

Future Generation and 2Fold: Investing for impact  
Episode Two | Professor Samuel Harvey

*Future Generation acknowledges the traditional owners of country throughout Australia, and recognises their continuing connection to lands, waters and communities. We pay our respects to elders past, present and emerging.*

**CAROLINE GURNEY:** Twofold is a new podcast series from Future Generation. At Future Generation our purpose is twofold. We generate wealth for our shareholders by giving them access to Australia's top fund managers and we change the lives of young Australians by investing around \$13 million dollars a year in youth charities. I'm Caroline Gurney, the CEO of Future Generation. Every month I'll be speaking to leading Australians about their two driving purposes in life and today I'm thrilled that we have Sam Harvey, a world leading psychiatrist who is going to talk to us about the human cost of mental illness and suicide and how we can all improve our mental resilience. Sam thank you so much for your time today.

**PROF. SAM HARVEY:** Thank you very much for having me.

**CAROLINE GURNEY:** Sam is the Executive Director and Chief Scientist of The Black Dog Institute which is one of Future Generation's partners. He is both a clinical psychiatrist and a researcher. Originally from Adelaide, Sam was a GP until he decided to pursue his passion for mental health. But before we perhaps get to that, we've spoken about Future Generation's twofold purpose. Now, what are your two main objectives in life?

**PROF. SAM HARVEY:** Two main objectives in life. I think one thing that I try and focus on is around reducing distress and suffering. I think the other one which I've felt strongly sort of guiding me throughout the decisions I've made has been around the role that science has in solving big problems and I think we've had a wonderful example of that recently with the COVID pandemic of a challenge like the world hasn't seen in living memory and the power of science globally to be able to understand what was happening, come up with solutions, save lives and I think for any of the big problems, particularly big medical problems we face, science has to be the thing that guides us and that's why I did medicine, that's why I'm now doing medical research because I think that's where the answers to mental health are going to come from.

**CAROLINE GURNEY:** Science has really guided us so much through this pandemic and the way we've actually all reacted to it. But at the moment, I see that it's reaching crisis levels when it comes to mental health. Suicide is the leading cause of death among 15 to 40 year olds in Australia and I'm reading that mental health symptoms are the number one reason why people actually go to their GP. These statistics to me are horrifying and yet we have such amazing science in Australia and globally. Why do you think we're actually at this point now?

**PROF. SAM HARVEY:** Well it's a shift in what's the leading cause of health burden within countries like Australia. So part of what we're seeing is actually recognition of the amazing achievements we've done in terms of health more generally, the control that we have over most, not all, infectious diseases now. The work that's been done around reducing cardiovascular mortality, reducing infant mortality, these types of big steps forward, so there's an element of as those other problems have decreased what's left is the non-communicable diseases, things like mental health, diabetes, obesity, those sort of issues. But I think what we're now seeing over the last decade in particular is that it's not just that. That mental health isn't the leading reason people go to their GP because the other things have dropped away, it's that rates of mental health symptoms are increasing across the developed world, particularly amongst adolescents and young adults and that's a pretty extraordinary thing because by and large each generation, well since the Industrial Revolution, each generation has been able to pass on improved health outcomes to the next generation which increasing age, life expectancy etcetera, we're not going to do that with mental health. The next generation is going to have more mental health problems than we have. That's a really challenging thing for us to realise and raises sort of pretty critical questions for us as a society about what's causing it.

**CAROLINE GURNEY:** Why isn't there greater access to health? I look at it and I think you have these great minds looking at mental health issues. We've both got two kids there, their peers are battling depression, anxiety, eating disorders, how can we improve it and not let it worsen? I'm really interested in terms of what are we telling our younger generations and are they questioning themselves about whether or not they have mental health or is it something else?

**PROF. SAM HARVEY:** It's almost certainly a combination of a number of different things. There are societal wide trends that we know have an impact on mental health, so things like inequality

