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# Anxiety, Hope and Politics

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Plenary Lecture

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I very much appreciate the opportunity to speak at your Conference tonight. Your Association's focus on the wide range of factors that contribute to mental illness is consistent with my view that the contemporary sciences need to be multi-disciplinary in nature. Indeed it is my view that we ought to seek out complexity if we are to offer real and lasting solutions for society's problems. So too I appreciate the strong emphasis you have placed on psychosocial rehabilitation. It should be a central feature of any nation's social inclusion agenda and I am pleased too that you recognise the need for collaboration across the professions and across the community if we are to enhance recovery and rehabilitation.

However, I can't compete with you in terms of a scientific understanding of these issues. There are plenty of clinicians who will be able to play that role – and will over the next few days. My own interest in the subject is both personal and political, personal because of my own experience of depression and political because of my passionate commitment to the role of public policy as an instrument for human improvement. When I reflect upon my own experience and that of our community as a whole I am led to ask: Why don't we treat our mental health as seriously as we ought? Why isn't it a major priority in our thinking and practice – as individuals and as a community? To answer these questions we could go to politics and examine "the numbers" in relation to a mental health agenda. However, I believe we need to go deeper than politics and explore some of the fundamental assumptions behind our contemporary way of life.

What I do know is that not talking about illnesses like depression is part of their definition. We hold it in or we treat it as a condition that can be "willed away".

Prejudices like this and the anxieties and illnesses they conceal feed off each other like psychological twins. The more the concealment, the more the depression. All too often such strategies of concealment lead to tragic consequences. It is all the more tragic because we know that effective treatments are available.

At the level of the individual we see factors like social stigma and ignorance playing a role.

What we assume to be the case and what is the case are two different things.

We take our first step to freedom when we realise we are not "free". I suspect, however, that awareness of all the forces – social and biological – that influence our behaviour is challenging in a society that values freedom so highly. The psychological sciences expose the limits of our apparent freedom but doesn't society tell us we have "freedom of will"? In other words self-awareness brings to the surface issues we may prefer to see repressed. And repress them we do.

When it comes to the community and its treatment of mental health we are victims of our own success. Despite the advice of a long list of philosophers and theologians, both ancient

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and modern, we continue to treat material wealth as the badge of progress. We call it economic growth and we measure it with the Gross Domestic Product. Linked to all of this is our consumer society. We define ourselves by what we can produce collectively and by what we can consume individually. This has had enormous implications on how we approach work, how we arrange our family lives over how we treat ourselves and our environment.

Life is full of contradictions and the sources of anxiety are many – existential, personal or historical. We worry about the meaning of existence, about ourselves and about the future. We are all different and some of us are predisposed to depression and other serious mental illness. Sometimes the mix of biochemistry and social existence sends people to the edge. Psychotic episodes become part of their daily reality.

Why, then, do we complicate matters with dysfunctional social relationships and unrealisable aspirations? Our commitment to economic growth is like an addiction. We know community well-being and the environment matter but we seem incapable of according them equal status with economic growth. Strangely enough you can have high rates of growth built around highly undesirable activities like unsustainable agriculture or the consumption of tobacco or alcohol and yet we still give our growth forecasts a status well beyond their utility. Much better it would be if we measured social, economic and environmental factors together. The problem, of course, is that such an approach is complex and challenging.

Herein lies the problem. We know there is a deeper reality to our make up as individuals but its complexity frightens us. As a community we know of the limitations of material wealth as a measure of true value – after all our major religions tell us as much – but we seem incapable of breaking its grip on our imagination.

As both individuals and as a community we avoid mental health as a mainstream concern and a primary objective in our thinking and practice. However, just to prove how powerful it is modern consumer society has created its own version of the well-being or happiness agenda. Happiness has become another consumer item to be purchased in a pre-packaged form like any other. Jennifer Wright put it this way in the Western Australian Law Society's Journal:

People seem to want to self-actualise before they attend to the foundation blocks of their lives.<sup>1</sup>

It would seem then that consumer society even has the capacity to absorb and co-opt that which seeks to transform it!

We live in a society where we like skating over the surface of things. We prefer simplicity to complexity in the way we consider our needs and the way we organise our collective lives. Just as we battle to comprehend and deal with mental illness so too do we battle with chronic and complex illnesses generally. Issues like this need more probing analysis, co-operation across the boundaries of care and individually designed clinical interventions if they are to be tackled properly. This is one of the themes we are developing in the National Health and Hospitals Reform Commission. It means ensuring the system can adjust to the needs of the individual rather than the other way around, which is all too often the case today. It means treating people as individuals rather than as categories.

