

**Future Generation Podcat**  
**Conversations with Future Generation**  
**Episode 5**  
**Christine Morgan**

L Welcome to Conversations with Future Generation. I'm Louise Walsh, the CEO of the Impact Investing Companies Future Generation Australia and Future Generation Global. In this series we explore the worlds of investing, philanthropy, mental health and supporting children and youth at risk with amazing Australians who are leading the way. Joining me today is Christine Morgan, the CEO of the National Mental Health Commission. As well as that super busy role especially in the middle of this pandemic, Christine is the Prime Minister's special advisor on suicide prevention. Prior to these current roles, Christine was the CEO of Butterfly Foundation for Eating Disorders for 11 years. Future Generation Global is a significant funder of Butterfly Foundation. Christine entered the non-profit world as the general manager of Wesley Mission in Sydney in 2005 after a legal career at various companies including Telstra and Australand. I always like talking to an ex-lawyer like myself. Who's been the biggest inspiration in your life and why?

C Okay. Well look that's always a hard question and I can't say that it's a particular leader or a particularly prominent person because if I ask myself that question, I actually remember one of the very first clients that I met when I joined Wesley Mission. So as you just said I joined Wesley Mission, that was my big kind of 'oh I've been doing corporate life for 18 years, I just want to step out for a little bit and see if there's anything else I can do', I'll go into the not for profit world. And I was working at Wesley Mission in an area that really dealt with a broad range of welfare, people who had welfare and community needs including those who had intellectual disabilities. I'll never forget this. It was a beautiful lady by the name of Helen who lived in a group home and Helen's disability was such that she only had three words to communicate with for the whole of her life. She had fence, she had dog and

she had street and that was it. She could not communicate in any other way and here was I fresh from the world of Telstra in this suburban setting in a group home with this woman with this very very severe disability. I saw her carers interact with her and I saw her interact with them and, Louise, I think that just stripped away so much of other parts of life and I thought there but for the grace of God could any of us go. We are born where we are born and I needed at that point to really deepen my journey into what does it mean to really see life as it is for so many people, what they struggle with and what they overcome and I think that's what inspired me. It was the fact that for things which so many people could call utter despair, she was living. She was contributing. She wasn't sitting on a bean chair. She was doing things and people had found a way through. That truly inspired me.

L And look you've had quite an interesting career. I mean there's no doubt about that. I mean I bet you wouldn't have thought it would culminate with you being the Prime Minister's special advisor on suicide prevention. What's been your career highlight moment today? You know is there is one in particular that stands out?

C It's been an eclectic career. I remember when I left school I had two things that I was looking at doing. One was law and the other was working with kids with special needs, quite diverse. I chose law and I have never ever regretted it, Louise, because I think one of the most amazing things about a legal career is it teaches you to think in a particular way and that has just been a God send in so many ways. So I've had a few highlights. But look I think probably one of the more recent ones was you mentioned I worked for Butterfly Foundation for eating disorders and when I joined Butterfly in 2008, eating disorders were still very much seen as being behavioural things that young girls did. You know they dieted too much. And I had reason to really be presented with the reality of the range of eating disorders way back then and knew that they were very serious neuropsychiatric disorders and they needed to be treated properly. So that began a journey of really trying to get all levels of government and community to understand the seriousness of it. It marked my real

entry into the mental health world. I think the highlight actually was when in November 2018 the Prime Minister attended at Butterfly House and I say the Prime Minister because to me that represented that we had managed to get this disorder that nobody understood recognised through the voice of a leader of the country. That to me was amazing. And he announced a special package under Medicare benefits for eating disorders which was the first time a mental disorder, a mental illness, has specifically been addressed under that system we have for our Australian health. So I think that to me it marked the fact that it was the work of so very many people coming together. We had spent ten years collectively bringing the voice together, articulating what we needed and really putting the needs of that cohort forward. And we had of course our Federal Health Minister there as well and I looked around that room and I thought so many people are here. We had a mum who had lost her daughter to suicide as a direct consequence of her anorexia nervosa speak and I saw our Prime Minister after he spoke go up to her and give her a hug. And I thought this is a bringing together of the work of so many, our academics, our clinicians, our people with lived experience finding a voice and actually taking the veil away from something really serious and seeing our Government respond to it in a really positive way. That probably was a highlight of my career because it showed what can be done when so many people can come together and with one voice articulate what we need. So that was probably the highlight to date.

L How do you manage the double whammy of being the CEO of the Commission as well as this special advisor role? I mean I'm flat out doing one senior executive role you know as CEO of the Future Generation Companies. I mean how do you look after your own mental health with these two incredibly stressful roles, particularly at the moment because of the pandemic as well?