of income, inequality of wealth and resources, that's a predictor of poor mental health outcomes and in many countries that's a measure that's going in the wrong direction and so we shouldn't be surprised that mental health is following it. We know that the peak age of onset for mental health problems is in adolescence and we know that our adolescents now get exposed absolutely unfiltered information through the internet, through social media, it's very hard to switch that off and I think we're still sort of learning about what the impact of those things are. But I think also alongside that, there's two other related things. I mean one is there is more awareness about mental health now than ever and in many ways that's a great thing and a necessary thing, but, well firstly that influences the way people report their symptoms and so there's a sort of an unanswered question at the moment about to what extent is just increased mental health awareness changing the way people report their symptoms and that's what we're detecting. But I think the other more sinister possibility that we're still trying to investigate at the moment is, is there a risk that the increased awareness, the increased discussion about mental health that that maybe having some adverse impact on younger Australians. Our message about hey could it be depression, perhaps you've got depression, keep your eye out for these symptoms, if you notice them make sure you go get help, that might be a really useful message for adults. Is it such a useful message for young people to grow up being told that? To grow up with the expectation that distress will lead to mental illness and what influence does that have on their resilience and I think one of my great frustrations is that mental health is a space where we keep on rolling out things of scale without actually knowing whether they work or not and sometimes not even knowing whether they might be harmful as opposed to helpful and there have been historical examples of us rolling stuff that we thought was a good idea and turned out to be totally the opposite and I worry that we're still doing that at the moment in lots of schools and other settings.

**CAROLINE GURNEY:** Do you think that's because we feel a need that we have to do something? So if our teenager comes to us with a normal emotion sadness about something that's happened or a concern with one of their friends, is now being turned around into so you have a mental health problem, that's anxiety, that's depression, that's something that I don't think that we're talking about. Do you think that it's swung a little bit too far in terms of the way we're addressing our teenagers because we worry about them?

**PROF. SAM HARVEY:** Of course and of course we worry and I'm certainly not suggesting that we should be going back to the days of telling our kids to have a stiff upper lip and not engage in the conversation with them. We shouldn't be surprised that mental illness and mental health is sort of more complicated than any other area of health. The brain is by far the most complicated of our organs and we had this problem that... well sort of not the problem, the complexity that if someone gets exposed to asbestos, what that person knows about the risk of mesothelioma and all the rest has no impact in how their lungs will respond to that situation, but that's not the case with mental health. There's this sort of complex melting pot of not just what's going on in people's lives, but also their own thoughts about what's going on in their lives and the role that that has in amplifying or reducing things and so I think we just still don't quite understand the cascading effects of this increased discussion about mental health. In a way, what this really points to is the ongoing underfunding of mental health, mental health research. But this type of core question would not be allowed to sit unanswered in any other area of medicine. Cardiovascular medicine was not allowed to just sit on this question about well actually is lowering cholesterol a good thing or not, it was answered. Such a low proportion of funding goes to mental health research compared to the burden that it's having on our society. But we're wandering around ten years after people first started asking us questions still without an answer.

**CAROLINE GURNEY:** I think that's just really interesting, especially after the Federal Budget was handed down I remember that Black Dog obviously your organisation described it as such a missed opportunity for those under 12's maybe going into that sort of pre-teens. How big is a problem sort of mental illness for them and how do we get to those that need help really early?

**PROF. SAM HARVEY:** That comment about a missed opportunity, yes it was specific to that, but more generally I think we are all talking about mental health much more and governments are talking about it much more and making lots of announcements, but lots of little announcements. Lots of sort of little programs here and there. Nobody is standing up and saying mental health is now one of the great health challenges of our generation, we're going to have to invest a serious amount of resources into trying to address this. It's just little bits here and there that I think can create the impression that we're doing something about mental health, like we're talking about it all the time something must be happening, but actually it's not of quantum required. So that was the overall basis for that comment I think with particular reference

to primary schools. The most likely time that problems like depression or anxiety are going to present is going to be sort of during high school or just after high school and that is why in Australia and elsewhere there's been such a focus on that sort of age group of 14 to 30 year olds, the Headspace centres, all of that work that's been done and that was appropriate for that to be the focus. What we are now discovering though is amongst those kids and the young adults that present with depression or anxiety problems, for many of them, there were clear signs that this was coming when they were at Primary school and often when they're at primary school, it's problems like anxiety that you can see in the kids in the classroom or in home and the thing is it's much easier to address those issues then, than waiting until they're an adolescent with more entrenched problems and then trying to sort of retrain them to think about things in a different way. The younger brain is much more malleable and adjusted to learning, that's why kids who learn a foreign language in primary school are able to speak it fluently whereas as an adult you're always grappling to get it and it's the same with like trying to teach strategies about reducing anxiety and things like that, so it's not that primary school programs are able to stop anyone progressing, but there's a proportion of kids that we believe you can pick up in primary school and with relatively simple interventions change their trajectory.

**CAROLINE GURNEY:** For us at Future Generation obviously as you like we are sort of really focusing now on the charities or the impact partners that we can work with that focus on that mental ill-health prevention because as you say this space has been really neglected in mental health policy. I think I'm right in saying that only 1% of government funding for mental health is for prevention and the rest is very much for treatment, mostly acute crisis care and obviously we all want to see fewer young people needing this level of care. So if we can as you say get to those young people early with simple interventions, how is that going to change the landscape going forward? What's that going to look like?

