

The History of the Australasian Society for Psychiatric Research 1978-2004

THE INTERVIEWS

Interviews for the University of Western Australia

History of ASPR

undergraduate student practicum project

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Scott Henderson Interview

The need for ASPR

- In 1970, the late Professor Cecil Kidd (University of Western Australia) and Scott Henderson (University of Tasmania) discussed ways of strengthening psychiatric research in Australia. Both had come to Australia from the Department of Mental Health at the University of Aberdeen. There they had seen the Scottish Society for Psychiatric Research serve as a model for promoting research. It held an annual forum where researchers, irrespective of discipline, reported their studies, or investigations being planned. The Society included psychologists, psychiatrists, statisticians, economists and basic scientists. Particular emphasis was given to the encouragement of younger clinicians who were at an early stage in their career and had had no experience in research.
- At that time in Australia and New Zealand, with a few striking exceptions, there was not a great deal of activity in psychiatric research. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) had had little impact on the overall picture. Importantly, it included only psychiatrists in its membership. But Kidd and Henderson were seeking a forum for all disciplines relevant to research on mental disorders.

Early history

- Following Cecil Kidd's death, Scott Henderson, Issy Pilowsky, Graham Burrows and Peter Beumont joined in setting up a national forum. In April 1978, they held a small conference at the Australian National University. At an informal discussion in the Florey Theatre of the John Curtin School of Medical Research, they decided to form the Australian Society for Psychiatric Research (ASPR). Since that year, the Society has held annual scientific meetings, moving round the capital cities. It has acted as a forum for people to report their studies and to have them discussed by their peers. Particular encouragement is given to younger investigators. The Society has also developed a role in advocacy for research funding in the same manner as the Australian Society for Medical Research. Attendance at meetings has greatly expanded over the years. In 1995, the Society became the Australasian Society for Psychiatric Research in belated recognition of the participation from New Zealanders.

Biological psychiatry

- In 1987, a Section of Biological Psychiatry was formed within ASPR and this group subsequently formed the Australasian Society of Biological Psychiatry (ASBP) whose membership is drawn from the ranks of ASPR members. ASBP, which is affiliated with the World Federation of Societies of Biological Psychiatry, regularly conducts its own scientific meeting on the day prior to the ASPR annual meeting.

Influence of ASPR

- The Society influences people's careers in a number of ways. It is a forum where people are exposed to role models — people who are heavily committed to psychiatric research, whether that be in the laboratory sciences such as neurobiology and psychophysiology, in epidemiology, in the development and evaluation of treatments and in health services research. It acts as a forum where germinal ideas and new approaches to particular research questions can be aired, discussed and developed into viable projects. ASPR has also come to help with success in grant applications, as by holding mock interviews by NHMRC assessors.

ASPR's Logo

- The butterfly logo was developed by one of the society's founders, Prof Issy Pilowsky. The butterfly is the symbol of Psyche and there is a variety of butterfly actually called Psyche. Prof Pilowsky thought a butterfly was also appropriate because "capturing our beautiful data is like capturing a butterfly; you have to be so careful that the methodology does not damage what makes it attractive!"

Tony Jorm Interview

Who constitutes membership?

- The membership is very diverse. Most people are involved because they work in psychiatry departments or mental health research bodies. The membership is weaker from psychology departments and very weak from other areas like epidemiology and public health or nursing. However, it is gradually broadening, although there is still a long way to go. Before ASPR existed, there were only discipline-based or profession-based organizations and meetings. ASPR filled the role of bringing people with different training and professions into the one organization where they could communicate about their common interest.

What happened with the controversy of the name?

- I was the President when the alternative name was suggested and it was my job to write a general case supporting the change. It inspired strong reactions and a lot of debate. There was no great majority in favour of the name change, rather the opposite. The issue of the name reflects a dilemma of ASPR: because it has a small membership, the membership fees don't make much money. Most of the work regarding the society is done by the presidents. Vera is very hard-working, but past presidents haven't been as hard working as her. People on the committee are all volunteers; there are no paid workers, which you can only get if the members paid more in fees. If the membership was broadened and increased, the ASPR could provide more services other than the annual conference and members could feel they are getting more for their money. I see a broadening of the membership as necessary to achieve this. Unfortunately, some people have the perception that ASPR is for psychiatrists or dominated by psychiatrists. This is no longer true, but the perception keeps membership down and this flows on to less opportunity to raise money and provide services. Currently, ASPR does very well at recruiting members from departments of psychiatry, but it needs to attract more members from areas like clinical psychology and nursing. Although the idea of changing the name was not mine, I supported it because of the potential flow-on effect of new membership and services.

What influenced you to join the organisation?

- I had never heard of the ASPR until I was in the job that was the forerunner of my job as the Director of the Centre for Mental Health Research at ANU. Scott Henderson was Director of the Centre then and my boss. He suggested I should join. When I first attended a conference in 1984 it was dominated by a small group of middle-aged male professors of psychiatry. It has gradually changed and broadened in that regard.

What is your speciality/passion in the psychiatric field?

- My interest is in epidemiology. Not just mental disorders in patients, but within the general population. Patients are unusual, because they are a small group of people who have been filtered through the system of practitioners and have been willing to seek help and often they have multiple disorders. They are the tip of the iceberg and are atypical. I do research on mental disorders in the community, on risk factors, on the community's understanding of mental disorders and how the community responds to them, and on how mental disorders are stigmatised.

What are the shortfalls that exist in psychiatric research?

- There are a lot. Aboriginal mental health is a big one because of all the politics that surround it. It is easier to get research funds than it used to be in this area. But there are problems regarding control of the research. For example, there was proposed to be an indigenous version of the National Survey of Mental Health and Wellbeing, but this was rejected by aboriginal leaders. They thought it would show aboriginal people in a bad light, but it could also have given a lot of impetus for action in this area. Currently, we have hardly any data at all on aboriginal mental health. In general, there is too little work on whole-of-community interventions in mental health, as distinct from clinical interventions with patients.
- Suicide is also under represented, compared to its relative impact. This is a very specialised field. The Commonwealth government has put a lot of money into prevention, but not much money into research. Suicide is rare, but it greatly affects the people surrounding it and it often affects people at a young age. Because the incidence is low, it requires large samples to get good data on interventions to prevent suicide and these have to be implemented over many years. Such work is expensive to fund.
- There has been comparatively little research into socially disadvantaged groups: the people on social welfare, the unemployed, the homeless, refugees and so on.
- As far as ASPR meetings are concerned, there is lots of representation of research into schizophrenia but there an under-representation of research in areas such as anxiety. This reflects the good representation of researchers from psychiatry departments, where schizophrenia research is largely carried out, compared to psychology departments where much of the anxiety disorders research is carried out.

