis – were receiving this “evidence-based, recommended treatment”, he said.

Experience in the US

Well-known and respected psychiatrist Professor Allen Frances offered a counterpoint from his experience in the United States, describing ADHD as simultaneously overdiagnosed in some population groups, particularly young boys, and underdiagnosed in demographics such as women.

Frances has overseen several iterations of the Diagnostic and Statistical Manual of Mental Disorders, which is the authoritative reference for psychiatrists in diagnosis and management. He joked that it was “partly my fault” ADHD prevalence had skyrocketed in the US after he advocated for relaxation of the diagnostic criteria for women.
In 1994 overall rates of ADHD in the US were comparable to what is now seen in Australia, in the order of three to five percent. They had ballooned in the intervening two decades to 11-12 percent, and he attributed this, in part, to aggressive drug company responses to the DSM changes.

Frances said teachers, parents, physicians and paediatricians were all “inundated” with stimulant marketing, with one in five young men and seven percent of all children in the US now on these drugs.

Supporting his thesis of misdiagnoses, Frances said studies of millions of children had shown a clear trend towards labelling the youngest child in a given class – especially if they were a boy – with ADHD, instead of recognising that they were more likely socially immature and simply required more classroom support.

This label was not harmless, Frances added, exposing the child to stigma, lower expectations and adverse physical effects from stimulants, with no proven academic benefit.

Dr Karen Williams echoed this perspective in her remarks, arguing that the undue focus on neurobiology in ADHD obscured the chronic exposure to adverse childhood experiences and environmental stressors many people with the condition had faced and which could not be excluded as its driver.

Instead of talking about trauma, Williams said too many psychiatrists preferred to label and medicate women and children and described stimulants as a “distraction”.

**Trauma versus biology**

ADHD specialist Dr Dianne Grocott refuted this assertion, saying she always asked about trauma in her assessments, and it didn’t account for the majority of cases she saw. Coming out swinging against her colleagues, she declared that many psychiatrists in the room were underprescribing stimulants and “I know your names”.

Coghill supported Grocott’s stance on trauma, arguing that causation could not be inferred from correlation with this in ADHD and evidence suggested that treating the disorder made it easier to address the comorbid trauma.

In fact, Coghill said it had been demonstrated that ADHD increased the risk of trauma for affected individuals, with women and children with the disorder more likely to be subjected to family violence. He counselled against the “old school” dichotomy of trauma versus biology, saying both had a putative role.

**Lifelong impacts**

Rather than seeing the treatment of ADHD with stimulant medications as the inherently harmful proposition, Coghill urged his colleagues to consider the many adverse effects of leaving the condition untreated. He said rates of crime, substance misuse and mortality all showed a decline when people were appropriately managed.

Professor Edward Ogden, a renowned expert in addiction medicine, said the under recognition and undertreatment of ADHD had huge impacts across the life course, with many of his patients turning to substances for symptom management in the absence of a diagnosis and treatment plan, a “very downhill spiral”.

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**Are Australian psychiatrists underdiagnosing and undertreating ADHD?**

#RANZCP2022

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Croakey “Conference News Service”
He refuted the idea that ADHD was a primarily Western phenomenon, saying if the diagnostic criteria was properly applied the “genuine neurodevelopmental disorder” could be found in every culture, just manifesting symptomatically in different ways depending on the social milieu.

Ogden also cautioned against the overspecialisation currently defining ADHD’s management in Australia, saying GPs could and should be allowed to care for most of these patients.

Grocott urged her colleagues to move away from a deficit discourse around ADHD, saying a lot of its features were “amazing” and many doctors – particularly those working in high-stress environments like the emergency department – would meet the criteria for diagnosis.

People with ADHD tended to perform well under stress because the adrenaline surge helped their pre-synaptic transport of dopamine, which was the characteristic neurobiological issue that made it responsive to stimulant medications, Grocott said.

Closing for the opposition, Dr Peter Kelly invoked the Pareto principle, arguing that two percent of psychiatrists were responsible for prescribing 98 percent of stimulants because most of the profession “don’t want to be drug dealers, that’s not what we trained for”.

Kelly described the prescription of stimulants as a “racket” where his colleagues were “arguing to sell on more street corners”.

His assertion that “giving the customer what he wants goes against the entire ethos of psychiatry” was greeted with uproarious laughter from the packed room, which voted in favour of the affirmative side – that psychiatrists do prescribe too few stimulants for patients with ADHD.

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From Twitter

See Coopes’ Twitter thread from the Congress debate here.
You can track Croakey’s coverage of the Conference here.

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Are Australian psychiatrists underdiagnosing and undertreating ADHD?

#RANZCP2022

David Coghill delivers affirmative’s closing statement: We’re talking as if we cause harm by treating ADHD, but the reality is that we cause harm by NOT treating ADHD. The cost is important, but so is the human cost to people struggling w ADHD #RANZCP2022

Not only does @AllenFrancesMD believe we are overprescribing stimulants, he partially ascribes blame to himself! He was part of the DSM taskforce that loosened the diagnostic criteria for ADHD, w the aim of capturing young girls missed in prev criteria #RANZCP2022

Post-debate discussion about the name “stimulants” being stigmatising - recognition that for ppl with ADHD, these aren’t acting as stimulants. They’re simply assisting function and engagement in daily life for the affected patient population #RANZCP2022

(Another aside to the debate, it’s so heartbreaking that the people who need ADHD meds most and who experience the most dysfunction - in prison, unemployed, using substances - are often least able to afford the sometimes >$700 fee for assessment and diagnosis) #RANZCP2022
You can track Croakey's coverage of the Conference here.

Dr Katy McAlpine
@mckaty

Replying to @ashnabasu

Some really thoughtful comments around language & #Neurodiversity yesterday in talks by Prof Trollor & others. We do live in an increasingly chaotic world (esp at the moment) & those who are #Neurodivergent are also "normal" albeit not #neurotypical #RANZCP2022 @DrCathyFranklin

Daniel Reeders
@engagedpractx

As if my life isn't being debated enough lately, #RANZCP2022 are currently debating prescribing stimulants for ADHD.

What's the betting they don't have any people living with ADHD on either of the teams or the judging panel?

Daniel Reeders
@engagedpractx

Replying to @DrSarahJWhite

Right?? Someone forgot that conferences are no longer the insular, professional safe spaces they once were, and patients actually get to hear what's on the table for discussion.

Published on Thursday, May 26, 2022
Yindyamarra winhanganha – the wisdom of respectfully knowing how to live well in a world worth living in

Stan Grant presenting keynote at #RANZCP2022. Photo supplied by Alison Barrett.

