

**John Curtin Prime Ministerial Library Anniversary Lecture
Perth 2017**

Good evening and thank you Deborah for that warm introduction.

I acknowledge the traditional owners of the land on which we meet and in a spirit of reconciliation pay my respects to elders past and present.

I would also like to acknowledge our special guests here this evening, including members of the Curtin family and the John Curtin Prime Ministerial Library.

It is my pleasure to be back in Perth to deliver the John Curtin Prime Ministerial Library's Anniversary Lecture.

I became Patron of this library in 2015 and it was my absolute honour to do so.

This is my first visit to Perth since I was announced as the incoming Chair of *beyondblue* which I will take up from Jeff Kennett in just a few days' time.

This gives me cause to reflect on some parts of John Curtin's prime ministership that are particularly pertinent to my new role: that is, his mental health and how this resonates today with the work of *beyondblue*, particularly when it comes to men's mental health.

The son of a Pentridge Prison warder turned policeman turned pub manager, and the eldest of four children, Curtin's erratic education was dictated by his family's spiral into poverty as they moved through a series of working class Victorian towns and tough Melbourne suburbs in the late 1800s.

When he left school at 14, Australia was still a collection of British colonies soon to be federated. As the century turned it would have been unimaginable this bookish adolescent would one day guide his people through the cataclysm of World War while at the same time shaping the nation with wide-ranging social reforms for the long peace that lay ahead.

Curtin continued his education reading 'serious books' at night in public libraries. In 1902 and just 17 years old, he met his newly elected local State MP, Frank Anstey, who would mentor the emerging orator and reformer through union then Party politics at State and Federal levels for years to come.

Curtin had found work as a copy boy at *The Age* but his political beliefs guided him to and through what was then a cacophony of competing newspapers towards the socialist press. His first articles were published in *The Socialist* in 1906 by which time he was an active and persuasive voice in the Victorian Socialist Party.

By 1911 he was an organizing secretary of a timber-workers' union using his journalistic skills to agitate for better work and living conditions for its members in Victoria and Tasmania.

The biographer Geoffrey Searle, however, says Curtin by this time was already a heavy drinker.

Searle wrote: Curtin's friends admired him for his idealization of the working class, his intellectual grasp, deep knowledge of the international socialist movement and his broad reading, but were concerned by his drinking. By 1914 his problem was conspicuous. In November 1915 he resigned his union post, mentioning his health and the 'stress and storm of trade union responsibility'.

He became an Australian Workers' Union organiser, a prominent anti-conscription campaign leader, but again health problems and alcohol abuse emerged and by 1916 he was 'drying out' in hospital.

Like so many who had come before and will continue to come, Curtin moved to WA for a fresh start. In 1917 he was editing the Australian Workers Union's *Westralian Worker* when he was joined here by Elsie Needham and they married that April.

It really was a new beginning. He swore off alcohol for the next 10 years.

Just two years later, as Curtin worked his way up through the Party he was persuaded, with some reluctance, to contest the 1919 Federal election for the seat of Perth. He lost badly, but worse still he was suffering 'neurasthenia' at the time; a condition with symptoms of fatigue, anxiety, headaches, heart palpitations, high blood pressure, neuralgia and depressed mood. Searle described Curtin's mood then as swinging between optimism and melancholy. He took six months off to recover.

Having stood unsuccessfully for Fremantle in 1925 Curtin finally won the seat and a voice in Federal parliament in 1928, but after missing out on a place in Jim Scullin's front bench was morose and drinking again. He lost the seat in 1931 but regained it in '34.

Curtin's determination never wilted despite the highs and lows, his successes and failures, his journey along the continuum of his own mental

health. Millions of Australians who are today living with mental health conditions would appreciate how hard that must have been.

The more we return to and re-examine Curtin's life the greater his contribution appears, not just as a war-time leader and social reformer, but now – at last publicly and in a very modern way – as a disruptor, a mental health militant, if you will, even if he was unwilling to share that aspect of his personal story while he lived.