How do you feel about the decision for both the ASBP and earlier on, the psychogeriatric wing of ASPR to separate?

- ASBP set itself up as a separate entity so it could be affiliated with the world society for biological psychiatry. I don't think it is very good to have a separate biological and social arm of psychiatric researchers, because the entire point of ASPR is for everyone to listen to each other. Old age psychiatry is also in this boat. I don't like seeing it separated from the mainstream. I favour an integrated society with a broad focus.

Why do you stay involved?

- There are many reasons. One is that as a researcher you need access to funds, and your applications are evaluated by a group of peers. Quite often the people who make those decisions are at the ASPR, so you are “advertising your wares”,. But more altruistically I like to help out other researchers, the ones who are starting up and have a lot to learn. And the ASPR provides a forum for contact with people who are influential in that area. The interdisciplinary nature of the ASPR helps people to mix with people with different backgrounds.

What has the women's role in the organisation been, and how has this developed over time?

- I joined the ASPR in 1984 and by the late 1980s I was on the committee, and then I was elected to president. I got the impression when I first started to get involved was that the ASPR was run by the older male professors of psychiatry. The younger women tended to be junior researchers or research assistants, but they weren't psychiatrists, so the strong all-male club was definitely there. I think that when I joined the committee I may have been the token non-psychiatrist along with the token woman in what was essentially an old boys' club. They accepted honorary members of the club, but Vera has broken the mould in becoming president. Normally the old boys in a meeting would choose someone in the committee to be the next president. It was only while I was the president that the rules (which did exist) started to be followed with nominations and voting for president and committee members. Things are gradually changing. There are now more women in the mental health professions and many more women now do their PhD. But not many women become researchers, because a lot of them go straight onto clinical practice. This is not a bad thing. I think women are attracted to the clinical work because they tend to be more caring, but this takes them away from research.

Has the organisation undergone many changes over time: in outlook, priorities, direction, how it perceives itself etc, and has the evolution of the society been a positive thing?

- The society has changed: there is less male psychiatrist domination. The interdisciplinary nature of the society could be better though. It has broadened somewhat, but not as much as it could. It has become more democratic and less oligarchic. The relative size hasn't changed for a long time, and the services offered could be improved: added prizes, more money, someone employed to support the president and committee. The presidents have been varied, and they do whatever work gets done. But no sweeping broader changes have happened.

Have you lobbied members of parliament on the subject of psychiatric research and was that effective? Have you any direct/influential links to the people in power?

- I haven't campaigned any members of parliament on behalf of the ASPR; I am sure many people have done it for the centres they work for. I have tried to raise awareness of research programmes and have talked to a number of ministers and members.

Who exactly?

- I have talked to Kay Patterson, Carmen Lawrence when they were in positions of power, and talked to various senators and members in the federal parliament, as well as territory politicians like the ACT minister for health. The bigger issue is that mental health is slowly becoming part of the parliamentary agenda. This probably started to accelerate when the World Bank along with Harvard Medical School released the global burden disease study in the mid 1990s. One of the authors was Australian but it was based overseas. It showed that depression was very important. Jeff Kennett started to get involved after that.

Has your experience in the organisation been a positive one, and would you want to change anything about it?

- I became president because I was on the committee for many years and my name was eventually put forward. Normally nominations involved who spoke up first and nominated someone. Seniors normally had a preference. But as the President I spent far too much time re-writing the rules and not enough on what I think are more important issues. Because although the rules were there they were never followed, things had been added over the years that were incompatible with the rest of them, some rules were very hard to interpret, some things were inconsistent and so on. Importantly, we had never had an election for president or committee members, even though the rules said we should.
- The ASPR needs to provide more on-going services to members – like a journal, bulletins etc, information about what is happening in the NHMRC. This has improved in recent years with the email bulletin. A journal has proved to be very difficult. I talked at one point with the editor of ANZ journal of psychiatry and suggested a joint sponsoring of the journal but the editor wasn't very enthusiastic so that never got off the ground. However, we did have a joint special series on methodology.

Any controversies you can tell me about?

- Apart from the issue of the name of the Society, the only real controversy has been the Founders' Medal. This is a relatively recent award and it was decided to have the names of the founders listed. Peter Beumont objected to his name not being on there and demanded it be withdrawn and his name put on it. It would've been easier to have no names on it at all. Peter Beumont is now dead. He was the first president so he will always have that honour, which I think is sufficient in itself.

Fiona Judd e-mail Interview

Who constitutes membership?

- Membership - mental health researchers

Why did you decide to join the organisation?

- I decided to join the organisation as I was a junior researcher and was encouraged to do so by colleagues who were members of ASPR and who promoted its utility as a group which was supportive of mental health research, and where good links and potential collaborations could be developed.

What is your speciality/passion in the psychiatric field? What is your background in psychiatric research?

- My particular interests are anxiety and depression, particularly depression in the medically ill. More recently, I have been working to look at social, economic and cultural factors that influence mental health and mental disorder as I have moved to work in a rural area. My background in psychiatric research is essentially as a clinician and thus, clinical research

Do you feel there are any shortfalls that exist in psychiatric research? Has ASPR helped with partially addressing this void?

- ASPR has been a very useful way of meeting researchers from a variety of backgrounds and perspectives, and a useful way of hearing of research being undertaken from a perspective different from my own.

How do you feel about the decision for both the ASBP and earlier on, the psychogeriatric wing of ASPR to separate? What exactly surrounded the controversy with the World Federation of Biological Psychiatrists?