Introduction by Croakey: Wiradjuri and Kamilaroi journalist Stan Grant will chair a special edition of the ABC’s flagship Q and A programme timed to coincide with National Reconciliation week, which will examine the incoming Labor Government’s agenda on Aboriginal and Torres Strait Islander rights.

The panel features incoming Indigenous Affairs Minister Linda Burney, who is also from the Wiradjuri nation, and Gail Mabo, daughter of Meriam land rights giant Eddie Koiki Mabo, whose historic victory on behalf of traditional owners in the Torres Strait was won in the High Court 30 years ago this week.

Labor’s commitment to the Uluru Statement is among topics for discussion, along with the Mabo anniversary, Australia’s change in political leadership, and what it could mean for the nation’s media landscape.

Grant spoke to a number of these issues at the Royal Australian and New Zealand College of Psychiatrists Congress in Sydney, in an impassioned and eloquent keynote reflecting on the scars of colonisation.
Amy Coopes writes:

When Stan Grant was 15, he was among a small group of Aboriginal boys at his outback New South Wales school who were summoned to the principal’s office and instructed to drop out because they would “amount to nothing” in a world where whiteness was the status quo.

Grant, a descendant of the Wiradjuri and Kamilaroi nations who also has Irish heritage, recalls that one of his earliest memories is of sitting in the bath trying to scrub himself raw after a classmate asked him why he was ‘so black’, and he recognised “we were not like other people”.

“If the foundation of Western philosophy is: I think, therefore I am, that was not us,” Grant told a peak meeting of psychiatrists in Sydney in May. “Our first action is a reaction: I think, therefore I must explain myself.”

“I have had to explain myself my whole life.”

Delivering his opening keynote at the recent Royal Australian and New Zealand College of Psychiatrists’ annual Congress, Grant – a celebrated reporter, broadcaster and commentator – reflected on the profound impacts, “written on the bodies” of Aboriginal and Torres Strait Islander people, of a colonialist discourse positioning them as ‘other’.

“How do we live in a country where our presence has long been seen as something hostile, to be erased?” he said, describing himself as “exist(ing) in the eye of the white beholder”, in a world where freedom, liberty and normality looked white.

“Blackness is personified by our relationship to power,” he added. “In Australia, as an Aboriginal person, our lack of power means we are undoubtedly black.”

Grant’s own father, who authored Australia’s first Wiradjuri dictionary, was once locked up for speaking his native language in the street.

Of the boys called into the principal’s office that day when he was a teen, only one had survived, Grant recalled. The others had been lost to alcohol, drugs, prison and “all too often an early death”.

Success as erasure

When he started out as a reporter, Grant said there was “no one who looked like me” in the Australian media and the ultimate compliment was to be described as a ‘white man’ who was ‘not like the others’.

Grant said his success appeared to be measured by his ability to disappear as an Aboriginal person, to “become more white”, where “obtaining everything promised by this country means I lose who I am”.

Rather than progressing on this front, Grant said the media – including his employer the ABC – continued to fall short on elevating Aboriginal and Torres Strait Islander voices, pointing to his own presence on screen as evidence of an ongoing tokenistic exceptionalism.

He took aim at the media’s framing of stories involving race, giving the recent Buffalo shootings as an example. Instead of describing the acts as the product of racist hatred, Grant said the dominant narrative put the onus on the victims, who were ‘shot because of the colour of their skin’. 
“Race is the child of racism, not the other way around,” said Grant. “Racism creates the idea of race: like witchcraft, its power comes from our ability to believe.”

He likened the promise of liberal democracy for Aboriginal and Torres Strait Islander people to “waiting for Sleeping Beauty to wake”, with no treaty, political voice or recognition more than two centuries on from invasion.

“I don’t want to make myself a man of the past, I know what the past can do,” said Grant. “And yet we have to confront our past, we can’t erase it. It lives in us.”

Instead of allyship, Grant called for atonement and accountability, a process of true reckoning which recognised the long, proud Indigenous tradition of meeting the worst of the world and its interrogations of their worth with “unending, enduring love”.

Grant said he saw this reflected in the grace of the Uluru Statement, and in his parents, “old Aboriginal people” who – now in their 80s – had far outlived their life expectancy by “holding each other against the world with a love the country can’t break”.

**Yindyamarra winhanganha**

After years of “dragging my history around with me”, which Grant said took “an enormous toll”, he decided to leave Australia – a “foreign country, for other people” where he never felt he belonged – to travel the world.

“I felt a great sense of liberation, freed from the history of this country and what it does to us, written on our bodies,” he said.

Overseas, reporting on the legacies of “colonisation, empire, dictators and despots, kings appointed by foreign powers”, he recognised in oppressed people, “positioned on the other side of history”, a familiar grief where “only the afflicted know the truth”.

“I saw the eyes of my own family, people for whom all certainty had been removed, who couldn’t believe in the promise of Western liberalism and all it purported to deliver,” he said.

Grant said democracy bent ever-increasingly towards tyranny, citing an “almost ungovernable” United States where “inequality [is] eating democracy alive like a cancer” and Martin Luther King Jr’s dream was far from being realised, with “injustice perpetuated time and time again”.

In Australia, he said record numbers of people were turning away from politics in the search for answers; crying out for leadership and being offered managers in response.

Despite this, Grant said he still believed democracy offered the only real hope of speaking back against oppression, racism and discrimination, invoking the Wiradjuri concept of yindyamarra winhanganha – living with respect in a world worth living in.

He reflected on the cumulative trauma of growing up Aboriginal in Australia, culminating for him in a breakdown whilst posted overseas with an “irrepressible surging wave” to end his life.

“I know what it is like to feel you have lost all hope,” he said, detailing the struggle to keep from being “poisoned by hatred, resentment and vengeance”.

He said Aboriginal and Torres Strait Islander peoples continued to experience a burden of mental illness far beyond that seen in the broader population, with suicide rates up to five times higher and a 10-year mortality gap.
“We are the most impoverished and imprisoned people in the country,” said Grant. “We talk a lot about intergenerational trauma and yes, that is a reality for many of us.”

‘Standing on my land’

Grant also spoke at a symposium at the Congress on the work of Dr Frantz Fanon, a French West Indian psychiatrist and political philosopher whose writings were very influential in the decolonisation movement.

Fanon built on and contested some of the earlier thinking on colonisation, including from Freud, arguing that violence was inherent to its aims, along with inferiority and dependency, the legacy of which lingered in discourses of colonised nations long after the invading act.

Dr Sally Swartz from South Africa’s Cape Town University said Fanon’s writing was a “call to action against oppressive regimes and the experience of being diminished in the eyes of the other”.

His political ideas informed his clinical practice, and he advocated for clinicians to think culturally while avoiding ‘otherness’, Swartz added.