**PROF. SAM HARVEY:** It shouldn't necessarily look like a sort of clunky health intervention dropped into a primary school setting. I think where we need to be moving towards is where part of what we done in the education system is to educate our children about how to thrive in the modern world and that means teaching them skills that they can use in stressful situations and so I see it as being ideally integrated with the other things they learn at school in the same way kids learn how to throw a ball as well as how to spell and do maths and other things, they should be learning some of these skills and it shouldn't matter which school you go to. At the

moment, it's bit of a postcode lottery as to which school you go to what sort of stuff you're getting and whether it's based on good evidence or not and that's not how we should be running an education system. The other key part about what it looks like is that it is morally unacceptable to be going and finding kids who would benefit from an early intervention or treatment and there not be services available to them. As I'm sure many people listening will know right now in Australia if you try and find a child psychiatrist or a psychologist specialising in children's mental health, you can have a six to 12 month waiting list to see them and given what we know about the benefits of early intervention, that's just outrageous. One of the things we're saying to the government, to other people, is okay well if you're going to be building some of the new infrastructure to try and be able to provide services to young people when they need it, that has to be integrated with these ways of connecting with people in schools so that it's seamless and not dependent on who you know or how much you can pay.

**CAROLINE GURNEY:** I suppose looking at it and talking to you over a sort of a few times like one of the big problems we've got in this country is that there just aren't enough mental health practitioners to deal with the crisis that we're facing. So how are we going to practically and rapidly build that workforce to meet the scale of demand that we're now all encountering?

**PROF. SAM HARVEY:** That is one of the big challenges because it doesn't matter how many new Headspace centres the government funds, if we don't have psychiatrists and psychologists and peer support workers to staff them, it'll make no difference. There's a few things that need to happen. At the short term solution we need to try and find more efficient ways of using the healthcare staff that we've got and there are still many ways in which the Australian mental healthcare system can be quite inefficient. The way in which it is set up doesn't necessarily mean that the people most in need get seen fastest or that we use technology efficiently to space out sessions and there's a variety of practical things that we think could be done to get better efficiency out of the system, even with that though we are going to need, well we do need many more mental health clinicians and the problem is they can take a while to train up. A psychiatrist, you pick out a junior doctor who wants to train in psychiatry, it's six years before they're ready to go assuming they pass all their exams and it's a similar sort of length of time for clinical psychologists, so part of it needs to be thinking about are there bridging courses that we can use for other specialists to upskill. That's something that for example they did in the UK, created a new workforce who could deliver some of these psychological interventions. Are we



going to be recruiting some people from overseas, but then also here like right now in Australia, we have funded training spots for junior doctors to train and psychiatrists that we can't fill. We can't find junior doctors who want to come and train in psychiatry. There's a number of reasons for that 1) they're voting with their feet about what they see. They see the mental health system as being chronically underfunded with staff who are burning out, if you're right at the start of your career why would you want to do that rather than some other area of medicine and it's also about the way in which we select people into medical schools. We select people who want to go off and be surgeons and renal physicians and other things. We don't select people who are interested in mental health and so it's not surprising that then we've got spots at the end we can't fill.

**CAROLINE GURNEY:** But from what you're saying it is actually doable, you just really need the will to make it happen and that's obviously got to come from the government?

**PROF. SAM HARVEY:** Yes. You need the will and it's going to take investment, investment of time and money to do and I think at the moment we've been, not fiddling around the edges that's unfair, 'cos Australia has done some really impressive reform of parts of our mental healthcare system, but the issue of who is staffing it hasn't ever been addressed properly.

**CAROLINE GURNEY:** We're incredibly lucky in this country today, we've had some amazing prevention campaigns and slip, slap, slop or as you discussed in terms of cardiovascular disease. On top of everything that we've talked about COVID, bushfires, floods, earthquakes, I see a lot of people really struggling and it would be remiss of me not to ask you what your top tips are for retaining your mental health?