C Look they certainly have a very very human element always and at the moment as we go through the pandemic I think all things mental health, I think one of the big interesting

things that's happened as a result of the pandemic is thank goodness Australians are realising that our mental health is as much a part of us as our physical health and can be impacted and needs to be taken care of and of course with the suicide risks that we need to be aware of. So how do I do it? The only way it's doable, Louise, is the calibre of the teams that you have working with you and I am particularly fortunate to have some really fantastic people working in our teams. So I'm an absolute believer that's the only way you can do it. And in terms of my own mental health, I think it is remaining grounded, remaining aware of the fact that you can only but do what you can do and that doesn't necessarily mean performing to other people's expectations but rather just bringing together what you can do. Keeping a balance. I find that early morning walk is as critical to my wellbeing as anything else. Staying connected with family, with friends. You know the things in life that actually just keep you balanced are not time wasted, they're actually time invested so you can do what you need to do.

L Well I know all about those early morning walks cause I think that's a great thinking time as well isn't it and also you get the chance to listen to podcasts like this if you happen to be doing it on your own from time to time as well so there's that bonus.

C You do and I think you also realise actually this is a new day and however challenging a day is, it does end and there is a new beginning the next day and there is a new opportunity and I kind of find that a little bit okay yep, this is the way we are and the way it goes forward. So it is a moment that I do truly value and if I don't have that early morning walk, then probably other people feel it.

L Now, look we're recognised as having one of the best health systems in the world. I mean why can't we have the best mental health system in the world? Or do you genuinely think we do have? I'm interested in your thoughts on that.

C It's a really good question. I think my starting point with it is going to be to say that it's really only been over probably the last maybe 20 years, maybe a little bit longer, that I think we have become used to talking about mental health. So I think it's been generated out of a health system and actually there is quite noticeable differences between physical health, which is the health system we come out, and our mental health and how you need to deal with it. I'll come back to that in a moment and explain that. But I think that explains why there is this tension between how do you effectively deliver mental health services in a general health system. But the other thing that, I think you've heard me say this before Louise and it continues to strike me as being relevant so I'll say it now, is that mental health is two words that describes a very very broad range of presentations, illnesses and issues we need to deal with. And so I think part of the, we've had 20-25 years of looking at mental health, it used to interestingly be called insanity, thank goodness we don't call it that any longer, and I think we've got another few years ahead of us where we need to unbundle that. Just as in physical health we talk about cancer and cardiac, etcetera, we need to nuance considerably talking about mental health. Then you look at the fact that when you've got a physical health problem, you or I we notice a lump or a bump, we go away and we immediately want to get it tested and we want to find out what it is and we want to access the very best person and I say that the system works honest and we're happy with that, we want to be fixed. With mental health, it's really about how often how we feel. It's how that translates into actions. It is what's happening in our heads and that can only be communicated by talking with somebody. So you need a different approach. Mental health effectively means working with the person as distinct from on the person. So they're quite different systems. We are finding a way through. I think that is the focus of the mental health reform agenda that's happening at the moment is to be able to say okay, we deliver mental health out of general health system, what are the specific needs for those with mental health challenges and with mental health illnesses. They are different things. How do we nuance structure or perhaps restructure parts of that system so that we can deliver it in a way that works best for people for their mental health. Of course remembering that our

mental health and our physical health are both caught in the same earth suit. We are in our bodies and we have both of those nuances so we actually have to find a way to do it. So I'm not sure that anywhere in the world is doing it fantastically. I think there's an appetite here in Australia for us to do it better and to bring it to a level that's akin to our general health system and we're on that journey but there is a way to go.

L We have a chief medical officer for the Australian Government of course and hasn't Brendan Murphy done a stellar job.

C I'm with you. I think Brendan for that moment in time when we needed a very informed and caring voice, he brought that to us. He knows his stuff inside out, upside down, back to front, he has the capacity to interpret it in a way that we can understand and he has to be one of the most balanced and non-panic people I have ever met. He's a tremendous person and very much has been a fantastic voice for us.

L It's fascinating. I think I read yesterday somewhere that one of the big companies has just appointed a chief medical officer and I'm not talking about a Medibank or you know one of the private health insurers cause I know they have them, but that's fascinating in itself isn't it? I mean do you ever think we'll see the day when we'll have a chief mental health officer with equal profile to Murphy or do you think you know maybe your role is as good as it gets?