Dr Steven Knoblauch, from New York University, said it was important to recognise that racial trauma was an embodied experience, and that skin colour shaped a person’s sense of place and hierarchical value.

Grant related his own experiences of healing through therapy and medication, both of which helped, he said, but was nowhere near as therapeutic as “standing on my land”.

Dr Kathomi Gatwiri closed the session with a reference to Ubuntu philosophy, which sees an individual’s humanity as inextricably tied to and affirmed by recognising the humanity of others.

Gatwiri cited Reverend Desmond Tutu, who led South Africa’s Truth and Reconciliation Commission, and described the spirit of Ubuntu thus:

“I am because we are; and because you are, therefore, I am.”

From Twitter

See Coopes’ Twitter thread from Stan Grant’s keynote here.

See Alison Barrett’s thread on the Frantz Fanon symposium here.
How do we navigate & survive in spaces where we are the "other"? Should we have to dissolve like disprin in water? Fight back? Should we focus on being "better", what is "better"? (whose lens are we viewing this through?) Stan Grant reflects on intolerance & racism.
#RANZCP2022

‘You’re different, you’re not like the others’ is merely a veiled racist remark suggesting i am tolerated slightly better than and at the cost of my POC peers. Stan grant giving me chills with his key note address at
#RANZCP2022

Stan Grant quoting Frantz Fanon, “Look, a negro...but you are not like others. Have they met them all, the others?” @RANZCP #RANZCP2022

Stan Grant speaks about his parents, “holding each other with a love that the country could not break”
#RANZCP2022
You can track Croakey’s coverage of the Conference here.

Croakey News
@CroakeyNews

Stan Grant emphasises the power of story-telling in Aboriginal and Torres Strait Island culture. He said that seeing a psychiatrist was very important in his recovery, but absolutely nothing was as important as "standing on my land." #RANZCP2022

Sam Harvey
@SamHarvey

Amazing talk by Stan Grant at #RANZCP2022 - covering so many issues... First Nation mental health, false promise of Liberal Democracy and his own lived experience of mental illness. Don’t often see a standing ovation at a conference!

Dr Ashna Basu, MD MHM GAICD
@ashnabasu

Stan Grant speaks about his parents, “holding each other with a love that the country could not break” #RANZCP2022

Nicola Campbell
@NicolaMCampbell

Standing ovation was highly deserved for that exceptional talk by Stan Grant #RANZCP2022
“The promise of liberal democracy is always tomorrow. For a lot of people, for Aboriginal people, we cannot wait until tomorrow” - Stan Grant, at #RANZCP2022

When people ask “How can I be a better ally against racism?” what they sometimes mean is “How can I be absolved without doing anything too uncomfortable?” - Stan Grant #RANZCP2022

#RANZCP2022 @RANZCP Stan Grant discussing Aboriginal and Torres Strait Islander peoples mental health

Published on Wednesday, June 1, 2022
First Nations’ healing practices critical for cultural safety in mental healthcare

“Instead of connecting stars to sketch constellations, the spaces between join to form the whole, an ‘ecological matrix’ where we sought coherence and understanding” - Dr Loyola McLean at RANZCP2022. Photo by Nicole Avagliano on Pexels.

Highlighting the importance of embodying First Nations’ healing practices in mental healthcare, Dr Amy Coopes reports on an eloquent keynote by psychiatrist Dr Loyola McLean at the recent Royal Australian and New Zealand College of Psychiatrists Congress.

In addition, Coopes discusses an Aboriginal-led program in Western Australia bringing cultural safety into mental healthcare.

Amy Coopes writes:

The importance of learning from First Nations paradigms and knowledges was beautifully and eloquently described in an acclaimed address on trauma, attachment and healing to a peak meeting of trans-Tasman psychiatrists.

Psychiatrist and psychotherapist Dr Loyola McLean, identifying as a Yamatji woman, is an associate professor at the University of Sydney’s Brain and Mind Centre. She drew on wisdom and ways of knowing, both from the rich bio-psycho-socio-cultural-spiritual model in psychiatry and notions of the Dreaming, in a captivating keynote that drew a standing ovation at last month’s annual congress of the Royal Australian and New Zealand College of Psychiatrists in Sydney.
McLean, an expert in trauma-informed care and attachment, spoke to an Aboriginal paradigm where, instead of connecting stars to sketch constellations, it was the spaces between that were joined to form the whole, an “ecological matrix” where we sought coherence and understanding.

Describing herself as a woman with a “stolen story”, due to family disconnection from kin and Country as a result of Stolen laws and practices, she is still on a journey to reconnect, McLean reflected at length on the power of relationships to shape and heal, with “distrust and disgust” corrosive to connection in ways that could become pathological.

Connections

“Dissociation, disconnection, discoordination are at the heart of the disorders we see,” she told a packed session, describing the “co-regulation” of human contact, where “bodyminds” could be nurtured, as well as broken.

In a lyrical, often elegiac address McLean invoked the motifs of the coolamon (thaga in Wajarri) – a symbol of being both “held and held together” – and the rainbow serpent, and the “womb of the world”, a generative shared space that allowed us to imagine and deeply connect with what was possible, even and especially when, it appeared to be out of reach.

She referred to the bodymind interface as an “enchanted loom” weaving a meaningful but ever-shifting pattern from connections, whether neural, interpersonal, to cultural or country, or at a global level.

The question at the heart of it all was how – in a world where so many of us are torn – we bring the “past and present together in a way that changes the future”.

“We must co-create if we want to survive on this planet into the future,” McLean said. “We have to meet before we can move, and plenty of stuff gets in the way of the meeting.”

In Wajarri language, which McLean is learning, she said there was a concept known as nganhu wanarayimanha nurragi which, roughly translated, meant ‘we are walking home together’. Central to this notion was nganggurnmanha, a word that captured listening, thinking and remembering.

Deep listening

For psychiatrists, McLean said there was a duty of deep listening, which she described as a form of sacred custodianship and relatedness; a space for patients to be held and empathically resonated with around experiences of loss and estrangement, in a process of shared meaning-making.

Indeed, she said interpersonal co-regulation – a dynamic which the therapeutic alliance strove to emulate – was, though “not the whole story, where it begins”, a “proto-conversation” involving gaze, voice, position, arousal, shared activity on a “secure-based template” of honesty and authenticity.

Truly mutual connection offered the chance for repair and coherence of self, and for the clinician was proven to be protective against vicarious trauma.
“Health happens between us,” she said, arguing that relationality at every level needed to come into focus. “If we really want to recreate, repair and re-story this world, it’s going to take two or more.”

She described the “task of self” as something that took time and said a lot of energy went towards the organisation of our internal world, with insecure templates of self coming at great cost and trauma freezing us in “fight, flight or fawning” responses that prevented us from “going into others to heal”.

