



MHYF Vic Newsletter No. 90 September 2024

This edition

2024 Annual General Meeting

Artificial Intelligence in Psychotherapy

Gender Diversity Workshop

Our Website

ANNUAL GENERAL MEETING

MHYF Vic Annual General Meeting held on Thursday 22 August 2024.

PRESIDENT'S REPORT

Thanks for attending the AGM today. We think this is auspicious occasion. Usually we have a guest speaker, but this year we will be presenting our year's major project of seeking to gain status with the Australian Charities and Not-for-profit Commission (ACNC). There are a number of reasons why we want to move to this status: securing financial status through receipt of charitable organization funding, establishing greater footprint in the field, and preparing for the organization to be established, nationally. We want to make MHYF Vic viable beyond the timeframe of contribution of the current Committee. This has been a big job involving several half-day sessions to work through the complexities. But more of this later.

MHYF Vic is involved in a large number of ongoing projects and collaborations, and we are always seeking other connections. To extend and formalize the seeking of collaborations Dr Allan Mawdsley has been producing a monthly *Mental Health Campaigner's Bulletin* which is circulated to our

collaborators. Topics have included: Child Protection Services, Community hubs, World Mental Health Day, Implementation of VRCMH recommendations for children and families, Educating Out of Home Care children, Building mental health and wellbeing, Pill testing, Age of criminal responsibility, Young terrorists, Gender Dysphoria, and Schooling for those schooling has failed. This is a broad range of topics that demonstrate our broad interests in our field.

These topics coincide with another of Allan's innovations: *The Guide to Best Practice*, which can be viewed on our website. We want to help mental health professionals, carers, and consumers use the best available information to tackle problems that come from mental health challenges. We develop policies on how to address the problems and suggest strategies for the implementation of best practice. The Guide is under review as new research is published. A special mention goes to Dr Miriam Tisher for her contribution to the updating of the Guide.

Our website is a source of pride because people from all over the world can access the information and, sometimes, we get notes of thanks for the help offered, internationally. We are grateful for the work done by Allan with respect to the website but also to our Webmaster: Ms Linda Purcell.

Dr Suzanne Dean is another major contributor to the work of MHYF Vic. Her chairing of the sub-committee that supports the annual Winston Rickards Memorial Oration (WRMO) involves much work, year around. Most of the Committee contribute to the conduct of the WRMO, but it is Suzie who carries the load. No sooner had we had the wonderful presentation

by Ms Ruth Wraith and Dr Jennifer Re, on the need for psychoanalytic psychotherapy to be provided by public employed mental health practitioners, than Suzie began the search for next year's Orator. There has been solid progress on once more addressing the contribution that Social Workers make to our field.

Suzie has undertaken liaison for MHYF Vic with the Child Psychoanalytic Psychotherapy Association of Australia (CPPAA) to actively explore ways of enhancing the Victorian Government's Mental Health System reforms by enriched exposure to psychodynamic approaches to thinking and programs for children, youth, and families. This endeavour is reflected in the WRMO presentation this year.

Suzie has also been the chair of the Indigenous Project has been tireless over many years of contribution. We hope that a workshop for professionals on the topic is not too far away. Suzie has also contributed greatly to the upcoming workshop on Gender Diversity to be presented by Dr Campbell Paul on 26 October at *Mindful*. She has been part of the organizing group that includes our Secretary, Dr Cecelia Winkelman, our Treasurer, Ms Kaye Geoghegan, and other committee members, Ms Sarina Smale, and Allan Mawdsley. We have also had the contribution of co-opted helper Jessica Zhao (Jess also helps with the WRMO). This is a very fraught domain with strong views held across the community about the provision of services to this special group of young people and we will work hard to reduce the politics of the situation in favour of reasoned presentation of protocols for action.

Another tireless Committee member is our Secretary, Dr Cecelia Winkelman. She holds the Committee together through her provision of minutes and programming, as well as through the sending of emails to our mailing list. She participates on many sub-committees. Similarly, Ms Kaye Geoghegan holds together our threadbare finances and administers our mailing list and memberships. These are vital roles that complement her sub-committee work.

During the year our Committee has grown: we have welcomed membership from Dr Kylie Cassar-Bartolo, Dr Michelle Morris, Dr Porpavai Kasiannan, and Dr Liam O'Connor. We note that Porpavai presented her project on child mental health training in India to the IACAPAP conference in Brazil. Every Committee member has other contributions to our field and helps keep us in touch with what is important at the coal face.