- I am not aware of the details of the controversy regarding the World Federation of Biological Psychiatrists. The decision for ASBP and the psychogeriatric wing of ASPR to separate had both positive and negative aspects. I felt the positive aspect was it allowed people with a particular area of interest to focus on that, but the negative aspect of course was that one of the strengths of ASPR was the broad community of researchers involved in the organisation, and thus the broad range of perspectives that one could be exposed to.

Why do you stay involved?

- I stay involved because I enjoy the interaction with colleagues and the supportive environment of ASPR.

How do you think the inter-disciplinary nature of the organisation contributes to the organisation as a whole? Is it a good thing?

- I think the interdisciplinary nature of the organisation is actually its major strength. Certainly from my perspective as a psychiatrist, its allowed me to be exposed to and learn from others with different approaches to research and different research strengths.

Do you think the role of women in the organisation has been important? Do you think the representation of women in the organisation is in relative proportion to the women in the psychiatric research field?

- I don't believe that the role of women in the organisation has been a particularly big factor. My experience has always been that women have been well accepted in the organisation and there have been no particular issues related to this.

Has the organisation undergone many changes over time: in outlook, priorities, direction, how it perceives itself etc, and has the evolution of the society been a positive thing?

- I think that over the years the organisation has become a little more politically focused.

Have you lobbied members of parliament on the subject of psychiatric research and was that effective? Have you any direct/influential links to the people in power?

- I have lobbied government with respect to psychiatric research when I was in the position of honorary secretary of the Royal Australian & New Zealand College of Psychiatrists. I have also been chair of the Ministerial Advisory Committee on Mental Health in Victoria and, in that role, had some links to 'people in power'.

Has your experience in the organisation been a positive one, and would you want to change anything about the institution as a whole?

- My experience in the organisation has certainly been a positive one. I do not have any particular changes that I would like to make about the institution as a whole at this time. I feel that it is in a very healthy position.

Why did you decide to be president?

- My decision to be president was, in large part, the result of encouragement from others. I had been on the committee for some time and enjoyed that work.

Jayashri Kulkarni Interview

Who constitutes membership?

- People who are interested in and who conduct psychiatric research.

Why did you decide to join the organisation?

- When I started doing my research about twenty years ago and it seemed like a good idea at the time.

What is your speciality/passion in the psychiatric field?

- I focus on gender, women and psycho-endocrinology (how hormones affect the mental state) and aspects relating especially to women with mental illness.

Do you feel there are any shortfalls that exist in psychiatric research? Has ASPR helped with partially addressing this void?

- Getting enough money to do research is a big aspect. ASPR does not help at all with that..

How do you feel about the decision for both the ASBP and earlier on, the psycho geriatric wing of ASPR to separate? What exactly surrounded the controversy with the World Federation of Biological Psychiatrists?

- The decision for them to separate was not good at all. The ASPR is small as it is, and sub-divisions all do diverse research, and it is a forum to come all together. Naturally people will talk in the same field but there is an opportunity for cross-fertilisation of different ideas

Why do you stay involved?

- For social, collegiate reasons. The ASPR is full of good researchers, and the powerful players in the NHMRC are part of the organisation. You see where they're coming from. It is the research club and provides bonding around the common theme of doing psychiatric research. And of course long term friendships are involved. I have made many good friends over the years with whom I share a bond around the good and bad aspects of doing research in Australia.

How do you think the inter-disciplinary nature of the organisation contributes to the organisation as a whole? Is it a good thing?

- It is a good thing. It's too insular if people are from the same discipline and the same ideas are recycled. The forums are for discussing projects, work

and ideas. It doesn't matter what discipline – it is all presented and discussed and people get involved.

As a woman, do you feel that there has been a big role for women in the organisation? Do you think the involvement of women is basically in proportion to their representation in the research field?

- Research has always been male dominated at the senior level, and research in general hasn't considered female researcher issues. Most research assistants are women, but there are few female senior researchers who are chairing committees or are in prestigious positions. Few women ask questions in conferences or are invited plenary speakers. I ran a breakfast workshop at an ASPR conference, for women researchers. I had presumed that female researchers had some issues but was taken aback by the level of discontent, distress and problems that were voiced. There were so many issues: women researchers were seen in most organisations as the nurturers, and taking on heavy teaching loads, which takes them away from the role of writing grant applications, papers and other "prestigious" research roles that led to promotions etc. Many women at that meeting felt they had to play subservient roles to their male counterparts who then received the accolades, etc for their work. Within the workplace women researchers would normally have to deal with social or group problems. With international conferences that women would like to go to, and are important for career development, there were issues with clinical cover, teaching cover, childcare and so on. Not big problems for male researchers who were supported by their female colleagues and partners in matters of career development. There are so many big issues affecting women that hinder their career pathways in research. Even within an organisation like ASPR we were given flack from the men about holding a women's breakfast,. The breakfast happened about three years ago and it has happened once, and the issues haven't even begun to be addressed and are still big issues.

Has the organisation undergone many changes over time: in outlook, priorities, direction, how it perceives itself etc, and has the evolution of the society been a positive thing?

- It is a small group of people who do research and is run along much the same lines as when it started. For six years I was involved in the executive and I got a view of its main aim – which is to encourage research and young researchers. But it is a cottage industry. It needs more people, because it has no real political or financial clout. ASPR is a support group for psychiatric researchers. It needs funding to get out there. it does provide mentors who you can send half-baked or half-written projects to for an informal review – which is valuable. But it hasn't evolved enough to provide this more broadly. ASPR could/should be a "voice" to express learned opinions on psych research matters and maybe broader issues to the public and policy makers – but it is not.

Have you lobbied members of parliament on the subject of psychiatric research and was that effective? Have you any direct/influential links to the people in power?

- Yes, but only through my own organisation. I lobbied about service delivery, mental health research and advocacy for it. But it was in a separate context. I sometimes have contact with state and federal politicians

Has your experience in the organisation been a positive one, and would you want to change anything about the institution as a whole?

- I enjoy the friendships, I have some good ones. It is the "boys club" that sometimes makes it difficult, so I'm thrilled when there are more women researchers – young and older, involved. There is of course the politics between psychiatric researchers, which is not always easy. ASPR has done a few great things over time but it should do more. It kind of exists in the background, and mostly is known for providing one conference per year. Mostly my experience has been positive but I think ASPR could be a more active vehicle for the promotion of psych research.