Conversely, a period of reconciliation and relational repair offered up a new narrative and chance to experience joy, which McLean said was the “fruit of deep human connection and delight” and gave life meaning and hope.

“May we be becoming the kinds of humans in fellowship that will reach out to each other with curiosity, love and compassion,” she concluded.

Cultural safety

Cultural safety in mental health was highlighted in a separate session at the Congress featuring Professor Helen Milroy from the National Mental Health Commission, a celebrated Palyku psychiatrist, author and academic.

Presenting at the session, University of Western Australia researcher Dr Jemma Collova noted the significant and ongoing disadvantage, trauma and mental health concerns in Aboriginal and Torres Strait Islander communities as a result of colonisation, genocide and discriminatory policies. This extended to and included the mental health space itself, Collova said.

Instead of recognising that Aboriginal and Torres Strait Islander cultures and complex kinship systems had allowed wellbeing to flourish over many tens of thousands of years, Indigenous knowledge and conceptualisations of health and wellbeing had been excluded and devalued, with research being ‘on’ rather than ‘with’ First Nations peoples.

She said the key to cultural safety lay in its acknowledgement of power, and the fact that it could only ever be determined by the user of a service, not the provider.

Milroy said it was also important to appreciate the nuances of cultural safety in mental healthcare as opposed to physical healthcare.

In the latter, she said, it was often an overlay to largely homogenised approaches, whereas in the former, culture shaped how the nature and cause of distress was understood, it significantly influenced readiness or ability to seek help, and was directly linked to the discrimination faced.

Instead of imposing Western-style ideas and approaches on Aboriginal and Torres Strait Islander communities, Milroy called for a greater understanding of Indigenous phenomenology – the witnessed presence of ancestors and other spirits – and appreciation of Indigenous experiences of stigma in mental health care.

Yarning circles

Dr Shraddha Kashyap presented findings from a number of yarning circles, on country, with Indigenous people on cultural safety in research.

It identified a number of important features, including Indigenous leadership, co-design and integration into methodology (for example, using art, stories or songs as data points).
In addition, the building and maintaining of community partnerships and their involvement in decision-making, and reflection on privilege and bias by those not identifying as First Nations who were involved were also identified as important.

The research found that cultural safety as understood by Indigenous people in a mental health setting would involve an “understanding and acknowledgement of Aboriginal cultural knowledge, life experience, issues and protocols” and appreciated the primacy of cultural identity.

It also revealed that there was more concern about stigma, privacy, and a greater expectation of engaging with family, community and culture in the mental health space compared with provision of physical healthcare.

Trust was fundamental and often where the relationship broke down with mainstream providers, Kashyap said. Instead of treating the illness, it was important to treat the person, with a respect for cultural protocols and healing practices.

This was echoed by Associate Professor Mat Coleman, who described mainstream service models as reductionist, diagnostic, temporary and deficit-based, with an emphasis on safety over quality of care, based on paternalistic, custodial policies and transactional incentives.

Instead, cultural safety called for a long-term investment and long-range thinking, where approaches were Indigenous-led and driven, Coleman said.

From Twitter

View Coopes’ Twitter thread on Dr Loyola McLean’s keynote presentation here.

View Croakey News Twitter thread on the cultural safety discussion here.
First Nations’ healing practices critical for cultural safety in mental healthcare

You can track Croakey’s coverage of the Conference here.

Amy Coopes @coopesdatat · May 18
Cannot recommend this talk highly enough. Powerful, soulful, profound. One of the most wonderful I have seen at a conference, or anywhere.
Wajarri psychiatrist Loyola McLean at #RANZCP2022

Thread Reader App @threadreaderapp · May 18
Replying to @coopesdatat
Hello, here is your unroll: threadreaderapp.com/thread/1526707...
Share this if you think it’s interesting. 🛠️

Ralf Ilchef @ralf_ilchef · May 18
#RANZCP2022 transfixed by Loyola McLean, covering all the themes of our Congress - connection, inclusion, creativity - in a masterfully understated way @RANZCP @SARunogiri @DrHelenschultz @DrAstaTomar @skye_kinder

Susannah Livingstone @psychlounge
Moving, Inspiring and hopeful words from Loyola McLean, integrating complex ideas and bringing herself fully to do so. We meet and then we walk... We work it out together in mutual delight... The type of Psychiatry we all want to see practiced and be part of #RANZCP2022

Susannah Livingstone @psychlounge · May 18
Replies to @psychlounge
Loyola brings herself fully to teach us: from her perspective as a clinician, a scientist, a mother, a daughter, an artist, a First Nation woman, a collaborator, a listener - she brings humanity and humility.
First Nations’ healing practices critical for cultural safety in mental healthcare
First Nations’ healing practices critical for cultural safety in mental healthcare

Published on Friday, June 10, 2022

#RANZCP2022
Women’s mental health needs took centre stage during a “provocative” keynote by Professor Jayashri Kulkarni, Professor of Psychiatry at The Alfred and Monash University, at the Royal Australian and New Zealand College of Psychiatrists Congress.

Dr Amy Coopes reports below on Kulkarni’s keynote, with a strong message to improve care of women’s mental health by following a biopsychosocial approach.

Amy Coopes writes:

Women’s mental health needs to be made a real priority, with a growing chorus of lived experience demanding that we “fix this and fix it now”, using holistic approaches that appreciate the unique biological and social determinants including violence, power and inequity.

This was the message of a resounding and “deliberately provocative” keynote on women and mental health by Professor Jayashri Kulkarni, who is an internationally renowned expert on hormones and psychiatry, at the recent Royal Australian and New Zealand College of Psychiatrists’ annual congress in Sydney.
Kulkarni, from Melbourne’s Monash Alfred Psychiatry research centre, situated her talk firmly in the present historical moment, pointing to recent regressive moves on abortion rights in the United States with the putative rolling back of *Roe versus Wade* and – closer to home – the elevation of voices such as Brittany Higgins and Grace Tame as evidence of a growing sense of injustice.

Despite the fact women made up more than half of the population, the mental health system continued to sell them short on multiple fronts, including diagnosis, drivers and treatment, Kulkarni said.

She pointed to a ‘gender-blind’ one-size-fits-most approach that was fuelling “righteous anger” at psychiatry and its proponents.

Failing to get things right came at huge social and economic cost, she warned, with some 47 percent of Australian women experiencing mental ill health in their lifetime and a price tag running into the billions.

Diagnosis

In psychiatry, Kulkarni said a woman’s problem typically began at diagnosis, a process she described as subjective at best and one that too often overlooked or failed to consider trauma, including attachment difficulties that were “very traumatic for the developing brain”.