C No, no no. In fact one of the things that I think has been fantastic over the last couple of months, we're moving there, we're moving there. So the way it's structured is we our chief medical officer, then sitting within the Department of Health there are a number of deputy chief medical officers and one of the marks of the pandemic has been that whereas before we had Brendan as the chief medical officer and I think there might have been one, perhaps two, deputies, we now have what he likes to call them it's like a rugby team of them

because we have a need for them because they do different things. But one of the most wonderful achievements over the last couple of months has been the appointment of the very first deputy chief medical officer for mental health, Dr Ruth Vine, who's a psychiatrist from Victoria. I work closely with Ruth and that has been a tremendous step forward that we have now been recognised. And it's those kind of things that we need to do, in many ways I feel with mental health that we're right still at the frontier and it goes back to my eating disorder days where the initial challenge was how do we even get at the table? How do we get at the mental health table so that we can have a voice? I think with mental health it's how can we ensure that mental health is well and truly at the health table so that we can be fully represented? So Ruth's appointment as one of the deputy chief medical officers is a fantastic step forward and, yes, I totally hold to the view that we do need to have a chief psychiatrist or a chief mental health officer. I think one of the things we need to be very careful of when we're looking at our leadership roles in mental health is remembering that whilst we have many representations of very serious mental illnesses, we also have many people whose mental health challenges are not at that end of the spectrum and they do have a concern about being seen as being too what we call medicalised. So I think in our mental health leaders we need those who understand the intricacies and how to deal with the very severe illnesses, but also understand the challenges for those who are in a different part of the spectrum who don't want to perhaps be labelled with a diagnosis. So it's challenging but we are well and truly on our way.

L Good to hear. Now look the Australian Government as you know has thrown what I would call some decent money into mental health this year alone. As you know 76 million in January in response to the bushfires, then we had 64 million in February suicide prevention, I think there was another 74 million in March for the Covid initial response and then another 48 million in May and then of course there's also been the mental health pandemic response plan put together hastily. Now I'm guessing a lot of this has been policy on the run. Obviously this has created you know a crises that we're dealing with particularly with Covid.

Do you think there'll be any appetite left by the Australian Government to respond to the Productivities Commission final report into mental health and it's recommended reforms to the system when it's released later this year?

C Without a shadow of a doubt. Without a shadow of a doubt. And the reason I'm so certain on that is because having had the opportunity to be involved in each of those initiatives and understanding that you know how they have been brought about. I'd probably nuance what you've just said there about policy on the run to more a very responsive policy positioning. And I'm saying very responsive because thankfully with the Productivity Commission inquiry which was generated a couple of years ago now plus in the mental health reform agenda we kind of couple the Productivity Commission report, we have the Royal Commission in Victoria, we've had the Aged Care Royal Commission. We've got a number of different inquiries that are going on. And within the Commission we are leading some work called Vision 2030 which is very much about that strategic positioning of our system. There has been some very deep thinking and analysis that has been undertaken across the sector about what do we need to do to effectively morph from just a health system which happens to deliver mental health, to a system that enables the mental health services to be delivered in a way that really resonates and meets the needs of people? So that big reform agenda is very much on everybody's mind. So what we have been able to do with each of those packages and indeed also with the other big shift that happened at the end of March, which was the introduction of telehealth under MBS and that has seen a very marked increase in people accessing mental health services through Zoom, Skype and those kind of things, is that we have been able to ensure those packages whilst not in and of themselves reform packages, have been structured in a way that leave it open to being used in a reform agenda. So we've got some pretty good ideas as to what may be needed. We haven't landed on anything final pending the final review of the Productivity Commission recommendations but we've been able to say okay we need to do what we are calling surge responses to the pandemic but we're doing it all very conscious of the Productivity

Commission and in fact there is a lot of work currently being done in terms of looking forward to what that Productivity Commission response will be by the Government and we're hoping that it's not a hasty one. This is too important. It's a once in a significant number of years opportunity to get it right so it's about less haste and more speed from our perspective in terms of responding to that Productivity Commission report and certainly that's a focus of Government.

L How do you and Government evaluate the success of these recent investments? So you know the community actually has the confidence that they're working or they're going to work. Cause that must be tough? I mean there's a lot of money going in fairly quickly as well into the system.

