



MEETING  
FOR  
MINDS

NEWSLETTER  
NUMBER 1, 2015

## GREETINGS FROM THE MfM TEAM

It is some time since our last newsletter and I just wanted to let you know that we have all been very active expanding on the ideas, themes and connections we made at our first forum in Fremantle last year.

That event was crucial in two ways: it confirmed our conviction that there was a surge of support for a new deal for mental health and it provided us with the direction we needed to search for solutions.



I have since been overseas a number of times to forge links in several countries in our quest to make the MfM conversation as far-reaching and effective as possible.

While making the necessary scientific connections, we have also been formulating corporate and fundraising plans to ensure MfM has a reputable and reliable base.

This year is a vital one for us. We will finalise our involvement in a number of projects and as we head towards year's end there will be plans for the 2016 Forum where we hope we can showcase our achievements and recognise you all for playing such an invaluable role in shaping our future.

**Many thanks for your continued support, Maria Halphen**

## THE MFM MISSION: PROJECTS AND PROGRESS

Meeting for Minds remains driven by the core belief that key aspects of the community's approach to mental health are not delivering for the benefit of those who need it most.

We argue that the provision of mental health services and the research structure allied to it are indeed both broken and have failed to produce significant advancements in efficacy for decades.

MfM acknowledges all mental health support groups and the invaluable work they do, but believes there is one vital component with significant potential being virtually overlooked: the insight and knowledge of those who have lived experience of mental illness and those who care for them.

To underscore our commitment to this "missing link" we have set ourselves a goal: **"Before 2018, MfM will ensure that practical insight from lived experience of mental illness becomes an essential and effective part of the research agenda."**

MfM founder Maria Halphen said it was vital to continue the conversation started at the group's 2014 International Forum between those with lived experience and the professional community who could deliver on the scientific and clinical front.

*"We will engage with those with lived experience as active research partners rather than as research subjects," said Mrs Halphen. "We want to*

be able to contribute to a new style of research , though just as rigorous, in the hope that breakthroughs leading to better treatment and even cures are identified,” she said.

Mrs Halphen said it was also important to remember that research was an international undertaking and MfM was continuing to develop a global focus to recognise and support scientific endeavours.

MfM remained committed to becoming a unified, global catalyst for ground breaking change in mental health research.

A number of research projects had already been identified and one of these is a partnership with the Brain and Mind Research Institute and St Vincent’s Hospital in Sydney and Israel’s Weizmann Institute.

It centres on a youth mental health project that is looking at young people with major psychoses or mood disorders and aspects of their immune systems.

It aims to develop an international consensus protocol for active clinical management and represents the Meeting for Minds dedication to the challenge of making better lives for people everywhere who suffer from mental illness.



## THE FIRST FORUM PROVIDES A GATEWAY FOR A BETTER WAY

In May last year, a gathering crucial to the future of Meeting for Minds was held at the Fremantle Maritime Museum.

The inaugural MfM International Forum brought together some of the leading clinicians and researchers in mental health and added another dimension, one that drives the core belief that a fresh approach will produce results.

The engagement of people with lived experience of mental illness and their families is considered a vital – though largely ignored – element in research and treatment.

MfM director Keith Wilson said the inclusion of lived experience made the Forum unique and proved to be the platform to base a new, fresh approach to research, not one constrained by the traditional academic approach.

Mr Wilson, a former West Australian Health Minister, said it was hoped to prove that by developing a new conversation the collective knowledge of all the key groups could be shared for much more effective translation and mutual understanding.

*“In short, the Forum gave us that start, the confidence to forge ahead with something we were convinced had substance and merit,”* said Mr Wilson.

The Forum, held on May 14 and 15, was facilitated by well-known ABC broadcaster Dr Norman Swan.

Papers outlining the Forum’s discussions and findings will be published in the near future.

# GLOBAL MISSION MAKES A WORLD OF DIFFERENCE

It was always part of the MfM plan to reach out to some of the most reputable mental health researchers around the world in a bid to forge the ties necessary to break free from the current impasse in treatment and outcomes.