She decried the “diagnostic nihilism” and victim-blaming inherent in – most particularly – the personality disorder space, where she said severe and chronic trauma including attachment issues were frequent.

Up to 80-90 percent of women diagnosed with borderline personality disorder (BPD), for example, had trauma in their history, she said.

The condition had significant overlap in terms of genetic drivers with mood disorders and schizophrenia and was determined by environmental interactions, with a combination of inherent vulnerability and mistreatment setting in train a stress response that triggered maladaptive pathophysiological processes.

A biological hypothesis of causation posited that early life stressors, including insecure parental attachment, resulted in cortisol dysregulation and glutamatergic (or neuroexcitatory) overexpression, with resulting perceptual and reactive disturbances and effects on self-esteem that contributed to relationship difficulties, Kulkarni said.
The adrenal and gonadal systems – the so-called HPA and HPG axes – were also implicated, with links to polycystic ovarian syndrome, premenstrual syndrome and dysphoric disorder (PMS/PMDD) and worsening of symptoms at menopause, she added.

Kulkarni described sex hormones – oestrogen, progesterone and androgens including testosterone – as “powerful neurobiological substances”, as evidenced by the sheer proportion of women who suffered from PMS (40 percent) or PMDD (10-15 percent), both of which she labelled rapid cycling “brain-hormone disorders”.

The links between sex hormones and depression in women were well established, Kulkarni told the meeting, with mood effects one of the most common reasons for discontinuation of the oral contraceptive pill among the three in four Australian women who trialled it in their lifetime.

Kulkarni said multiphasic preparations (where the ratio and dose of oestrogen to progestin is adjusted across the cycle) were worse than monophasic pills (a standard ratio and dose throughout), and there was just one mood-neutral pill on the market.

Implantable contraceptives such as the Implanon and Mirena also had strong associations with depression, Kulkarni said.

Affective disturbance during perimenopause was also an underrecognised and poorly managed phenomenon, she noted, with rates of depression 16 times higher among women aged 48-52, and this group second only to men aged 84 and older in terms of rates of completed suicide in Australia.

This was, in no small part, attributable to “chaotic gonadal hormonal changes” at this time of life, Kulkarni said.

**Hormonal influences**

It was important to understand these hormonal influences and the unique neurobiology of mental health disturbances in women because it opened new, and under-researched avenues for treatment, Kulkarni told RANZCP delegates.

She gave the example of a promising trial of memantine – a glutamate-blocking drug commonly used in Alzheimer’s and other neurological pathologies – among women diagnosed with Cluster B personality disorders, with good effect on impulsivity and self-harm.

On the hormonal front, Kulkarni said psychiatry was still trailing the science, with psychiatrists more likely to prescribe an antidepressant for menopausal mood instability, despite growing evidence of better clinical response in these women to hormone replacement therapy (HRT) and moves by GPs and obstetrician-gynaecologists in this direction.

At a population level, this was not a small group, and she said it was important to get treatment right, not only for the women themselves but also in the interests of their adolescent children’s mental health.

Taking a conservative ‘wait and see’ approach to perimenopausal depression was no longer good enough, with the transition to menopause typically taking 10-12 years meaning these women were consigned to more than a decade of unnecessary suffering, she added.

Kulkarni is due to launch a new unit called **HER (Health Education Research) Centre Australia**, a collaboration between The Alfred, Monash and Cabrini Health to enhance and increase research on women’s mental health, including on the neurobiology and aetiology of disorders.
She advocated for reforms that went far beyond the biomedical, highlighting the emergence of new woman-focused psychotherapies like feminist empowerment theory, and the establishment of single-gender inpatient units as important shifts in the right direction.

Although, she said the latter needed to be much more widely available in the public system so women could do trauma-informed work in safety and privacy.

Kulkarni argued for the reform of diagnostic categories in psychiatry that negatively impacted and stigmatised women, giving the example of complex-PTSD in place of less nuanced characterisations like BPD. “Names do matter,” she said.

She also described as disappointing and insufficient mental health’s ranking at priority number four in the National Women’s Health Strategy, declaring that it was vital to “make women’s mental health a real priority, and listen to women with lived experience who are telling us to fix this, and fix it now.”

Above all, she said these reforms had to be in codesign with women with lived experience and should consider the biological (hormones, differences in drug metabolism, neural networks and genetics), psychological (impact of social conditioning and gendered roles) and social (violence, power imbalances, poverty, gender wage inequity) determinants.

“We’ve got a long way to go,” Kulkarni said.
You can track Croakey’s coverage of the Conference here.

From Twitter

Read Coopes’ thread on Professor Jayashri Kulkarni’s keynote here.

Read Croakey News thread (by Alison Barrett) on Kulkarni’s keynote here.

Time is up: psychiatrists urged to drop ‘gender-blind’ approaches and prioritise women’s mental health

#RANZCP2022

McCare Health Australia

Kicking off day 2 of #RANZCP2022 with a powerful keynote from Prof Jayashri Kulkarni — a call to action to improve mental health services and outcomes for women. #RANZCP2022

Prof Maha Rahman

Investing in new “structures” for mental health care is hollow unless you fill those structures with new conceptual understandings and new models of care which work for women. #RANZCP2022

Dr Hilary Joyce FRANZCP

That Women’s Mental Health presentation was brilliant. Eye opening for a deeply interested and invested O&Gyna, #RANZCP2022

Dr Shyla Kindler

@jayashri1kulkarni: Women without private health insurance need to have access to dignified care. “Come in Australia” she says. #RANZCP2022

Dr Ashra Khan, MS, WHM, GAICD

@jayashri1kulkarni stresses that we must do better in this area – “Whatever we’re doing at the moment, we’re missing the best outcomes we could get for a significant number of women” #RANZCP2022

Dr Shadi Ghanem

At RANZCP2022 @jayashri1kulkarni keynote on mental health: CPTSD or BPD? What’s a name? A lot. For women, a lot. Names hurt, burden of stigma, and the need for compassionate biopsychosocial. #mwp2023 @ManuCSCS@Cabrinh health

Anusachi Uchangton

Women’s MH @jayashri1kulkarni highlighting a huge unmet need and very limited access to appropriate inpatient care; trauma minimised, missing from formulation and research; stigma associated with BPD vs CPTSD. #RANZCP2022

Sahidah Ahmad

We’re kicking off day 2 of #RANZCP2022 with a keynote by @jayashri1kulkarni on women’s mentalhealth #RANZCP2022

Dr Adiba White

Thought provoking talk on women’s mental health and the interface between this and society. Presented by the brilliant @jayashri1kulkarni #RANZCP2022