On October 1, 1935, Curtin was approached to stand for the Labor leadership following Jim Scullin's resignation. But the invitation would only be formalized if he pledged to give up alcohol, which he did. He defeated Frank Forde by a single vote.

Here in Fremantle on September 20, 1937, at the Labor policy launch in the lead up to the October general election, Curtin laid out his vision for the future, for the Australia he wanted to craft.

He declared:

- We will defend Australia.
- We will develop and protect Australian industries to ensure our capacity to resist aggression and to enable us to be a self-reliant people.
- We will make the employment of the Australian people a major measure of national policy.
- We will make the Commonwealth Bank a bank for the nation.
- We will initiate action to develop oil supplies within Australia, as a major measure of national security.
- We will apply the Forty-Hour Week principle.
- We will enable the primary producers to organise on a Commonwealth basis for their mutual protection against exploitation.
- We will establish a system of unemployment allowances.
- We will provide pensions for widows who have children dependent upon them.
- We will make soil erosion a matter for national attack.
- We will give young persons opportunity for training and employment.
- We will liberalise the pensions and repatriation laws.

This wasn't hollow electioneering. Curtin may be best remembered as a war time leader, but his legacy is one of an institution builder, a great reformist.

He laid the foundation stones on which our tax and pensions system have been built by focusing the Australian economy on the needs of a total war effort.

To do this the Curtin Government guaranteed Commonwealth financial assistance to the states provided they did not attempt to collect their own income taxes, bringing an enduring change to federal-state relations. To ease opposition within the Labor Party to increased taxes as a result of the new regime, the government used some of its increased revenue to introduce a Commonwealth widows' pension.

The beginning of 1943 saw the Curtin Government create a 'National Welfare Fund', financed from Consolidated Revenue, 'as an integral part of the Government's plans for the social security of the people'. Unemployment, sickness and pharmaceutical benefits followed.

The effects of these and many other reforms flow to us today. Reforms such as the 1942 *Women's Employment Act* allowing women to perform work previously done by men with fixed terms and conditions; and the *Commonwealth Electoral (War-Time) Act 1943* giving servicemen aged 18 to 21 the right to vote if they had served overseas.

But none of this might ever have happened had some of Curtin's own Party been successful in 1941 in opposing him becoming Prime Minister because of his mental health. He seemed, they said, to be plagued by complaints and minor illnesses – thought to be nervous in origin – when the political going got tough.

Curtin, they said, worried much about little things; he was afraid of people; he exaggerated difficulties: “He took losses as a personal responsibility and worried himself with an illogical feeling of individual blame.”

It is obvious now, reflecting on the statements of those who knew him personally, that Curtin struggled with his health problems in silence. Understanding what his own colleagues were capable of, you have to think he was right to be concerned.

Imagine the public reaction if it had leaked out that Australia's wartime leader could be reduced to tears by political sledging as Curtin was when he was accused of sending Australian troops into the slaughterhouse.

Hal Colebatch – author of *Who Killed John Curtin?* – recounts a Ben Chifley story: ‘Once, Chifley arrived in Canberra late at night to find a note from Curtin imploring him to come to the Lodge whatever the hour as he was “spiritually bankrupt”. Chifley said anxiously: “[He] goes home and broods all night.”’

When the Prime Minister would tell his staff he was “not feeling too well today,” they understood that the comment was as much about his mental health as it was his physical.

Curtin’s wellbeing suffered out of a desperate desire to portray himself as an active, competent war time leader, but his circumstances were not unique to his time or his position as Australia’s 14th Prime Minister.

His contemporary and nemesis, Winston Churchill, famously borrowed Samuel Johnson’s expression to describe his own depression as ‘the black dog’.

Churchill could be so overwhelmed by depression he would spend days, even weeks, in bed, fatigued and disinterested, unable to concentrate. These dark periods happened multiple times over many decades.