C It is. So look so one thing we've had to do and I hesitate to just look at use of services because I think that that is a one-dimensional way of looking at things but it is one of them. So let me just take a step back and explain perhaps a little bit the nuancing of what we've been doing with the packages. So the bushfire response package was really about saying how can we get psychological first aid and mental first aid on the ground really quickly for people where things even like GP clinics have burnt down, etcetera, how can we make sure that we are going out into community and providing those services for people? So we did some pretty nimble activity around that. The suicide prevention package in February was underpinned by the initial findings in the report we did in November last year that goes with my appointment, and those initial findings were to say at least 50% of the people we lose to suicide each year have never been in contact with mental health services. So we needed to take a much more assertive outreach approach so the \$64 million package had that. Then lets get to the pandemic ones. The first package of 74 million plus the telehealth services were saying probably every Australian's mental health is going to be impacted so how can we at a universal population level make sure that they have access to support lines, help lines and then through telehealth to mental health services as quickly and

as rapidly as possible. And we really measured that by how many people started to use those services. And we saw in March a bit of a dip in when people went into lockdown at home they were not using mental health services. We responded very publicly and the increase in usage is very marked since then. And then when we got to the pandemic response plan, we were looking at particular vulnerable groups and how could we support them so we again amped up services. And then most recently in Victoria there was an announcement two weeks ago where we've provided an additional ten Medicare rebated sessions for those who are involved in mental health services and needing some more services because of the impact. So we're increasingly if you like ensuring that we are providing points of service for people, making sure we've got sufficient capacity, making sure that response times are kept to a minimum and then trying to keep on moving the levers we have to keep those services going to people where they need them. So in this instance usage of services is probably a pretty good indicator of whether we're hitting the mark or not.

L In my role as a leading private sector funder of youth mental health, I come across a lot of mental health experts and members of the community as you can imagine but including friends and family who are accessing the various mental health services but you know they tell me some woe stories and how the system is broken and how they can't navigate the right help for their child for instance. I mean what is an example of say one single reform that you'd like to see implemented that would give more hope to those sort of people but also give funders like Future Generation I suppose the confidence to invest more and encourage other funders to enter this space and funding mental health like we're doing?

C Yep. It's a really good question. I think what we look to funders to do falls into two categories. One is services and the other is research. They're really big pieces. For instance with the fantastic support that we got from FGG in Butterfly, what we were looking to fund there was a really innovative form of service delivery that was too expensive to be picked up by Australia's system but which we knew from all the evidence overseas actually

helped people into recovery and was being accessed by Australians who could afford it to the tune of hundreds of thousands of dollars and we wanted to show that it should be here in Australia. That's wonderful as an innovative investment for philanthropy and we need it right across the spectrum. One of those new and good services that will really ensure that we're helping people into recover as quickly as possible tick likewise with research. But in fact the bit that I think we are behoven to do is to really look at the architecture underpinning that. It's that very non-sexy bit of doing the system change. So if I was looking at what would give the most confidence to investors, I think it is the lens that the Commission needs to shine on what is the fundamental changes in the system that are going to make it better for people so they can navigate so they don't have those woe stories. And the challenge for that interestingly enough, Louise, comes from the fact that we have in Australia a Federation. We have the Commonwealth and the Commonwealth does certain things and in health it funds what we call primary health care. So it funds our GPs, it funds headspace, it funds those kind of entry points in community. Then we have our State based and the States are very careful about their areas of responsibility and if you'd like to look at it they're at the other end of the extreme. They have all the responsibility for the hospitals and what happens in our hospitals and for people before they go into hospital and then importantly when they come out of hospital. If you imagine they're the two ends of a piece of string. The bit that's in between is what we call community care. Now for mental health probably 85 to 90% of our care should be delivered in community. Community health services are this hotch potch. They're funded partly by the Commonwealth, partly by States, partly by not for profits and philanthropy so the big system reform that we're looking at is to say okay let's go into that space. Let's say what are the essential components of care we need for community health and then lets work out what are the States going to do and what is the Commonwealth going to do? And once we've worked that out and put that into a partnership agreement, then we'll have a system that's what we call connected, and that's the problem at the moment Louise. People go into this big morass and they don't know where to go and they don't know what's joined up where. So it's not very sexy but my commitment is that if we can get that

underpinning system right and that's what the Productivity Commission has been looking at. If we do the boring architectural work and get the system better, then that wonderful commitment from funders, philanthropists to bring in innovative services that really work, we'll be doing it within a system that can really facilitate that. So I think it's a partnership. It's a partnership between those of us committed to reforming the system and those who want to fund service innovation and that service innovation, let's face it we've done it with so many areas of general health where we've led the way, that's my dream for Australia. And one of the particular areas that I'm looking at there is in the digital health space and all of the wonderful disruptive technologies we can invest in to really drive forward. But to do that, we need to get the system right.