Kath W

@kathw5

“She’ll tell you more than you know about healthy lifestyle” Prof Kulkarni this morning about perimenopausal women in the doctor’s office. So true! #RANZCP2022

Destiny Kymane

@Destinykymane

“With’s a name, CPTSD or BPD - ALOT! Names hurt & can be very stigmatising” Dr @jayashri1kulkarni #RANZCP2022 keynote speaker discussing women’s mental health this morning. #RANZCP2022
Time is up: psychiatrists urged to drop ‘gender-blind’ approaches and prioritise women’s mental health

#RANZCP2022
Time is up: psychiatrists urged to drop ‘gender-blind’ approaches and prioritise women’s mental health

#RANZCP2022

Women’s experiences on the other side of psychiatry, as treating clinicians, also featured prominently at the RANZCP Congress. Read collected tweets from those sessions below.
Time is up: psychiatrists urged to drop ‘gender-blind’ approaches and prioritise women’s mental health

Published on Wednesday, June 15, 2022
As National Cabinet considers pressing health concerns, some mental health lessons from the pandemic

Introduction by Croakey: On 14 June, Treasurer Dr Jim Chalmers tweeted that COVID had finally caught up with him and he would be working from home while “in iso”.

As state and federal leaders prepared to meet, with the national health crisis high on the agenda, the Treasurer’s diagnosis was a powerful reminder that Australia’s high rates of COVID transmission are a threat to productivity as well as to human health and wellbeing, and the sustainability and future of health systems and workforces.

As well as stepping up public health and prevention responses to COVID, the nation’s leaders would be well advised to also consider how best to tackle related inequalities through economic and social supports. That’s one suggestion from a recent examination of the pandemic and mental health, during the recent Royal Australian and New Zealand College of Psychiatrists Congress.

Amy Coopes writes:

While restrictive public health responses to COVID-19 clearly had an impact on the mental health of Australians, we fared much better than comparable countries. Government interventions supporting jobs and income were key, experts told a recent meeting of trans-Tasman psychiatrists in Sydney.

There was also a marked social gradient hidden within the data, with suicide rates holding stable among Australia’s middle to upper-income earners but more than doubled among the poorest and most disadvantaged, underscoring the significance of mental health’s social determinants.
The vast socioeconomic differences highlight the need to gain a better understanding of the drivers by collecting appropriate data for effective policy responses for suicide prevention.

These were some of the standout messages of a pandemic-themed symposium at the Royal Australian and New Zealand College of Psychiatrists’ annual congress, a hybrid online-in person event which was the first substantive meeting of the specialty since the global outbreak began.

Now into its third year, the COVID-19 emergency has exacted a steep toll in terms of global mortality, recently passing the grim milestone of six million deaths, which is broadly agreed to likely be a significant underestimate of the true figure. More than 500 million infections have been confirmed worldwide since late 2019.

What has made fewer headlines but is now emerging as a significant consequence of the viral crisis is the so-called “shadow pandemic” of downstream mental health effects following years of lockdowns, travel restrictions, isolation and economic turmoil.

When the outbreak first began in earnest, there were dire predictions of an escalation in suicides and psychopathologies, but the RANZCP presidential symposium on COVID-19 and mental health heard these warnings had largely proven overblown.

Professor Tarun Bastiampillai, from Flinders University, offered an international snapshot of how the pandemic had tracked with indicators of mental health, saying depression and anxiety had increased worldwide, especially among young people and women.

Perhaps paradoxically given their vulnerability to COVID-19, this trend was less pronounced among elderly populations, Bastiampillai said.

In Australia, this trajectory – while evident in the data – had been less marked than in other countries, which he put down to fewer local deaths and infections, at least in the pandemic’s earlier waves.

**Mental health during the pandemic**

Clinical academic neuropsychiatrist Jeff Looi, who is an associate professor at the Australian National University, said anxiety and depression had increased in Australia during the pandemic but peaked much lower than expected, at around 10 percent of the population, compared with rates as high as 25 percent in like nations.

However, Looi cautioned against drawing direct parallels as he said different countries had responded to the pandemic in different ways, with the imposition of restrictions closely correlating with more profound impacts.

Domestically, Looi said there had been variable patterns, with rates of anxiety and depression higher in jurisdictions like Victoria, where the most restrictive measures were implemented.

During lockdown periods Looi said psychosis, anxiety and substance use presentations had spiked in the southern state, though he noted that inpatient bed occupancy had, at the same time, decreased.

By contrast, in isolated and for an extended period unscathed Western Australia, Looi said mental health presentations had actually declined during the early days of the pandemic.
Overall, he said Australians had demonstrated remarkable resilience, and ED presentations had been relatively stable for self-harm. Although certain subgroups including healthcare workers, women, and the socially disadvantaged had borne an outsized burden, and the system remained under significant and sustained demand strain.

On the much-vexed question of suicide, Looi said rates actually declined initially, and never tracked above the long-term baseline trend. He cited ABS data showing age-standardised suicide rates of 12.1 deaths per 100,000 population – a 6.2 percent decrease from pre-pandemic levels.

Swift and decisive government action to shore up people’s livelihoods through initiatives like JobKeeper had been the difference for pandemic mental health in Australia, Looi said, adding that economic and social supports would be critical in future-proofing against the next pandemic.

This was echoed by Bastiampillai, who said prioritising government spending on extending the minimum wage and other elements of the social safety net was likely to reap far greater mental health rewards than funding more psychiatrists and services.

He cited international data demonstrating that a 10 percent increase in the minimum wage had correlated with significant reductions in suicide rates, with inequality known to be a contributor in wealthy countries like Australia.

He said Australia performed poorly on global comparisons in terms of its social safety net and where – despite significant developments in the mental health space over the past century and huge spending on suicide prevention – the suicide rate remained on 100-year averages.

**Social determinants**

Though the overall pandemic trend on suicide in Australia was reassuring, Bastiampillai said it obscured a hidden story of disadvantage.

While rates had been stable since 2010 among the third, fourth and fifth socioeconomic quintiles – representing middle- and upper-income earners – they had more than doubled in first and second quintiles, which Bastiampillai described as a worrying signal that should inform social policy.

He said experiences of mental health during COVID-19 had largely accorded with previous such global cataclysms, in a phenomenon observed and popularised by French sociologist Emile Durkheim at the turn of the 20th century.

Durkheim, who is considered one of the foundational figures of sociology, was the author of a seminal 1897 text, Suicide, which famously demonstrated that suicide rates were higher among Protestants than Catholics in 19th century Europe, which he argued was due to a greater emphasis on individualism and spoke to the importance of social milieu in suicide.