We hold very closely to the need for communication with the field through our website our mental health campaigner's bulletins, and our newsletters provided by the editor, Allan Mawdsley. The Newsletter is always of a high standard and direct pertinence; past editions can be accessed through the website. Please join our mailing list and receive all these communications. Even better, join MHYF Vic by paying \$50 and help us deliver quality information across the globe.

I want to turn once more to thank our collaborators. Your contributions to the field make our contributions more relevant. We look forward to further productive relationships.

Interstate conversations have begun investigating usefulness of MHYF Vic becoming a national organization, given that no other national advocacy body yet exists in this space. Anybody who would like to see such nationwide representation is welcome to help us with this project, especially if you have colleagues in other states and territories. How does AusMHYF sound?

So, to finish: I wish to express my gratitude to the committee for the work of the year. Dr Dean and Dr Mawdsley are great contributors on all topics.

Ms Geoghegan in her roles of Treasurer and Membership Secretary, has been active and has contributed widely. She buys the cards and flowers when important people deserve celebration or condolences. Thanks Kaye.

Dr Cecelia Winkelman is much deserving of my thanks and the appreciation of all the Committee. She has undertaken the role of Secretary with energy, reliability, and timeliness for the past five years.

We remain grateful for the contribution of Dr Miriam Tisher, who is the most urgent correspondent on our various productions, especially with the updating of our Guide to Best Practice.

We are hopeful of more in person events in 2025.

Once more I invite participation of all at whatever level you can. We have been talking from time to time about recruitment and renewal of the committee, and planning for retirements. Join the committee as a member without portfolio! Please let us know of your interest.

Jo Grimwade, President, MHYF Vic

MHYFVic Strategic Plan

MHYFVic has undertaken a careful review of its work and developed a strategic plan for its future. It reaffirmed its aims and the goals of its work and undertook a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats).

Our aims are:

- Promote mental health of young persons and families
- Advocate policies at local, state and federal levels.
- Seek and promote new knowledge
- Assist in reducing stigma
- Develop collaborative partnerships with service providers and support agencies.

Our goals are:

- **DISCOVERY**
Best Practice in prevention, service delivery, and mental health promotion.
- **SHARING**
Publications, presentations, and submissions to authorities
- **ADVOCACY**
Identify shortcomings and propose solutions
- **ACTION**
Collaborate with agencies in producing improvements.

Our SWOT analysis showed:

- **Strengths:**
Wide-ranging interests and expertise; multidisciplinary membership input; we are independent and therefore not inhibited in our criticisms; our contributors are knowledgeable; we are altruistic in that all our work is pro-bono.
- **Weaknesses:**
The membership, especially our working committee, is too small; the organization is under-resourced for its work because of limited opportunity to engage in income-producing activities; we are lacking clout because a small group with a low profile is not easily heard, no matter how important the message.
- **Opportunities:**
The community is demanding improvements in services; Reports of enquiries confirm what is needed; political imperatives for improvements need good quality program advice.
- **Threats:**
The financial stress means that our input is small-scale; workload stress means that we can only focus on part of our identified program need; we are part of a fragmented network competing for a place in public attention.

For our future:

We wish to evolve from a small lobby organization in Victoria, to an influential spokesperson for child and adolescent mental health throughout Australia.

The reason for this is:

- The role is needed but not met by any existing organization.
- We have sufficient experience to undertake the task.
- Unless we grow into this role, we are likely to be eclipsed

Proposal:

- Become a company limited by guarantee

- Become a health promotion charity registered by the Australian Charities & Not-for-profits Commission (ACNC), with ATO Deductible Gift Recipient status (DGR).
- Develop a network of like-minded organizations
- Become a national organization

Achievement of this strategic plan will be a step-by-step process concurrently with continuing our existing work.

Step One, becoming a company limited by guarantee, is necessary because this is under Commonwealth Government legislation, acknowledged in all States, in contrast to our existing incorporation under the Associations Incorporation Act, acknowledged only in Victoria. This is a better platform for business dealings and readily allows State Branches and Australia-wide operations.

Step Two, becoming a health promotion charity registered by the ACNC, is necessary because this is the benchmark of charitable status. Organizations with this registration are known to comply with high corporate governance standards which are closely monitored.