Part of that is to establish autonomous MfM groups in a number of countries and the first of these was initiated last August in Sweden, where Maria Halphen was born.

The gathering at Dannholmen flowed on from the Fremantle forum and looked at how to develop and sustain collaboration between neuroscientists, mental health researchers , people with lived experience and clinicians.

It looked at potential projects within science and society and established the priorities necessary to achieve the MfM mission.

The success of the forum in Sweden underlined the MfM credo that a broad and inclusive conversation was the key to removing the barriers that could deliver more positive lives for those experiencing mental illness.

## THE MfM PUBLIC LECTURE SERIES

Fremantle 2014 was the inaugural MfM forum and highlighted a willingness to reignite and reinvigorate the mental health debate.

While it is planned to hold these major international gatherings every two years, we realise the need to keep the conversation alive in the interim.

To help achieve this, MfM is continuing its series of public lectures and the next event will feature a major global voice in mental health... with special focus on young people.

Professor Pat McGorry is a recognised world expert on youth mental health. He is based at the University of Melbourne and is also the executive director of Orygen Youth Health.

A former Australian of the Year, Professor McGorry will discuss the contention that there is a crisis in youth mental health as well as results from early intervention programs.

You can learn latest trend in youth mental health, issues surrounding youth suicide and suggestions for young people, parents and teachers.

**Professor McGorry will be at Christ Church Grammar School on February 17 at 7.30 pm and tickets can be booked at [www.meetingforminds.com.au](http://www.meetingforminds.com.au)**

## SHINING A LIGHT ON MENTAL HEALTH RESEARCH

MfM is a reality because of the support of the Philippe and Maria Halphen Foundation.

Maria Halphen established the foundation in 2013 after the death of her beloved husband Philippe. It is dedicated to innovation and advancement of knowledge and scientific research into mental illness- especially schizophrenia, bipolar disorder and treatment resistant depression.



In association with the Academy of Sciences in Paris, Maria decided to establish the Grand prix Halphen, the first of which was presented last November at the Academy.

**The winner was Professor Marie-Odele Krebs for her research on the pathophysiology of psychiatric disorders.**

## A NEW STYLE OF RESEARCH

In each edition of our Newsletter we will include an article from an invited guest writer on the theme of how we place the lived experience of mental illness at the centre of a new style of research to prove that it adds a new sense of urgency and energy to advancing new and better treatment. Our guest writer for this edition is Jerry Burong who lives in Perth. Jerry and Nancy are long term family carers and advocates for their adult daughter. Jerry is an engineer by profession and was formerly a senior executive in the international oil industry.

It seems to me that we carers and sufferers come from a broad background and circumstances in which our lived experience can be characterised as coping, managing the illness, observations and whether we have empowered supportive families or are isolated and even the legacy of an immigrant culture and then, the degree of acculturation to the mainstream Australian way of life.

It is relevant because clinicians, through time constraints and pre-occupation by the best, worst medications and the limitations of DSM diagnostic tools, feel constrained to address all symptoms with "pills" because it is the limited norm available. The other part of the equation is that psycho-social support even from effective service providers is in short supply with generalised practice standards through expediency due to burdensome workload.

Limitations of medication and 'vicarious insights' imparted in training therefore needs input from the "educated intuition" honed by intimate daily exposure of primary carers because recovery and rehabilitation or stability require a sound "environment" for the mentally ill person to begin to return to their life.

Furthermore, primary carers are in a position to observe the pattern of symptoms expressed that may occur because of, say menstrual periods or periods of despair and loneliness. Also carers may become sensitive to how the person with an illness tries to cope with the circumstances and reconcile their perceptions into a belief system to explain their universe.

A key issue arising from such factors of lived experience is how we craft protocols that enable routine inputs from carers and those with mental illness into research and how we make research culture accepting of this reality.

In the process I feel we need to be wary of the tendency among some carers to vent their understandable frustrations and not be open to the way scientific reasoning works. There is also a tendency on the part of carers to want to politicise, and scientists are also at fault when they arrogantly assume they know best.

Jerry Burong

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