Bastiampillai said Durkheim’s theory accorded with suicide patterns observed during times of global upheaval, where wars and crises such as pandemics tended to bring people together and drive down suicidality, while economic recessions – inherently individualist, isolating events – saw it increase.

This was borne out by Australian data, which showed suicide peaking during the Great Depression and hitting a trough during World War II, he said.

He also presented data comparing suicide rates in 20 countries during the 1918 Spanish influenza pandemic with COVID-19. In both cases he said there was – in the main – a mild reduction or stable rates observed in high-income countries.
In lower-income countries such as India, Bastiampillai said suicide rates had increased during COVID-19, with a social gradient that was the inverse of what was seen in Australia – higher rates in higher-income demographics and lower among more disadvantaged groups.

Bastiampillai said Japan had also seen a sustained increase in suicides during the pandemic, reflecting historically higher rates and a trajectory that was already upswinging prior, with the unemployment rate an important factor.

According to Looi, unemployment and mid-life had a strong correlation with suicide in men, with the male-specific rate more turbulent than in women overall due to factors including impulsivity and substance use.

Overall, however, Looi said the data on determinants of suicide remained poorly understood, particularly around socioeconomic drivers, as highlighted by the pandemic. He called for real-time national data registries that would allow for agile, swift policy responses.

This included in the healthcare worker space, particularly the public sector, where he said the emergence of new COVID-19 variants and a rampant influenza season were likely to be an ongoing concern in terms of staffing shortages, which he described as already significant.

**COVID-19 vaccination**

Public health physician and psychiatrist Professor Steve Kisely wrapped the symposium with a popular session on vaccination uptake, and delineating the difference between hesitancy, conspiracy and delusion.

He said Australians had become incredibly complacent about COVID-19 in 2022, with a 20 percent increase in the nation's all-cause death rate compared with the same period last year, which he said was roughly equivalent to about 40 deaths per day.

Australia was now leading the world in terms of COVID-19 infectivity and Kisely said this was likely to be an underestimate, with not everyone reporting a positive RAT.

Kisely said we were now in the “fourth wave” of the pandemic, which he described as an era of recovery from economic and social injury.

A lack of consistent messaging, complacency and misinformation had all played a role in undermining vaccine confidence in Australia. He said this was particularly relevant in mental health because people with severe mental illness were much more likely to be hospitalised with and die from COVID-19.

Specific data regarding vaccination in this population was not available, and rates of uptake were unclear, Kisely said.

The pertinent question for psychiatrists in the vaccine space was differentiating hesitancy from conspiracy and frank delusion, said Kisely, nominating three key questions for clinicians to consider in this realm: what the evidence was for a patient’s claims, whether they involved self-reference, and the degree to which they did or didn’t overlap with other beliefs.

Kisely said the nature of the beliefs themselves and how strongly they were held, whether they were a preoccupation, how difficult they were to modify and whether they were shared with multiple other individuals were all important considerations.
Whether the threat was perceived as individual or imperilling society itself, the degree of a patient’s insight, how cogent the underlying ethos was and whether there was an associated functional impairment were also key points of differentiation, he added.

On the question of what strategies worked to engage hesitant or reluctant parties, Kiseley said multiple conversations were often needed, weighing the benefits against the risks as understood by the patient, and exploring the basis of their fears, restoring a sense of personal control and validating their critical thinking.

Drawing on altruism was one strategy that worked; explaining the long-term and as-yet poorly understood risks of COVID-19 infection (so-called Long COVID) was another.

At a community level, Kiseley advocated for flexibility of delivery (taking vaccines to people rather than the other way around), the targeting of vulnerable groups, and use of community leaders to bolster buy-in.

He said it was essential to take lessons from our experiences with COVID-19 as the only certain thing was that there would be future pandemics – whether in 10 years, 20 years or beyond.

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**From Twitter**

See Coopes’ thread from the pandemic-themed symposium [here](#).
As National Cabinet considers pressing health concerns, some mental health lessons from the pandemic

15% of activity or 250 assessments last year attributable to increased demand due to COVID, now at a new baseline #RANZCP2022

Next up Katherine Knight on child emergency psychiatry. Trends over the past 10 years 10% above population growth before COVID, and significant uptick during pandemic. 30-40% *p* 2019-21 at SCN, age decreasing. Now presenting young as 6 #RANZCP2022

Dr Ashna Basu, MD MHM GAICD @ashnabasu

Prof Alex Holmes on long covid learnings from RMH. Conducting epidemiological study to further clarify what they’ve seen in their clinic - appears there are two groups of patients with #LongCovid (see slide), but the research thus far has mostly conflated the groups. #RANZCP2022

Dr Ashna Basu, MD MHM GAICD @ashnabasu

Prof Kay Wilhelm talking about long covid and psychiatry, and discussed things with proven benefits re: recovery from #LongCovid (for eg abdominal breathing, healthy diet, sleep). Recovery takes months. #RANZCP2022

Dr @angelo_virgona speaks about WhatsApp in times of COVID. This one hits different for me - I ran a whatsapp newsletter (‘COVID Daily Digest’) throughout covid that started as a way to disseminate info to colleagues at my hospital, and grew to >1700 ppl across NSW. #RANZCP2022

The other pandemic: 1 in 4 young Australians thought about suicide during covid. Learn more at #RANZCP2022, where this is a major focus @RANZCP @AP_RANZCP @angelo_virgona @DrAshTomas @psychwrite @ian_hickie @PatMcCorry

9:53 AM · Mar 21, 2022 · Twitter for iPhone

You can track Croakey’s coverage of the Conference here.
As National Cabinet considers pressing health concerns, some mental health lessons from the pandemic #RANZCP2022

Danish data showing temporal association between infective immune dysregulation requiring admission --> development of schizophrenia. We are seeing this also reflected in #COVID19 pandemic at population level in US: infection --> new onset psychosis & dementia #RANZCP2022

![Graph showing increased schizophrenia in those with autoimmune disease, and infection.](image)

Important #COVID19 data for #RANZCP2022 delegates today

_mental Health Commission of NSW @NSWMC  - May 16_

We asked over 2000 people about the impact of #COVID19 on their mental health in 2021. Our new report shows that #mentalhealth and #wellbeing in rural and regional NSW communities were substantially impacted by COVID-19 during 2021. Find out more. bit.ly/covid-19-impact
See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress

RANZCP Congress delegates enjoyed stunning views, whether they were onsite or participating virtually. Photo courtesy @RANZCP

The post below compiles some of the social snaps and glimpses of the stunning setting of the recent Royal Australian and New Zealand College of Psychiatrists Congress, upon the Country of the Gadigal people of the Eora nation in Sydney.

It forms part of the Croakey Conference News Service coverage of #RANZCP2022; bookmark this link to follow our ongoing reports.
You can track Croakey’s coverage of the Conference here.