So what was the sausage incident all about?

- It was in a debate on whether female researchers are better than males. My point is that men cannot be because their genitals dominate them, and the sausage throwing was to demonstrate that. That happened in Brisbane.

Can you give me any other anecdotes to make this report a tad less dry?

- Most of the anecdotes are interpersonal. The organisation is separate to real life. It is the vehicle for forming collegiate relationships with other psych researchers. it could do a hell of a lot more. The numbers of scholarships could be increased, because at the moment they only provide for travel to be able to come to the conferences. It doesn't do many other things. It's a very good collection of odd characters in psychiatric research with a wide range of personalities. It is basically about the people and the relationships and the involvement with them. People like Ian Hickie, John McGrath, Gavin Andrews, Vaughan Carr, Assen Jablensky, and Tony Jorm always entertain me. Scott Henderson is everyone's favourite grandfather. Graham Burrows is the ultimate entrepreneur in psychiatric research. My favourite story is that I managed to convince Assen Jablensky to drive a bumper car when we organised the ASPR dinner in Luna Park, Melbourne. A lot of other eminent researchers then clambered into the other bumper cars to have the privilege of ramming into Assen! That dinner highlighted that psychiatric researchers are fun-loving big kids at heart!

Andrew Mackinnon Interview

Who constitutes membership?

- As the treasurer, I have to say anyone who pays their membership. ASPR is made up of psychiatrists and anyone else who is involved in mental health research. Social workers, psychologists and other minorities are involved as well. It is very broad – anybody interested in mental health problems can join.

Why did you join the organisation?

- Scott Henderson was my boss at the time. The first annual conference I went to was in 1987. Scott was very positive about ASPR, and there was really no excuse to not go. In time I was duly invited to go on the committee. It was an informal work requirement. Members are involved in areas within psychiatry. Psychologists don't have a great amount of contact with psychiatrists, but they are still involved with treating mental health. There is a big misconception that to belong to the society you have to be a psychiatrist.

What is your speciality/passion in the psychiatric field? What is your background in psychiatric research?

- My background is in statistics. I am not a practising clinical psychologist. I like research and numbers.

Do you feel there are any shortfalls that exist in psychiatric research? Has ASPR helped with partially addressing this void?

- I am involved in a special area, and there are not a lot of people coming through the ranks. When I was in my early thirties and completing my PhD, before I was involved in psychiatric research, I became interested in mental health issues. For people in junior positions, these jobs are not necessarily attractive. A lot of people are attracted to mental health to help people, and to use their skills: helping and testing through therapy. Not many scientists like statisticians and nuclear physicists are attracted to it. There is a need for people who know what to do with numbers. Medical research has its fair share of funding, and that has always been a big issue, but there is more recognition for mental health than there was five years ago.

How do you feel about the decision for both the ASBP and earlier on, the psychogeriatric wing of ASPR to separate?

- I am not sure if it happened in the late or early 80s, but biological psychiatrists are involved in slicing up brains, and they understand the processes involved surrounding biological psychiatry. They are a special interest group. They have special needs and they may need to talk to each

other using the lingo. If they have to give lectures to ASPR as a whole they may need to dumb it down for clinical psychiatrists and other researchers who may not understand, which can be frustrating for them, or if they go into lots of detail it might not be understandable at all. It is relatively new area, and consists mostly of a group of people upcoming in their careers. Psychoanalysis has become unfashionable. If someone stood up at an ASPR conference and gave a lecture on problems surrounding the brain chemicals of people suffering from schizophrenia ten years ago, they would have been booed out of the hall. The fact that biological processes could be studied in the same way as physics causes a schism. So it is good that there is a forum for presenting psychiatric research.

What happened with the psychogeriatrics?

- The old age meeting was not as successful. The biological psychiatrists had their annual meeting on Wednesday, so people who went to the meeting on Tuesday would have to sit around until Thursday to attend the ASPR conference. This means they would lose an entire week, with one day sitting around and not doing much.

Why do you stay involved?

- I have been treasurer for four to five years now. After this current term I will have to or choose to stop. It is important that as many people are involved in ASPR as possible. If people hold on to their position, no new ideas can come in. With new people things change. The management invited me to come on the committee when David Copolov who was my boss at the time decided to resign because he had too much on. Around that time, Tony Jorm became president. During his time ASPR became more democratic, with rules. Before, someone was invited to go on the committee but now there are nominations. But on the other hand there are not many people too interested in it, and it is hard convincing people to do the work. There is only one administration assistant, Liz Horton, who is only part time and is not paid very much. It is all voluntary. I do it because it is a means of getting some visibility, because there are people involved who have senior roles in mental health research, and they know who I am. Even just via e-mails, I'm on the list. They play the real roles in psychiatric research. I am now sufficiently far along in my career that it does not need enhancement, but it doesn't harm my existence.

How do you think the inter-disciplinary nature of the organisation contributes to the organisation as a whole? Is it a good thing?

- ASPR is evolving to a good stage where it has become more interdisciplinary. There aren't a lot of junior people at the conferences, and they are more likely to be non-psychiatrists and research assistants. Psychiatrists stay involved because it is their job, but non-psychiatrists are becoming involved a lot more. For example, Vera Morgan is president, which is radical, considering she is a woman and a non-psychiatrist, as was Tony Jorm who is a psychologist (but not a woman!). In the executive

it is not so evolved. Most of the people there are post middle-aged psychiatrists. But there are a few female psychiatrists, which is more equitable.

What has the women's role in the organisation been, and how has this developed over time?