Step Three, developing a network of like-minded organizations, is a process we are already undertaking, but likely to be more achievable when we have registered status. It is important because this can improve our knowledge base, our dissemination of ideas and our collaborative lobbying power.

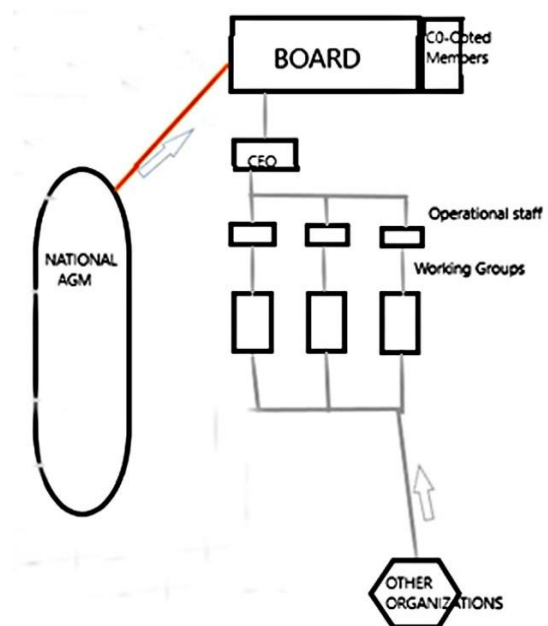
Step Four, becoming a national organization, is desirable because mental health policies are national as well as State-based. Being national would not preclude State interventions but would certainly be better for National communications and interventions. This would be further assisted if we developed State branches.

There are many problems to be overcome in taking these four steps. We have begun the process, such as by adopting the necessary

corporate governance requirements of the ACNC. However, to further the process we need additional specialist assistance, and we hope that our friends and supporters may be able to assist (or put us in touch with others who could assist) without necessarily having to join the committee. For example, to finalise our new constitution we need pro-bono legal scrutiny of the draft to ensure that it is appropriate for submission to ACNC as well as allowing us to undertake all our tasks. We do not have the financial resources to afford major legal fees but are aware that it would be unwise to proceed without such scrutiny.

We will also need to establish a Risk and Audit committee, for which we will need accountancy qualifications and business management experience beyond what we have.

The transitional phase is represented in the following diagram, showing a small Board of Management overseeing some Working Groups that will each have responsibility for their subordinate budgets.



The first Working Group would be the current MHYF Vic Committee. Another Working Group would be a group delivering Workshops like the

one we held on “Attachment”. A third Working Group could be formed to undertake a contracted business task. A fourth Working Group could be a further Branch of another State. It is envisaged that when several State Branches had been formed there would probably be a need to revise the Constitution to a more official Federal structure, but that is likely to be some years ahead.

The final section of the Strategic Plan presentation was a discussion of the PEST analysis (Political, Environmental, Social and Technological aspects of our work).

Political aspects involve monitoring parliamentary and public service events, policies, publications, consultations and enquiries, as well as knowing channels of communication and who are in positions of authority to facilitate our lobbying. At present we do not have an established structure to meet this need, and we would be grateful for appropriate assistance.

Environmental aspects of the health care system have not previously been considered by the Committee and we are open to advice on issues identified by our membership.

Social aspects of our work are considered to be an area of strength in our policies and procedures.

Technological aspects of some areas of our work, such as website and research capability, are adequately developed but other areas, such as use of social media, are significantly deficient. In particular, we need to develop channels of communication and participation of youth members. Two contributors have offered to coordinate Facebook and Instagram accounts but more offers of assistance are needed.

In conclusion, the Committee is convinced that we have a meaningful plan for our future development but hope that our community of friends will offer their contributions to its success.

Allan Mawdsley

PSYCHOTHERAPY

Our last newsletter included an article on psychotherapy. In that article there was a description of recent developments using modern technology to assist therapists supporting clients in the intervals between contact sessions. One of the options was the offer of an opportunity for the patient to talk about issues of concern with jAlmee, an artificial intelligence interactive responder that is designed to answer empathically in line with the therapeutic goals of the therapist. Whilst there seemed to be general acceptance of the usefulness of options relating to goal reminders and response reporting, there was some questioning of the role of the AI responder.

It is almost 50 years since Carl Rogers put forward his view that the fundamental requirements for psychotherapy were unconditional positive regard for the patient, congruence of patient’s and therapist’s sharing of concerns, and accurate empathic response of the therapist. Since then, many other authors have explored those requirements.