See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress #RANZCP2022

RANZCP @RANZCP - May 15
You heard him - it’s showtime! #RANZCP2022 welcome reception starts in less than an hour. See you all at @SydOperaHouse! @raflilchef @DrVinayLakra

RANZCP @RANZCP - May 15
It’s a spectacular evening for the #RANZCP2022 welcome reception! Welcome to Sydney everybody! @SydOperaHouse @DrVinayLakra

RANZCP @RANZCP - May 15
Delegates at the #RANZCP2022 welcome reception enjoying the views, the company and the conversations.

RANZCP @RANZCP - May 15
An amazing afternoon at #RANZCP2022. Balint group & Medically Unexplained Symptoms followed by welcome at Sydney Opera House. Can’t wait for the rest of the program! #StrongerBridgesSaferHarbours #Medstudent @RRHPeters @raflilchef @yourAMBA

RANZCP @RANZCP - May 15
Nothing beats the buzz and excitement of in-person events. What a turn out at the #RANZCP2022 welcome reception at @SydOperaHouse

RANZCP @RANZCP - May 15
It’s lovely to see the Sri Lankan psychiatry group reconnecting at #RANZCP2022. @SydOperaHouse

Croakey

“Conference News Service”
You can track Croakey’s coverage of the Conference here.

Dr Skye Kinder @skye-kinder · May 16
Kicking off #RANZCP2022 with a welcome to country by Uncle Allen Murray. Starting the Congress with a reminder for attendees of the #mentalhealth impacts of colonisation in Australia and abroad. #alwayswasalwayswillbe

RANZCP @RANZCP · May 16
A beautiful Welcome to Country by Uncle Allen Murray. #RANZCP2022

RANZCP @RANZCP · May 16
The Hon. Bronnie Taylor MLc officially opens #RANZCP2022 Congress acknowledging the #mentalhealth challenges faced by our community this past year.

RANZCP @RANZCP · May 16
Inspiring future psychiatrists - RANZCP’s Psychiatry Interest Forum members at a special networking event at RANZCP2022 Congress, chatting with RANZCPFellows from different states and various subspecialties.

RANZCP @RANZCP · May 16
Congress Convener @rafl_lchef welcomes everyone to #RANZCP2022. It’s fantastic to have over 1,400 delegates gather in person, and nearly 500 online, for our biggest Congress yet.

Karthik Narasaj @karthikzzz · May 16
Stunning views in between amazing academic sessions 😊😊😊 #RANZCP2022

See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress #RANZCP2022
You can track Croakey’s coverage of the Conference here.

#RANZCP2022

See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress #RANZCP2022

Patrick McGorry @PatMcGorry - May 16
Inspiring session today #RANZCP #RANZCP2022 Congress with @DrKieranAllen @Tahnee_Bridson @SkyeKinder @ian_brockie Advocacy in MH - Alliances key - fear & pelm are part of the deal Belief crucial

Ravi Bhat @bhatrey - May 17
At #RANZCP2022 - lanterns and koi on a morning walk

Ravi Bhat @bhatrey - May 16
#RANZCP President @DrVinay.Lakra is in his element on the #RANZCP2022 stage, talking about the important lessons we can all learn from #HarryPotter!

Adrian James @DrAdrianJames - May 16
Honoured to meet #shagwen who gave one of the most powerful and poignant talks #RANZCP 2022 on Indigenous mental health @psych @DrVinay.Lakra @ThudSmith @subodhaws @DrLindaSmith @raj_pysc

See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress
You can track Croakey’s coverage of the Conference here.

#RANZCP2022

See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress

Adrian James @DrAdrianJames - May 16
Dr Elizabeth Moore introducing @RANZCP 2022 Congress in Sydney. Great to be with colleagues in Australia and New Zealand @DrVinayLakra and especially @ropych members

Ajay V Machelouthu @ajvms - May 16
Ayshire contingent @RANZCP College Ceremony, over 250 Fellows admitted. Brilliant evening! @NHsasa @seamusMcNulty19

RANZCP @RANZCP - May 16
A sea of blue, and much anticipation, is filling up the room at the College Ceremony, it’s such a proud moment for over 200 #RANZCPFellows. #RANZCP2022

Conference RTs Retweeted

RANZCP @RANZCP - May 16
As we reach the end of the College Ceremony at #RANZCP2022, a fittingly festive treat awaits!

RANZCP @RANZCP - May 16
#RANZCPFellows sharing their proud moment with those who supported them on their journeys. A huge congratulations to each and every member recognized today. #RANZCP2022

Conference RTs Retweeted

RANZCP @RANZCP - May 16
@RANZCP Awards ceremony #ra2022. Absolutely chuffed!
You can track Croakey’s coverage of the Conference here.

See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress #RANZCP2022
You can track Croakey's coverage of the Conference here.

See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress

#RANZCP2022

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You can track Croakey’s coverage of the Conference here.

### The influencers of #RANZCP2022

<table>
<thead>
<tr>
<th>Username</th>
<th>Influence Score</th>
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<tbody>
<tr>
<td>Amy Coopes @coopesdetat</td>
<td>100</td>
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<tr>
<td>Melissa Sweet @MelissaSweetDr</td>
<td>81</td>
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<td>Croakey News @CroakeyNews</td>
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<td>Alison Barrett @AlisonSBarrett</td>
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<td>Marie McInerney @mariemcinerney</td>
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<td>Anthony Albanese @AlboMP</td>
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<td>Chris Lancashire @ChrisLancashir3</td>
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See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress.

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#RANZCP2022

Symplur Hashtags @healthhashtags - May 19

Top Influencers of #RANZCP2022: @RANZCP @skykinder @coopesdetat @mbismark @raif_ilchef @CroakeyNews More 🇦🇺

Symplur Hashtags @healthhashtags - May 18

Top Influencers of #RANZCP2022: @RANZCP @skykinder @coopesdetat @mbismark @CroakeyNews @raif_ilchef More 🇦🇺

Symplur Hashtags @healthhashtags - May 17

Top Influencers of #RANZCP2022: @RANZCP @skykinder @raif_ilchef @coopesdetat @angelo_virgona @fian_hickie More 🇦🇺
Symplur stats from the first day of #RANZCP2022 - 1,769 tweets and 20 million impressions! Rest up for another big day tomorrow.

(C) @RANZCP @coopesdetat @MelissaSweetDr

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Published on Tuesday, May 31, 2022

Croakey Conference News Service

Reporting by Dr Amy Coopes

Editing by Alison Barrett

Layout and design by Mitchell Ward

See the snaps, socials and stunning views from the Royal Australian and New Zealand College of Psychiatrists Congress

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