CCAE Commemorative Ceremony
6pm Tuesday 25 September 2018.
Australian Institute of Sport

Chancellor Tom Calma
Vice -Chancellor Deep Saini
Members of Faculty
Graduates
Family and friends

Most graduation speeches reflect on the future ahead of the graduating students. Now they have their 'piece of paper' in their hand - testimony to their hard work and academic achievements – their careers and life - not as a student - are ahead of them

This is not the case for those of us here, who graduated many years ago with our 'pieces of paper' from the Canberra College of Advanced Education (CCAE). The first CCAE Graduation Ceremony was in 1973 – 43 years ago. The last CCAE graduation was in 1989 – 29 years ago. In 1990 the CCAE became the University of Canberra.

Hence, many of us CCAE graduates have our careers well established and are perhaps are counting down the time to our retirement or we are already retired.

You have already had so many amazing life experiences and learnings and acquired so many skills. You all have stories of how you used your skills and knowledge gained during your studies at the CCAE. Any one of you could be up here in my place, reflecting on what our time at the CCAE meant to us.

However, it is me who is up here at the moment so I will share with you how what I studied here at the CCAE / University of Canberra, combined with other events in my life, lead to the development of a very successful international mental health first aid education program.

My story starts with growing up in my family in Sydney. My father had fought as a soldier in WWII in Papua New Guinea. His experiences there haunted him for the rest of his life. We now recognise he had post-traumatic stress disorder (PTSD) and his very heavy drinking was probably self-medication. His behaviour was very stressful to me as an adolescent and I became depressed. I did not know what clinical depression was, nor did people around me – this was the mid 60s. I was shamed for not 'rising above' the trauma. I did not receive any help. As a maladaptive coping mechanism, I engaged in self harm and tried to kill myself with an overdose of heavy sleeping tablets my father had prescribed for him – Nembutal.

As an adult, I went on to have repeated episodes of severe depression, necessitating hospitalisation at times – including nearby at Calvary Hospital.

When I was well, I got on with life – tertiary study and some part-time jobs to support myself as a student. I was drawn towards working in the helping profession area. My first post-secondary academic qualification was a Diploma of Education from Newcastle

Teachers College. I went on to be employed as a primary school teacher in the western suburbs of Sydney for some years. I found I really enjoyed teaching. This experience inspired me to study to become a school counsellor so, off to UNSW to gain a BA with a double major in psychology. Here I met a most wonderful person – Tony Jorm, who has been my friend and partner ever since. In the mid 1980s, with 2 young children, we moved to Canberra and I returned, over the next 12 years, to further education - first at the CCAE and then I stayed on when it became the University of Canberra. At the CCAE, I gained a Graduate Diploma in Special Education and then a Graduate Diploma in Community Counselling. I then worked in these areas in primary schools here in Canberra.

I had a number of major episodes of clinical depression during this journey.

When the discipline of nursing became available at what was then the University of Canberra in the early 1990s, I studied for a Bachelor in Nursing, followed by a Masters in Nursing by research. My thesis, back then in the 90s, was looking at nurses' attitudes towards active voluntary euthanasia. During this time, I taught First Aid courses with Red Cross and tutored at the University of Canberra in Physiology and Anatomy and supported Aboriginal students at the Ngunnawal Centre with their studies. I also worked as an RN in Canberra Hospital and as a Diabetes Educator.

I tell you all this background, as without these skills and experiences, I would not have gone on to develop a program called Mental Health First Aid, which has now been taken by over 700,000 people in Australia and approximately 2.6 million people across the world.

Mental health first aid is just like regular / physical first aid. It is 'the help offered by a member of the public to assist people who are developing a mental health problem *(such as depression, troublesome anxiety, psychosis,)* experiencing a worsening of an existing mental health problem or in a mental health crisis *(such as being suicidal, after a traumatic event, having a panic attack),* until appropriate professional help is received or the crisis resolves'.

It all began with a dog walk when my husband and I were discussing ideas whilst walking King, our King Charles Cavalier dog on Coulter Drive in Weetangera, just a big stone throw from here at the AIS. Life went on a different direction for me, which I never anticipated.

Personal experience with episodes of mental illness; education and experience in teaching, counselling & nursing; my husband working as an academic researcher in community mental health; other resources in my family – IT skills, legal training, pharmacist – all contributed to the creation of the Mental Health First Aid Program.

With some help from my researcher husband, I developed and launched a 12-hour Mental Health First Aid (MHFA) course at the turn of the century, which I conducted for free for the first 2 years here in Canberra. From small beginnings, I would never have imagined how the MHFA Program would spread. It was just the right course at the right time and with some successful grant applications, carrying out evaluation trials, getting very good outcomes and publishing them in scientific journals, the MHFA courses began spreading across Australia and then the world.

In 2004 I was amazed to receive an email from a Gregor Henderson from the Scottish Health Ministry, offering me a Business Class ticket and some payment to bring the MHFA Program to Scotland. In subsequent years, I received similar requests and I took the MHFA Program to Hong Kong, the US, countries in the UK, Canada Sweden, Denmark, Finland, Malta, the Netherlands, Bermuda and even the Kingdom of Saudi Arabia. The most recent spread has been to mental health organisations in France and Switzerland.

It is common for many health education interventions to achieve only limited dissemination, even when there is supporting evidence for their efficacy. How has the MHFA Program, begun here in Canberra by one woman, one man (and a dog), been so successfully disseminated globally?

We think these are 6 main factors underlying this success:
1. the MHFA Program builds on the First Aid model. Members of the public are familiar with this approach.

2. MHFA training courses fulfil a public need. The prevalence of mental illness is high and members of the public will frequently have contact with people who are affected.

3. The MHFA course has been tailored to meet different needs, such as"

- specific age groups – adults helping adults, adults helping adolescents, adults helping older people, teenagers helping their peers
- different professional roles – tertiary students, legal professionals, office workers
- different cultural groups – indigenous people, people from non-English speaking backgrounds.

4. Strong partnership with research – curriculum has been informed by Delphi studies to develop MHFA Guidelines. These can be downloaded from the MHFA website: https://mhfa.com.au/mental-health-first-aid-guidelines. Also, evaluation of outcomes of the courses has been gathered and published. There are now 18 controlled trials in a range of countries. Two meta analyses are now published attesting to the benefits of this MHFA Program – improvements in mental health first aid knowledge, recognition of mental illnesses, beliefs about treatments, confidence in helping and the quality and quantity of the amount of help actually provided. It has also been shown to lead to a reduction in stigmatising attitudes.

5. The 5th factor is that dissemination is devolved rather than centralised. In Australia, MHFA courses are run by MHFA Instructors who trained by but not employed by MHFA Australia, but rather by non-government organisations, government agencies or private business. This devolution has allowed well-targeted local marketing by MHFA Instructors.

6. The 6th factor is a sustainable funding model – govt and philanthropic grants used for development and initial dissemination and evaluation of new training products. Like First Aid, MHFA training is potentially sustainable by offering courses on a fee-for-service basis.

The University of Canberra has also benefitted. Quite a number of students and staff have attended a MHFA course. There is also an eLearning MHFA course, specifically tailored for

tertiary students. Currently, this eLearning course is **free for selected students in health and allied health courses**. For all other students the eLearning component costs $50.00 plus shipping.

Although there have been many factors that have led to the existence of the MHFA Program, I would not have been empowered with capacity or inspiration to consider developing such a program, without the foundation of my studies in education, counselling, nursing and research that I gained from the CCAE / University of Canberra University.