- It is not too bad. It reflects the academic world, and the membership replicates that representation. Not too many professors are women, but psychiatry and psychology are better than other professions. There have been special initiatives like the woman researchers breakfast, but this has given way to early career initiatives which is more palatable across board. But women are not specifically targeted. The transition and trajectory has been lost from medical undergraduate to women professors. But there aren't many women surgeons, so ASPR is ahead of the pack. It reflects the academic population and the membership structure reflects that. It would be peculiar if twenty percent of professors are women but the ASPR professorial membership was made up of fifty percent women. It is still critical to women, and ASPR follows that prejudices, but to a lesser extent. The young researcher award has evolved into the early career award. I was on some Monash University Medical committees full of laboratory scientists, and they only give awards to under thirty-year-olds. But some career paths are complicated and non linear. To make contact with ASPR is to have discussions over ideas and issues. It is a small organisation, with a small medical faculty, unlike Monash.

Has the organisation undergone many changes over time: in outlook, priorities, direction, how it perceives itself etc, and has the evolution of the society been a positive thing?

- But how much should ASPR be doing and on what front? It basically exists to run one conference a year, which is its core business. There has been a little bit of growth in other areas. There has been more regular communication from the executive, which started when Tony became president, and it has been made easier with the introduction of electronic communication. Before that time, you would get an invoice for the subscription and an invitation to the annual conference, and to put that out would take time and money. But now we get e-mails regularly, and if one of the members would like any attention on an issue, it is a good way to converse with members on the mailing list. Vera puts out a monthly bulletin. Most of the active involvement should be done at the Mental Health Council of Australia, by raising and waving the mental health research flag. The Mental Health Council consists of consumers but they need to take on board the findings of research. Mental Health research has a different view, but its interests are not opposed to consumers. The research process is a long way to help individuals. A person may suggest there is an area in the brain that has more cells in people suffering from schizophrenia compared to people who don't. This research which could take years may be a wild goose chase or it may lead to drugs being developed that help it. It is a

long and uncertain pay-off to consumers. But mental health research takes a different experience of psychiatric disorders than consumers do.

Have you lobbied members of parliament on the subject of psychiatric research and was that effective? Have you any direct/influential links to the people in power?

- Not off my own back, just through my organisation, which has done a lot of lobbying. It is centre on Victoria, and it liaises with the Victorian government through the Mental Health Research Institute.

Has your experience in the organisation been a positive one, and would you want to change anything about the institution as a whole?

- Yes it has. I wouldn't change anything. It promotes the annual conference, and there has been some debate about whether it should be a job service, but that is done by other organisations, and so it is not desirable to be in competition with others. One of ASPR attractions is that it is not much money to be a member. And it is very inclusionary. Some other organisation costs \$300-400, but then again they do more, but they have fewer people who belong. It subsidises things within the community, it has a position on the Mental Health council and it makes submissions to medical research. Inquiries and submitting position papers are of course the formal form of lobbying.

Apparently it was your job to follow up on the registration of the society and it was found to not be legally registered, and all there was an official bank account and that was the only proof that ASPR existed. What exactly happened?

- A treasurer in the past had an audit done. Auditing needs to be done if a company has a legal status. This happens in big companies like banks and mining companies. Associations have to do it too - like kindergartens and local netball groups although the standards are different. ASPR is an entity, and through the discussion of changing the name Graham Burrows said it was very expensive to change, even changing "Australian" to "Australasian" was expensive, and everyone assumed it was registered, but it actually had no legal status, and wasn't legal in any state. David Copolov wrote a letter to an auditing company to get their technical opinion and said that it can be classified as a not-for-profit organisation. Financial advice was needed to see what would be better: a company or an organisation. The committee needed a recommendation: to be a company it would have to meet the reporting requirement which means it must make a minimum of \$1000 a year. Now it is a registered association in Victoria, which is where I am based. ASPR had to produce a constitution and rules that meet the government requirements. Tony overhauled the constitution because it hadn't been done previously, but it was harder because he was ACT based. I melded three documents: the current constitution, the Epidemiological Association of Australia, because Vera suggested it had some nice features, and the Victorian government's set of model rules you

could download off the internet. It was adopted in December and a fee has to be paid every year to keep it registered, plus the initial fee to register it in the first place. It has to report its activities, but that can be brief. But the funny thing that there were all these protests on how it was so hard to change the name of an association that ended up not existing.

Do you have any anecdotes I can include in my report?

- Once Professor Henderson wasn't at a conference because one of his children was having a child, but there were remarks that when his wife was giving birth to his own kids he still managed to go to all the conferences.

Anything else controversial?

- ASPR is quite a staid society although there was a sausage-throwing incident when Jayashri got quite uptight during a discussion of whether women or men were better researchers and ended up throwing cheap, nasty sausages around the place, but this was all in good fun.
- The changing of the name caused a lot of people to be upset because it de-emphasised the medical nature of the society and the majority of the members have a medical background. ASPR is different to the College, it is multi-disciplinary and focused on medical research. So the compromise was that it keeps its name but it has a sub-title.
- No scandals or spoofs have been staged, which is unfortunate. It is not a fertile field. There has been nothing exciting like anybody running off with someone else's significant other. I do my best by giving lectures like "How to make up data and get away with it" and "Is there life after fifty?"

So how is it?

- I am too young to know that yet, but I'm sure there will be a condolence party.

It is good thing that this research is being done, because there is no central record that things happened. One founder is now dead and the others are over sixty. In time our oral records may well disappear or be distorted.

Issy Pilowsky Interview

Who constitutes membership?

- People involved in psychiatric research with considerable intent.

What influenced you to start up the organisation? Were there any key events that led to the start up?

- I became aware during my sabbatical in the U.S. that there were opportunities for researchers to share their research plans. So in 1976 with others I started discussing doing the same over here. In Australia the distances are considerable and it is not so easy, and for example people could not arrive at the agreements about the standard ways of measuring things and a forum helps you do that.

What is your speciality/passion in the psychiatric field?

- I am interested in general hospital psychiatry. In particular chronic pain. Before I was interested in haemodialysis and renal transplantations and the psychiatric and social dimensions of that. I have been published on this. But the overall area I am interested in is abnormal illness behaviour.

Do you feel there are any shortfalls that exist in psychiatric research? Has ASPR helped with partially addressing this void?

- There is a shortfall in funding. There has only been inadvertent communication between research workers and the people who control funding. I looked into Australian social medical research and questioned it and then presented some preliminary studies. Then I did the presentation for more funding at NHMRC. But it's a lot of work to do this.