For example, therapists do not need to accept that all assertions of the patient are correct. The therapist accepts that the patient has the need to make the assertions and provides empathic responses that support the patient’s perception of unconditional positive regard. Empathic responses do not require acceptance of the correctness of assertions. Congruence exists on a continuum rather than all-or-nothing. Further therapy seeks to clarify the ambiguities.

The questioning about the article was essentially around the feasibility of AI being empathic, as this is customarily thought of as a human characteristic. I asked Sally-Anne McCormack, author of the program, to say how patients actually felt about the experience of the AI interaction, and what she thought of the

psychological processes underpinning this response.

“Clients use jAlmee when they are in the midst of a crisis or soon after. Or sometimes they talk to jAlmee to prevent a crisis. Clients tell jAlmee that they are fighting with a loved one, upset about their boss or co-worker, can’t communicate well with their child, had an argument at the supermarket, their phone is not working, etc. Its role is to offer empathy, some common strategies to address the presenting issue, and then encouraging the client to talk to their clinician. If the client says anything about wanting to hurt themselves or wanting to die (or anything that may suggest this), jAlmee directs the client to contact their clinician, ring a list of Australian numbers (including 000 or LifeLine, etc.) and to contact a loved one.

jAlmee’s transcript is available at any time for the clinician to review. The clinician is able to see what the client and jAlmee wrote the next time they log in, and they get a sense of the emotions felt by their client at the time of the event. It allows a short precis of the events between the sessions and gives a more relevant direction for the subsequent session. It gives the clinician a greater insight into our client’s emotions, experiences, and gives the client a way of debriefing as events occur.”

Sally-Anne is clear that patients know full well that the respondent is a machine, but a machine that performs a very useful function. In fact, Sally-Anne gave an example of how she used it for herself:

“I was at a 3-day conference last week after just returning from an overseas holiday. I was tired and asked jAlmee if it would be rude if I went back to my hotel during the day for a nap. The response was great! jAlmee suggested that I check the program for any particularly important meetings, self-care is important, and

simply keep my nap relatively short so I will still be able to sleep that night. GREAT ADVICE!!!”

At the conference it was clear that AI is part of the future of mental health, and in the next few years we will all be using it in our practices in some form or other.”

It would be good to hear your thoughts on this interesting subject.

Allan Mawdsley.

“Understanding Gender Diversity in Young People”

A MHYF Vic Workshop

While many children feel comfortable with their developing gender identity, others find living in their birth-assigned gender distressing.

Being transgender or gender diverse is not a mental health problem, but many young people with gender dysphoria also experience mental health concerns. A supportive family and school environment helps protect them and helps improve mental health outcomes.

When a child expresses gender dysphoria, referral to a Gender Service or mental health professional may help. Many families, however, are unsure about this or perhaps about processes of treatment and would welcome explanation and discussion. As would many teachers, health and mental health professionals and other community members.

This workshop will be presented by Child and Adolescent Psychiatrists Associate Professor Campbell Paul and Dr Felix McMillan, together with some people with lived experience in this area. It will be chaired by Clinical Psychologist Dr Rob Gordon.

It will be a forum where these issues can be questioned, explained and explored.

When? Saturday 26th October, 9.00am-1.00pm

Where? Mindful Centre, Univ of Melbourne,
50 Flemington Street, Flemington.

Cost \$90.00 (includes Morning Tea).

Places are limited; book at

www.trybooking.com/CUAQE

The Thirteenth Winston Rickards Memorial Oration

A link to the video-recording of the recent WRMO is available to all financial members of MHYFVic and to everyone who subscribed to attend the Oration. If you are eligible but have not received the link, please contact us at admin@mhyfvic.org

Visitors to the Orations page of our website can read a pdf transcript of the Oration.

2025 MHYF Vic Committee

- * President : Jo Grimwade
- * Vice- President: Allan Mawdsley
- * Secretary : Cecelia Winkelman
- * Treasurer/Memberships: Kaye Geoghegan
- * Projects Coordinator, Allan Mawdsley
- * WebMaster, Linda Purcell
- * Newsletter Editor, Allan Mawdsley
- * Youth Consumer Representative, vacant
- * Members without portfolio: Suzie Dean, Miriam Tisher, Liam O'Connor, Sarina Smale, Porpavai Kasiannan, Michelle Morris, Kylie Cassar.