When he wasn't depressed, Churchill experienced episodes of high energy. Not sleeping until the early morning, working at his books, talking incessantly, thoughts and ideas tumbling out. So much so that then US president, Franklin D. Roosevelt, once said of him: "He has a thousand ideas a day, four of which are good."

This was the life of the man to whom the fate of Britain was entrusted in its darkest hour.

Britain couldn't afford Churchill to become depressed and despairing and non-functional for months during the war. Australia could not afford Curtin to slip off the wagon or cave in under internal pressures. Just as America could not afford the myth of presidential invincibility to be undermined by the revelation FDR spent most of his time in a wheelchair.

Curtin's psychological battles would stay with him his whole life, but despite this – or perhaps, in part, because of it – he would become the greatest of our Prime Ministers.

Professor of Psychiatry and Pharmacology at Tufts Medical Center in Boston, Nassir Ghaemi, directs the Mood Disorders Program.

In a recent article in *The Conversation* he wrote:

“Deify and deny: great men cannot be ill, certainly not mentally ill.

“But what if they are not only ill; what if they are great, not in spite of manic-depression, but because of it?”

Professor Ghaemi wrote that his recent research suggests “in times of crisis, it is sometimes those who are seen as quirky, odd or with a mental disorder that show the greatest leadership”.

Yet Curtin’s unwillingness to speak openly about his health problems, and to seek necessary help, is a tragic example of the very real stigma that remains attached to the issue of mental health even today, particularly for men.

It was stigmatization by his own Party members and colleagues that very nearly robbed Australia of our greatest Prime Minister.

But would it really be any different today? Would the public be prepared to see a PM who acknowledged issues of the dimensions borne by Curtin continue as the nation's leader even in peace, let alone in war?

I would suggest the answer is ‘no’. Not yet. We still have a long way to go.

To tell or not to tell is still a question confronting thousands of Australians each day as they balance work responsibilities and the sometimes disabling thoughts and symptoms associated with depression and anxiety.

One in five Australians currently employed has a mental health condition and they bring all aspects of themselves – physical and mental health – to work every day.

Most days they will be highly productive, engaged and committed employees. Occasionally they might need time out or some flexibility.

Yet how many of us would be prepared to admit to bosses and colleagues our productivity is slipping because of depression, or that workloads and schedules are contributing to crippling anxiety?

Far easier to explain sickies with a physical illness – a migraine or even the man flu – than admit depression weighed so heavily you couldn't ditch the doona.

At worst, discussing your mental health issues in the workplace can be a matter of prosperity versus poverty, a productive career contributing to Australia's economy versus being out of work and out of hope.

The good news is that the situation is improving. More and more people are prepared to talk openly about their mental health, just as they do their physical ailments.

Mental health conditions can affect us all, whatever our age, our income, religion, race or gender. The decision to tell the truth can be positively life-changing, but is not a step lightly taken.

Bob Hawke did not reveal his battle with depression until after he had left the PM's office. Though the Australian public did embrace him even though his past battles with alcohol were well known.

Former NSW Opposition Leader John Brogden, former Federal Minister Andrew Robb and WA's own Geoff Gallop all stepped away from public office to take time out to recover their mental health. They have all since talked publicly about these issues and encouraged others to seek support from mental health experts when they need it.

But as John Brogden has himself recently reiterated, mental health is a continuum. Sometimes you are well. Sometimes not.

Millions of Australians understand from their own lives the force of these words with 45% of Australians expected to experience some form of mental health condition in their lifetime.

Yet it's not easy to admit to ourselves, then our loved ones, trusted friends or work colleagues that we are struggling.

Untreated depression is one of the most significant risk factors in suicide and in Australia in 2015, there were 3027 deaths: more than 8 a day.

Of those 75 per cent were men – that's six men a day taking their own lives.

This makes suicide the leading cause of death for Australian men under the age of 45, significantly exceeding the national road toll. And men aged 85 and over are the group most likely to take their own lives.