How do you feel about the decision for both the ASBP and earlier on, the psychogeriatric wing of ASPR to separate? What exactly surrounded the controversy with the World Federation of Biological Psychiatrists?

- I am very pro interdisciplinary approach. The communication between different areas results in a very good process. People are comfortable. People can focus on what interests them. If someone needs help in their fields, they come and get done what they want to get done. This is a forum for different disciplines and different research. The consequence of ASPR is that everyone is brought together. It is a catalyst for appreciation of other people's work.

Why do you stay involved?

- I have a fascination in psychiatric research and psychiatry.

How do you think the inter-disciplinary nature of the organisation contributes to the organisation as a whole? Is it a good thing?

- I do clinical psychiatric research, which is different. There is a problem doing research while you are a clinician. During your clinician research you become a better clinician. You need others to work with and to help you. But there are only so many hours in the day. The interdisciplinary nature works because you can collaborate with psychologists, and they give you a different perspective. Once a week I teach clinical sessions. I come in and I interview patients in a general hospital setting. Students observe me and then we discuss things.

What has the women's role in the organisation been, and how has this developed over time?

- Women are different and are able to perceive things in their own way. It has been observed in tests and they bring to psychiatric research what women bring, whatever that is. But they are treated as equal. They probably constitute the same membership as in proportion to the academic world.

Has the organisation undergone many changes over time: in outlook, priorities, direction, how it perceives itself etc, and has the evolution of the society been a positive thing?

- It used to be attached to the Geigy Symposia, which goes back a long way. It used to alternate between Sydney and Melbourne every year when there was only one department of psychiatry in each city. It got more complicated when the departments increased to at least two per city and it couldn't alternate as easily any more and it had to involve other cities. It varied in format and in the overviews of the subjects and themes. It started with two days of presentations, and there was a possibility to invite overseas authorities to do presentations. In 1964 the presentations were published in book form on aspects of depression. Lawrence Kolb organised it with the University of NSW. In 1966 I was in Australia and I helped organise the symposium of "Psychiatry and the Community" which was later turned into a book which I helped edit. Geigy was a drug company that later merged into Ciba-Geigy which has then gone to Novartis. Geigy was very generous – they gave us funds to cover the visitors. If there were any overseas people around we would involve them as much as possible in any way we could. There were funds for all speakers from every city in Australia and so ASPR was organised for the next day because everyone was together already. Gradually Geigy receded into the background because they thought they weren't getting their money's worth. Geigy of course created the first anti-depression drug *Tofranil Imipramine*, but it wasn't prescribed enough. At one of the first meetings in Adelaide everyone sat around a table and presented their ideas, what things they were doing and gave constructive criticism. Louis Gottschalk was an overseas visitor and had been invited to my department. He was very interested in clinical research and content

analysis. Gavin Andrews was also interested in this and got to talk to him – he didn't end up using his methods but it was a good discussion and he had the chance to make that decision from interacting with the expert in the field. There was a lot of talking about psychiatric diagnosis and the best way to standardise it.

Have you lobbied members of parliament on the subject of psychiatric research and was that effective? Have you any direct/influential links to the people in power?

- No I haven't. I have written on occasion to the NHMRC on behalf of the ASPR when I was president concerning the percentage of funds given to psychiatric and other clinical subjects – it is out of proportion to the number of requests and it is given far less than other sections. But politicians are at mercy to all things. They are too involved.
- I talk to medical colleagues. There needed to be psychiatric consensus on psychiatric diagnosis. Stengel said people may not like a classing system but at least people will know what to use and what is the common denominator. We discussed this at the meeting. When people are talking about depression, and how a new drug is being used and what the effects are they might not be talking about the same thing. Some might be talking about their patients having their first attack and not being that ill, whereas other psychiatrists may be talking about chronic sufferers that are so ill that they might be considering surgery like lobotomy to change their circumstances. So it's hard to test drugs on either the hardest and easiest case but we extrapolated and came to the conclusion context is crucial.

Has your experience in the organisation been a positive one, and would you want to change anything about the institution as a whole?

- No I wouldn't. As long as young people have enough money to do their research. I am prejudiced against the parallel sessions though.

How would that happen? There are too many presentations...

- They would just have to have short presentations. The audience would only have to listen to a few minute presentations. The presenters will focus, talk faster, and slides could be used to make it exciting, and therefore people are exposed to different ideas which is always a good thing. But there is an advantage to people being separated into smaller concentrated special interest groups. The numbers of people have changed, the work has changed, and the context has changed over the years, so you have to be prepared. Meetings are to concentrate on what's going on. It's fascinating.

Do you have any anecdotes to add?

- Gerard Russell, from the Institute, was the speaker one year in Adelaide. He was in a nice lecture theatre but the projector broke down. In my

experience it is usually just the carousel and not the thing itself, so if you empty another one out and change it over it is likely to work. But he was a visitor and it was embarrassing but he persevered and got through. Afterwards we went down to the city and got him a kid's police medal and engraved into it "for valour and perseverance under difficult circumstances" and he was quite thrilled over that.

Addendum 18.05.2005

Louis Gottschalk was Chairman of the Department of Psychiatry and Behavioural Sciences at UCLA Irvine and well known for his development (with Goldene Glazer) of content analysis scales for anxiety, anger and hope. I was impressed by him as a clinical researcher. In the interview I mentioned that Gavin Andrews found his conversations with him useful. I didn't mention Professor Linda Viney from the Dept of Psychology, University of Wollongong. She was probably the person in Australia doing the most research using Gottschalk-Glazer scales. She found the contact useful and developed a collaboration with Louis and later visited him in Irvine, CA.

Paul Skerritt Interview

Who is involved?

- It is a society for academics. There is often discussion about involving clinicians which I heartily endorse. My wife Dr Margaret Doherty and I attend whenever we can as clinicians rather than researchers although I did present a paper once on the psychiatry of workers' compensation.

Do you know how it all started?

- There was a Geigy symposium (the company that then went to become Ciba-Geigy which then went to Novartis). The Geigy Symposium it was open to everyone including GPs. It is no longer conducted but for several years followed the ASPR. So is this a direction ASPR should go in? Maybe we should invite some along just to see how it all goes.