**PROF. SAM HARVEY:** It's interesting that as a psychiatrist you get asked this because obviously almost a prerequisite of most people walking through door is that the time for prevention has passed. Generally most of the patients I'm seeing are people who we're talking about how to treat their existing mental health problems and that in itself is an interesting anecdote I think around that discussion that Future Generation is looking at about prevention and how do we normalise prevention in mental health. But in answering your question, I think most of us know what are the activities or themes that help us feel better and that varies. For some people it's going for a walk. For other people it's listening to beautiful music, play chess, whatever, you

know we've all got our things that we enjoy and that make us feel good. I think unless you're setting aside time for those things, they don't happen, in the longer term that sort of behavioural activation of knowing what are the behaviours that help you remain well and prioritising them, that's what helps. We're social creatures and there's mountains of evidence around the protective effect that support from those around us can have on our mental health, that's been really challenging over the last couple of years because that hasn't been there, but I think again, I think prioritising that and finding ways to connect with people that matter to you is a really worthwhile thing to be doing in terms of your long term mental health.

**CAROLINE GURNEY:** Do you walk with friends, you have the app? I mean obviously the research is there and you practice it as well?

**PROF. SAM HARVEY:** I wouldn't say self-discipline is a strong suit for me.

**CAROLINE GURNEY:** No I cannot believe that at all Sam I'm sorry no, no...

**PROF. SAM HARVEY:** Like everyone I have a busy life but I stop work at six o'clock and I spend time with my kids and then if there's stuff to do I do that afterwards and that's just the sort of a firm rule that I have so that I get to spend that time with them and that that recharges my batteries and yes every week I go out and I, well I call it playing golf, but it really is a walk and a chat with some close friends and yeah it makes a difference.

**CAROLINE GURNEY:** Obviously you just brought up the fact that you're a father of two, a 12 year old and an eight year old, so how are you insuring your children have got that mental resilience, that they've got to cope with the world that we live in, they're obviously at school and it's all about iPads and video games but also exercise and a love of learning, all of those things so what are you talking to your kids about or is it far more practical, like you do things with them and show them a different way of life, like you take them out, you walk through gardens, I don't know what do you do? I know what I do with my 14 year old, hopefully it's the same.

**PROF. SAM HARVEY:** Again, when I look around me I'm not sure I'd always take parental advice from psychiatrists, but I think what really matters for kids is firstly unconditional love and support and there are numerous ways that you can make sure kids are aware of that, but that sort... that



is such a rock for people and clinically I see so many people whose part of the narrative of where their difficulties with emotions began was because of their experiences of inconsistent unpredictable responses from their parents, so I think that's a core thing for me. I think another thing that is really important for kids is for them to be able to find things that they're good at and that has... I'm not always sure our education system is great at that. If you're not good at reading and maths at primary school, but there's other things that you're great at, sometimes I think as a parent you've got to help your kids go out and find those things. I guess the other thing... like far and away the best resilience training is learning from tricky situations, that's how we develop skills and so I think one of the tricks with parenting, at least I hope one of the tricks with parenting, is around allowing your kids to be tested and to come out... to learn and to thrive from those but not be overwhelmed that can be a balancing act about when you dive in and rescue them and when you say actually this is a really good learning experience for them and I think we all kind of struggle with finding that sweet spot.

**CAROLINE GURNEY:** Sam I agree with you. Love and support is just so important with our kids and what you've said it resonates with me and I'm sure it resonates with anybody that would listen to this, but I could talk to you for absolutely ages because mental health is one of those areas that we never used to speak about and now it's really something that we discuss with our family and friends which I think is so important and there is now funding going into these areas, but obviously there's never enough. Unfortunately, our time has come to an end, but I just want to say thank you very much and I'm really delighted that you have been one of our charity partners with Future Generation and I'm looking forward to talking to you again.

**PROF. SAM HARVEY:** Well thank you very much for having me on and on behalf of The Black Dog Institute and the mental health Sector more generally, thank you both to Future Generation and to all of the people who help support you and the work you do because it does make a very real tangible difference in the stuff that we and other organisations are able to do.

**CAROLINE GURNEY:** If somebody needs help or if they feel a friend or a family member where should they go? What should they do to get resources?

**PROF. SAM HARVEY:** It's a good point to end on. We've spoken a bit about the challenges in the mental healthcare system in Australia. What's really important for people to understand is

we've got great treatments available for depression, anxiety, for other mental health problems. Every day in our clinic we see people's lives turned around and the biggest challenge is getting people to come forward for help when they need it, so if people have got symptoms or if they think they might benefit from treatment, there's a couple of options. Simplest one is to speak to your GP. They will know what the services available are locally. If you don't feel able to speak to your GP, if you go to The Black Dog Institute website we've got an online clinic there where you can answer a series of questions and then get recommendations or a report that you can print out to take to your GP to start the conversation and then lastly if you need to speak someone right now, then Lifeline and Beyond Blue have 24 hour phone services that are ready to provide that support straightaway.

CAROLINE GURNEY: Thank you. Thank you very much Sam.

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