This is only one aspect of what is a most confusing and uncertain period for public policy. Think of the issues we face and the challenges they pose – international terrorism,

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<sup>1</sup> Jennifer Wright, "Coping with the costs of success", *Brief*, October 2004, p.11.

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climate change, and the global financial crisis. Not only are these issues complicated in themselves they come at a time when global economic power is shifting away from America and Europe to China and India. What will all this mean for political power and economic growth? There have been two answers to that question in societies like ours; some saying we have entered a new era that will require a new way of thinking and practice and those who say the old ways based on the market and economic growth will be reinstated once current difficulties pass.

It seems hard to imagine that the old ways can be reinstated with an ageing population, environmental constraints on growth, the obvious need to better regulate financial transactions, and tougher competition from the newly emerging nations. Let me quote two social and economic commentators, one from the UK and one from the USA. I start with David Marquand from Oxford University:

The current economic downturn is only one aspect of a much more fundamental crisis. At its heart lies a fatal mismatch between public expectations and political rhetoric on the one hand, and the realities of tightening resource constraints, destructive climate change and the mechanics of global capitalism on the other. We now live in a society where everyone believes that they have a divine right to ever-rising living standards; that we have finally reached the sunlit uplands of ever-increasing consumption, and that if the good times come to an end, our leaders must be to blame.

This flies in the face of 250 years of capitalist history. In truth, swings from boom to bust are intrinsic to capitalist market economies, and have been so since the South Sea Bubble. To that truth we must now add an even harder one: the environmental crisis stemming from climate change is no longer a distant threat. It is already a reality; and the current economic downturn is partly due to it. The rising costs of food and energy, which have helped to aggravate the switch from boom to bust, are not acts of God. Like the vast pool of debt that helped to power the boom and now exacerbates the bust, they are the poisoned fruit of the age of abundance, which is now coming to an end – yet which all political leaders, virtually all schools of political thought and most of the Westminster-centred commentariat still take for granted.

The age of abundance will pass, whatever we do; and it is likely to pass a lot more quickly than seemed probable only a few years ago. The choice lies between a gradual, controlled, but still painful transition to a new age of austerity, and an infinitely more painful and destructive transition at a somewhat later date. The first option is patently the right one, but it involves a transformation of the moral economy – a revolution of mentalities as radical as the Reformation or the implosion of communism – of which there is, as yet, no sign. <sup>2</sup>

I turn now to the American economist Robert J. Samuelson.<sup>3</sup> He too focuses on our aspirations. "We Americans", he says (and I believe the same holds for Australians) are "progress junkies. We think that today should be better than yesterday and that tomorrow should be better than today. Compared with most people we place more faith in 'opportunity' and 'getting ahead'. We may now be on the edge of a new era that frustrates these expectations. It is not just the financial crisis. The crisis coincides with other changes – an ageing society, runaway health spending, global warming – that imperils economic growth".

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<sup>2</sup> David Marquand, "The scapegoat", *New Statesman*, 22 September 2008, pp. 33-34

<sup>3</sup> Robert J. Samuelson, "Obama and the end of an economic era", *The Weekend Australian Financial Review*, 8-9 November 2008, pp. 24-25

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What these scenarios tell us is that the very concept of hope based on economic growth and forever increasing levels of consumption may very well be at an end. This is bound to affect our social fabric. To quote Samuelson again:

Economic growth has anchored our national self-esteem; slower growth suggests a grumpier and more contentious America.

Whilst Australia's status as the "Lucky Country" will help, particularly so given our endowment of mineral resources needed by the new growth economies, we can expect similar developments here. The signs are certainly pointing in that direction. It's not that countries like Australia will become "poor" it is that their expectations will need to be adjusted. Given the level and intensity of our addiction to growth that is not going to be easy. In saying this I am reminded of the concept of the "Stationary State" developed by nineteenth-century liberals like John Stuart Mill to describe a future where the restless pursuit of material wealth is replaced by a gentler more co-operative society dedicated to the pursuit of more elevated ends such as education and culture. "I am not charmed", Mill said, "with the ideal of life held out by those who think the normal state of human beings is that of struggling to get on".<sup>4</sup> Mill was all for maintaining a market economy but saw the need to clip its hungry heart with co-operatives, a fairer distribution of wealth and a stronger emphasis on leisure:

A world from which solitude is extirpated, is a very poor ideal. Solitude in the sense of being left alone, is essential to any depth of meditation or of character; and solitude in the presence of natural beauty and grandeur, is the cradle of thoughts and aspirations which are not only good for the individual, but which society could ill do without.<sup>5</sup>

Of course there is nothing inevitable about such a future and the lower growth which seems likely may send people back into their tribes with all the conflict that this implies – between the rich and the poor, the locally born and the migrants, and the young and the old. It is not a pleasant thought but human history tells us that all things are possible. History also tells us that in such circumstances it is the marginal and the vulnerable who are left to fend for themselves.