When did you get involved?

- The first meeting, I believe, was in Adelaide in 1980s and I think Seymour Kety was the plenary. One of the founders, Prof Issy Pilowsky invited me but I was unable to go. I started a few years later and have been a 'regular' ever since.
- The Royal Australian and New Zealand College of Psychiatrists Congress wasn't that big in the early 1980s, attracting about 200-300 members. There was a need for a meeting more focused on research without all of the distractions of College activities and in my opinion this has been a great success. I enjoy the present mix of biological, epidemiological and social psychiatry not to mention psychology. There is a mix of psychiatrists and other mental health researchers with a lot of young ones whose enthusiasm I enjoy and find infectious.

Do you think the society is evolving?

- The current President is Vera Morgan, and she does not have a background in psychiatry, and this seems to be a trend. This development of the society moving towards non-psychiatrists is great.
- The first meeting held in Perth was in 1994 At the time the College faculty of psycho geriatrics was involved ASBP and ASPR making a week of conferences that was held at the Langley Hotel, which was very successful. This was the starting point for the society to hold its annual meeting away from hospitals and move into hotels; therefore it became more accessible which is a good thing.

What happened about the name change?

- There was quite a bit of controversy about the name change, a lot of passionate e-mails were going around I was particularly interested that the majority of members including non medical ones favoured continuing use of the word 'Psychiatric' in the name.

What was your opinion?

- I didn't care either way, but I have no problem with the current name.

How can ASPR change?

- It is an amateur society; there is no secretariat, which could be necessary in the future to be able to get more advertising and information about the society, the annual conference and research generally into the professions and the community.
- ASPR is quite inward looking. It needs to be able to pump up its image with public releases and press statements etc... When the media need to be able to go to someone at any hour who is reliable to get a perspective/statement they should know to go to ASPR. They need to increase their public image like AMA.

What exactly happened with the psychogeriatrics?

- When psychogeriatrics went from a section to a faculty of the College, they decided to stop the practice of having their annual meeting back to back with the ASPRI think the last back to back meeting was in Newcastle and even then it overlapped the ASPR meeting I think it was a retrograde step.

What about the Biological Psychiatrists?

- Originally there was a biological section of ASPR with a contiguous meeting of one day. The things got more complicated.
- The controversy involved the World Federation of Biological Psychiatry– a man called Professor Carlos Hojajij from South America presently in Australia was the president of the international body. They planned a big meeting to be held in Melbourne, and the Biological Psychiatrists were helping to organise the meeting but the international body, for some reason, was not happy dealing with just a section of ASPR. So they became a separate organisation, but the meetings were run together. Some wanted them to be completely separate. Eventually after some debate that was somewhat acrimonious, it was decided that the international society could be dispensed with and that there was no reason to separate the biological and non biological aspects of the ASPR which I think was very reasonable.

Why are you involved?

- I think the ASPR annual meeting is the best one for me to be involved in because I get the opportunity to see the top international and Australian people, and it's not as glitzy as the College. I have never been without taking home some cutting edge information for immediate incorporation in my clinical practice.

What has been the presentation you remember the most?

- I remember being in Sydney 1988 I think in the lecture theatre at Prince of Wales Hospital, and I was very impressed with a lecture done by Robin Murray on rethinking schizophrenia and dementia praecox. I classify myself (and other clinicians) as "hacks", but we are the consumers and the researchers need the information to go out to others to put the ideas and findings into practice.
- One of the best lectures I ever listened to was about 'brain banks' in Sydney, and the effect that *Clozapine* had on cannabis receptors, and how the patient loses all ability to need cannabis. The presenter demonstrated with scans of the brain and the receptors were all blacked out - it was very effective and positive.
- Another important meeting was in Canberra in 2002. It was about neuro-imaging and MRI scans and depression in the elderly.

The worst?

- *Can't remember*

Any anecdotes or any interesting incidents?

- In Adelaide in 2000. Professor Sandy McFarlane was the convener and he was the authority on post-traumatic stress disorder. A medical officer was stabbed to death in her office at Hillcrest Hospital right in the middle of the meeting so all of a sudden Sandy wasn't seen for the rest of the conference dealing with PTSD elsewhere.

Do you have any political influence or have you lobbied parliament on any issue?

- No, I haven't, but Graham Burrows has quite a lot of political connections.

What is the role of women in the society?

- Women are becoming more involved, especially the young ones. Sixty percent of women doctors want half time work according to the AMA statistics. I think it's in proportion to their representation women are involved in the ASPR. But Jayashri Kulkarni is a good example of a woman researcher active in the ASPR who is always stimulating.

What would you change?

- The ASPR isn't powerful; it's low profile and low budget. It needs to have a profile to get out there; and this may mean a permanent secretariat, which means more money, which leads to the problems of elitism and discouragement of membership.
- It needs prestige. It should aim to be a body to be reckoned with. It has all the people who know about mental health, and so it should be able to mobilise more funds for research. This can be done many different ways like increasing sponsorship from drug companies etc.

Philip Ward Interview

Who constitutes membership?

- Anyone who is active in mental health research in Australia and New Zealand. It is very inclusive but it is been difficult task in convincing people outside psychiatry that this is the organisation to belong to.

Why do you think that is?

- It is all down to the name that kind of refers to the society as if it must be for doctors, and that has never been part of the society. There needs to be an understanding that it provides for broader perspectives.

How is this supposed to be done?

- It needs to have a serious marketing exercise, and to start off would be to re-brand the society to make it clear to everyone that it not for doctors only. It is not enough for Tony and Vera to be the only non-psychiatrists. It is a small organisation and there are difficulties in doing it. The people in the senior ranks are busy people with other things do. ASPR is sitting on quite a lot of funds and that could be legitimate use of those funds.

Why did you decide to join the organisation?

- I was an early joiner – I joined in 1982 when the conference was at the University of NSW, which is where I was based and it made it very easy to go, because I didn't have to travel.

What is your speciality/passion in the psychiatric field? What is your background in psychiatric research?