L Another question sort of related, is that you know just from my observation it looks like the majority of governments' annual mental health spend is swallowed up at the acute crisis end of the spectrum, particularly centred around hospitals. Yet every inquiry and review into mental health reports that increased investment in prevention is where the real returns are. You know stop the fire from lighting. But this is an eternal struggle I reckon for governments obliged to pay for crisis with nothing left for prevention. So realistically do you see Australia finding a path to a better balance between prevention and treatment? Because I know it's tough to do.

C You're right, it is tough to do but I think the economic arguments for it are really sound, really solid. It is of course challenging for any government to be investing and spending money now in a benefit that's going to be realised in the future. That's always a challenge. You know that just is part of our government system. But it definitely should and can be done. I think we are putting a lot of hope in the Productivity Commission's findings around this. They indicated in their draft report which has been public for some time that the effectively the productivity impact, the productivity cost, the years of life lost when you don't do it properly measured in quantifiable terms, is so big that there is a compelling argument

towards it. It is part of that system reform that we need to do. And I'll answer it this way, I think that the pandemic is throwing up a lot of very useful learnings for many of us. When I do a sit back I look at it and I think my goodness, it was always so difficult to get prevention funded but actually if I look at what has been done by governments across the spectrum of the response to the pandemic, then it's a wonderful 101 tutorial in how to do prevention well. It has been a real sort of class tutorial in terms of you look at the data. What is the data saying? You want to stay ahead of the curve. We don't want people to get Covid-19, we don't want people to end up in hospital, we don't want them to end up in intensive care, we don't want to lose them. So what are we doing to stay ahead of that curve? And we've heard that phrase 'stay ahead of the curve' so frequently and everybody is focussed in on it and we're now looking at how do we stay ahead of the curve of the impact of the economic downturn, etcetera. It is an absolute focus. If you stand back and look at it, it's prevention in action. It's really trying to stop it. Now I think if we can as we come out of this just bring that to the forefront of people's minds and realise we didn't question that, it was just something all governments have stepped up and responded to. That somehow has to become translatable across into our mental health space so that we really can say look it's difficult to do it, nobody says it's easy, but we did it for the pandemic. Let's look at how we can do it in a broader sense for our mental health system.

L     Alright, well look just to finish up. I mean I'd love it if you could share with us your I don't know two top tips for young people in particular dealing with the stress and anxiety and of course the effects of Covid because look it's tough on all of us, let's face it, but I'd love it particularly for young people what you think because you know I don't know whether I'd want to be a young person finishing school and studying and you know it's going to be a very tough time so anything you'd like to say?

C     I think the single biggest thing that I would say to young people and I don't want this to sound facile or just truism, but there will be a way through it. We will get through it. And

for the class of 2020, the graduating class of 2020, I think that they will look back and realise what a seismic shift that was for us. It was probably the most challenging thing that we could have faced but we did get through it. I think the lessons we will learn in terms of how to cope with challenges and adversity will be a fantastic life lesson for our young people going forward. But the imperative at the moment for all of those of us who have got the grey hairs, who have gone through decades and realised life can really throw some curved balls at you and there is a way through. I think it's behoven on us to join with our young people. I think it's a wonderful opportunity to actually bring the generations together so that we can pass on that reassurance to our young people, we can role model what it is to not give up and to know that tough times come and you can get through them and I think the other thing we can probably say to our young people is of course the biggest challenge particularly for our school leavers is on focussing on those getting through and getting into uni and all of those. I think what the pandemic is showing us is yes that's important but actually we need to cut ourselves some slack at times. It's not always about achievement. It's actually about how we walk through this life and realise that when challenges come we need to be flexible, we need to adapt and we need to reach out for each other. I think the importance of social connection is the second thing. So the first is we'll get through it. The second is the importance of social connection. And the third I'd still say to our young people is that whilst the future looks daunting and it doesn't look as rosy as you would want it, it still is yours to shape and they can still have an influence on how the world is as we come out of the pandemic. In fact that's the thing that they can take forward and lead us in. So I would encourage them to know that it will end and there is hope. The fact that we need to stay balanced, we need to stay resilient, we need to stay connected and that they still own that future.

L Well look on that note, Christine, huge huge thanks for for joining me today. It's been a real pleasure to chat with you and get your insight5s into what I think is the health issue of our time. Of course that's in addition to this dreaded pandemic that we're dealing with. But I

really adore talking with people who've had an adventurous career and you've certainly done that to date and I certainly know with you it's got a way to go moving forward. So I'm also looking forward to the sixth episode of Conversations with Future Generation which will be released next month in September. So stay safe and good bye for now. Thanks Christine.

C Thanks Louise.