A lot of blokes think it's weak to admit that they're going through a tough time.

This myth has been reinforced across generations, sometimes with tragic consequences, but it's not true.

Anxiety and depression are just like any other medical condition – you need to have an action plan to manage your recovery and get better. And most people do recover.

For the wealth, health and happiness of our nation, for all the families, communities and workplaces in which we live, play and thrive we need people to be informed and engaged.

To do this all men and women – and children – need to be educated about good mental health practices and how to maintain them throughout life.

But this requires a willingness to embrace great social change. It requires macro and micro thinking – each of us individually assessing our own mental health and those we care about and taking action to get the support we need to stay healthy and strong and for organisations, institutions and governments to also embrace this change.

That was Jeff Kennett's vision for *beyondblue*. That it would be an agent of mass social reform around mental health.

Jeff will always be remembered and honoured as the founder of *beyondblue*. Put simply, *beyondblue* would not exist if Jeff had not decided to be a force for change.

Once he had started there was no stopping.

He has devoted 17 years of his life to creating and driving an organisation that is recognised and respected across the Australia community for encouraging new ways of thinking about, talking about and acting on mental health.

One of the pillars Jeff established for *beyondblue* was its fierce bipartisan advocacy for better answers on mental health. It is a commitment I embrace wholeheartedly and intend to continue.

Jeff Kennett is not an easy act to follow, but that is exactly what I will be doing in three days' time.

So I would like to explain some of the strategic priorities we have planned for *beyondblue* in the coming years.

Mental Health in Education

I have always believed education has the power to change the world for the better and have dedicated myself to that cause throughout my career, most recently with the Global Partnership for Education.

Now the opportunity rises again with a most significant and strategic investment in mental health and wellbeing for young Australians announced

earlier this month when *beyondblue* won a competitive tender to lead the implementation of the Commonwealth Government's '*Mental Health in Education*' program – a \$52.7 million grant.

This is an extraordinary opportunity to make generational and system-wide improvements to the mental health of children and adolescents by off-setting the impact of depression and anxiety through early intervention and education.

Our *beyondblue* team – already well-versed in the needs of school communities through their KidsMatter and MindMatters programs – has already begun work on the *Mental Health in Education* program which we will implement with the help of two delivery partners - Early Childhood Australia and headspace – and roll out nationally from 2018.

We believe this will lead a transformation in mental health literacy for entire communities from the carers, teachers, principals, parents and guardians of children at pre-school to the end of secondary from Katherine to Burnie, Derby to Esperance, Cairns to Bairnsdale.

It will include tertiary and vocational education training for teachers and early childhood staff and will involve respond-and-assist services for school communities in the aftermath of a student suicide.

It is about teaching the adults across the breadth of the education system how to create mentally healthy environments that nurture children and at the same time how to look after their own mental health in a demanding and stressful work place.

Since this initiative was announced we have received many messages from parents and communities telling us such an integrated program is long overdue and that school communities are hungry for this support.

Suicide prevention is a non-negotiable priority for *beyondblue*.

On a broader community level though, it must be said that past investments in and approaches to suicide prevention have not led to reductions in deaths which are now at a 10-year high.

Both the Commonwealth and State and Territory Governments have recently recognised the need for a strong and explicit focus on suicide prevention, and consequently there is a myriad of new suicide prevention trials and programs underway or in development.

Of note, in May 2017 the Commonwealth Government announced \$47 million for suicide prevention work across Australia, which will be undertaken by 17 different organisations.

This funding package will include a series of communication programs; training for support groups and at-risk families; face-to-face support for individuals in need; training for emergency services personnel; support to reduce suicide in the health workforce; and support for communities experiencing specific issues.

This kind of multifaceted approach is essential because the reasons for each and every suicide are unique.

As the author and journalist Anne Summers recently wrote: “While the need to destigmatise mental illness goes without saying, we can no longer ignore other, perhaps equally important, factors that also drive people to take their own lives.