- I am particularly interested in electro-physiology and functional brain-imaging. I have also conducted research with post mortem brain tissue, and using neuropsychological tests. I am a clinical neuroscientist and I am the Director of the Schizophrenia Research Unit at Sydney South West Area Health Service. I am more involved with writing grants and papers and I supervise students, so I am mostly involved in an indirect way with patients. However, I would never want to be far too removed to not be able to take on a student and introduce them to the world of clinical research.

Do you feel there are any shortfalls that exist in psychiatric research? Has ASPR helped with partially addressing this void?

- I think there are many, and to address this is part of the function of the organisation. The ASPR supports an annual meeting but little else. If you are in the executive there is a meeting requirement but not much else – There is an opportunity to do much to increase a greater interest in mental health issues. Mental health has moved up public policy agenda. The institutions should encourage enhanced services. There is only a limited

range of treatments at present and there is the burden of the disease. In the programme of the 1982 meeting there were thirty presentations, and now there are a couple of hundred presentations.

How do you feel about the decision for both the ASBP and earlier on, the psychogeriatric wing of ASPR to separate? What exactly surrounded the controversy with the World Federation of Biological Psychiatrists?

- This is a misinterpretation. I was one of the foundation members of ASBP. It was a reflection that in the years prior to the mid-1980s the strength of the society resided in social/psychiatric epidemiology. It was deemed useful to have separate society where a group of people with a particular interest in biological psychiatry feel at home. It was done against the background of ASPR and people didn't want to split. The annual meeting day was a thematic meeting about a current topic in biological psychiatry.. In 1985/1986 in Adelaide an inaugural group met. Practically affiliation of the local society to WFSBP makes it cheaper to register for WFSBP congresses. The WFSBP has a congress every four years. The local society has to pay dues of \$US10 per head and we needed to be able to collect that so the society was established. But it was clear that we were not splitting away from the ASPR, and any attempt to split would be met by protests from all concerned.
- The dues notice is sent through the members of ASPR. We have been criticised in doing this – it has been suggested that we should try and make the society stand-alone to make it easier to relate to international biological psychiatrists. There is an equal approximately equal representation between clinicians and non-clinician scientists. The themes of ASBP are at the “pointy end” of science, the clinical applications of science like “understanding the molecular genetics” etc. Some clinicians go to get a one-day update because it is a hot topic area. The separation is amicable.

When exactly did it start and what about the controversy with the international federation?

- In 1988 it first appeared as a section of the ASPR as a separate entity, but it is not recognised in original constitution and rules. It is a section of the larger group.

Why do you stay involved?

- The meetings are very good and I enjoy them. It is a good way of catching up what's going on locally. The meetings tended to have plenaries who have big names overseas but recently it is more common that they are from Australia. Internationally you can go to conferences where there are all the big names together, but with the ASPR it celebrates homegrown talent. In these highly mobile days it is easy to find out what's happening in

the next city: there is a strong cohort of regular attenders, keeping up with what's going on around the place. There are a lot of people who have grown up in the organisation with me, and now we're at more senior levels, we take on students and new fields are developing. It is nice to face issues together through the contacts made.

How do you think the interdisciplinary nature of the organisation contributes to the organisation as a whole? Is it a good thing?

- I think it is critical and interesting and it stops ASPR from becoming limited. Being discipline-based could tend toward narrow and introverted views.

What has the women's role in the organisation been, and how has this developed over time?

- In 1982 when I joined it seemed like a male dominated society which reflected the male dominated senior academic community. But there is a growing recognition of women and particularly women's issues. It is not particular pro-active, but there have always been senior women involved. It is consistent with the psychiatry and psychology profession. But they are not treated differently. Vera is a woman and a non-psychiatrist and she is not the first woman president.

Has the organisation undergone many changes over time: in outlook, priorities, direction, how it perceives itself etc, and has the evolution of the society been a positive thing?

- The internal processes are opaque. The executives used to go into a crowded smoke-filled room and then emerge and announce who would be the president and the executive. But this is what happens when an organisation is this small in size. It used to be the heads of university departments of psychiatrists (but not all of them – at the University of NSW Leslie Kiloh had nothing to do with it). Bruce Singh from Melbourne, Beverley Raphael from Queensland, Ross Kalucy from Flinders and Graham Burrows had his own section in Melbourne in Austin Hospital. Graham's early role was financial. He had to make sure it didn't fall into a hole through complete lack of funding. The first ten years until 1992 there was no sense it was a democratic organisation, but no one was particularly fussed. Things got done. Now there is greater transparency because when new people got into the organisation they asked questions. Tony was big on this. But there was not a huge queue of people to be involved. It is a big job to organise an annual meeting – you can get in a professional conference organiser to share the load or your secretary to help if you are the head of a department. Sending out letters, re-typing abstracts etc - it is not pressure you want to put yourself under. Heads of departments have the capacity to take that on; some might have to marshal resources.

Have you lobbied members of parliament on the subject of psychiatric research and was that effective? Have you any direct/influential links to the people in power?

- There have been attempts to change the public agenda in NSW through NICAD. There was a commitment from the Labor Party when it was in opposition to create infrastructure.

Did it keep its promise?

- Yes. It is a flourishing organisation. The commitment came politically through parents of psychiatric patients. They have clout and they get commitment and they see it is delivered on. They are critical to the success of the programme. Someone has to do it for psychiatry, because everyone else from other specialities does, and are out there doing the same as you, touting their organisation. But of course the decisions are made with a view to the political implications.

Has your experience in the organisation been a positive one, and would you want to change anything about the institution as a whole?

- It has to keep evolving. There is a strong sense of engagement. People who have been prominent in the organisation for twenty years have moved on and there is a new group there and there will be a new group coming up soon. Time and effort make it a success. The people who have significant representation on NHMRC are still there. But it has grown over the years and reflects the growing importance of research. If you need a name or are marketing a new idea you can achieve recognition at ASPR.

Do you have any anecdotes?

- I find it interesting to see how the meetings reflect the interests of the conveners. In 2000/2001 Jayashri Kulkarni held it in Melbourne and it reflected her bright vivacious personality – the dinner was held in Luna Park in Saint Kilda. Assen Jablensky got into the bumper cars. It showed the style and the expression of a person and it's good that the organisation can be an outlet to express that.