This takes me back to the assumptions we make and the aspirations we share. As individuals we prefer the illusion of freedom rather than the complexity of self-awareness and all that it means for coming to grips with our emotional and spiritual as well as our material and intellectual needs. As communities we prefer the simplicity of economic growth and personal consumption rather than the complexity of sustainability and community well-being.

We may like to assume away our emotional hinterland and our bio-chemical makeup but this will not make it so. Consequently we should not be surprised that mental illness is a major issue in Australia representing 13.3 per cent of the total burden of disease and injury which makes it a third after cancer and cardiovascular disease.<sup>6</sup> As Australia's population ages this burden is expected to rise – and significantly – particularly when we factor in the consequences of alcohol and illicit drug consumption by young people.

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<sup>4</sup> Quoted in R.J Halliday, John Stuart Mill (George Allen and Unwin, London, 1976), p.108

<sup>5</sup> Quoted in R.J Halliday, p. 110

<sup>6</sup> Begg S, Vos T, Barber B, Stevenson C, Stanley L, and Lopez A. "The burden of disease and injury in Australia 2003", Australian Institute of Health and Welfare, May 2007, p. 59.

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To move forward we need to achieve two things – a better context for living and better access to treatment for those who are ill and vulnerable. On the question of a context for living we have learnt a lot about the social, political and economic conditions for well-being. In their review of the evidence about these matters Ed Diener and Martin Seligman <sup>7</sup> pointed to six factors that are central to well-being:

- Living in a democratic and stable society that provides material resources to meet needs
- Having supportive friends and family
- Having rewarding and engaging work and adequate income
- Being responsibly healthy and having treatment available in case of mental problems
- Having important goals related to one's values
- Having a philosophy or religion that provides guidance, purpose, and meaning to one's life

It is a good mix of rights and responsibilities and of the material and the spiritual worlds. It gives status to our emotional well-being and the need to care for the mentally ill. My only comment on this list would be to ask whether the quality of our lived environment and our access to nature should be added as another element in well-being.

What flows from such a list is a collective obligation to see to it that the conditions for well-being are realised. Merely setting the framework for economic growth through market exchange can never be enough. It is this powerful myth that has fed so much – indeed too much – public policy. It needs to be supplemented with initiatives that take into account the needs of the whole person. Finding that mix of liberty (civil and political), equality and community and ensuring it is environmentally sustainable ought always to be at the forefront of our political thinking.

On the question of access to treatment for those who are ill and vulnerable the solutions will be equally complex. The National Health and Hospitals Commission has received many submissions on these matters and thus far has been concentrating on early intervention and support for those who are most vulnerable. We have noted the success of programs like "Headspace" (which is an integrated service network that focuses on early identification and treatment) and the "Early Psychosis Prevention and Intervention Centre (EPPIC)" model (which involves case managers and clinical experts working closely with a young person and their family). So too have we noted that there is a need for each acute mental health service to have a rapid-response team to treat those experiencing psychosis and for our system to link hospital-based services to a multi-disciplinary sub-acute service that supports prevention and recovery care.

We have also given a great deal of attention to the primary health-care models needed to assist those with chronic and complex illness, including mental illness.

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<sup>7</sup> Ed Diener and Martin Seligman, "Beyond Money: Towards an Economy of Well-being", Psychological Science in the Public Interest, vol. 5, no. 1, 2004, pp. 1-31.

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What I see in all of these proposals and initiatives is a stronger emphasis on case management which alongside place management represents a significant and creative development in modern public policy. It means that our focus is placed on the needs of the person (and the context in which they live). This allows us to recognise difference and tailor our clinical and other interventions accordingly. It also means that we treat family, friends and other networks of support as important resources in the delivery of healthcare.

Re-focussing our collective efforts in these ways is not going to be easy. I have already noted the powerful forces in modern society and modern thought which devalue a wider commitment to well-being and mental health. Already we can see how the global economic downturn is feeding this reductionist view of human circumstances. This is not the time, many are saying, to focus on anything but the state of the economy. However, if we are entering a new era of constrained growth – as I believe we are – the level of sophistication in our thought and in our politics is going to have to be improved. I predict a battle of ideas in which the simplicities of an economically charged populism will fight hard for preservation against the alternative concepts of fairness, sustainability and community well-being. Psychiatry can play a role in this battle by making the scientific case for the politics of well-being.