High on the list is economic distress. It is a sad fact that some people kill themselves because they have insufficient money and cannot see any way their finances are going to improve. Chronic pain (and loneliness) also drives people to end their lives.”

What we do know is that each suicide involves stressful situations where there is a sense of loss or disappointment, feelings of not being in control, humiliation or shame.

At *beyondblue* our work in preventing suicide will include:

- Changing the conversation - so that people are confident and skilled to support with empathy someone at risk of suicide.
- Promoting and teaching resilience skills so fewer people develop psychological distress.
- Empowering carers to help a friend or relative living with suicidal thoughts.

We are also working on service innovation including rolling out through primary health care networks and health services two important programs, called New Access and The Wayback Support Service.

New Access is designed for people who experience mild to moderate symptoms of anxiety and depression. The service is free, completely confidential, doesn't require a doctor's referral and can be accessed by anybody face to face, over the phone or online.

Those who are struggling and come seeking support are assigned a trained coach – usually somebody with their own experience of such conditions –

who will guide them through the first steps towards better mental health practices and life skills and, hopefully, recovery.

If it is decided an individual needs more intensive, on-going, professional support their coach becomes a trusted conduit into the broader mental health system.

NewAccess low-intensity services have already been adopted in 10 regions across Australia and are now available to over 6.2 million people.

We will continue to expand and promote this service nationally.

Then there is The Way Back Support Service, another *beyondblue* suicide prevention initiative designed to reach people who have recently been discharged from hospital following a suicide attempt or self-harm incident.

Those who have previously attempted suicide are at their most vulnerable in the three months following hospital discharge: in fact, 15 to 25 per cent of this group will make another attempt on their lives during those critical weeks.

When they are referred to The Way Back they are assigned a support coordinator who provides one-on-one practical support – such as helping

build a personalised safety plan, keeping medical appointments, advising on stress management and linking them to community services.

The support coordinator helps these at risk individuals remember what hope feels like and guides them towards their future.

But halting the momentum of the suicide crisis will take time.

Transformation, mass behavioural change, does take time.

So does developing new ways of working, innovative ways of providing support and systematising them at scale.

Which brings us back to John Curtin and his plans for a national scheme of hospital and medical benefits, which ran into strong head winds when it was opposed by the powerful medical profession. It would be 30 years before Gough Whitlam took up that fight again and it would take Bob Hawke to finally win it.

But Medicare is now a valued part of all our lives. It is one of the greatest social, economic and political reforms in Australia – ever.

So let's consider the National Disability Insurance Scheme. The NDIS stands alongside Medicare and compulsory superannuation as among our greatest social reforms.

For decades better support for people with disabilities had been one of those issues politicians all said something sympathetic about, but the profound reform job remained undone. There was always something more urgent, more politically pressing, apparently, more important.

Meanwhile, desperate families came forward with harrowing stories: of the child who could not get access to services and therapies that could maximize their abilities for the future; the teenager, moving from childhood to adulthood, stuck with a package of assistance that did not respond to their needs; adults who could not work without the availability of support services; parents who feared death, not for themselves, but because no one would be left behind to care for their adult son or daughter with a disability.

Activists began advocating for a disability insurance scheme way back in the 1970s – about the same time Whitlam was introducing Medibank.

It seems a simple concept: a funding institution that conducts itself like the best insurance bodies, that is flexible enough to meet individual needs. But making it happen was big and nation-changing.

It is a massive change to the delivery of services that will enable hundreds of thousands of people with disabling physical and/or mental conditions to choose the services and supports that best suit them. Under the NDIS no-one with a mental health condition or a psychosocial disability should be worse off.

And let's be clear what the NDIS is not. The NDIS was never intended to replace the mental health system – which is itself undergoing massive reform at the moment in the way services are delivered at a regional level with the introduction of Primary Health Networks. The NDIS is there to work alongside the broader system in an integrated way.

Some have contended that including mental health in the NDIS was a mistake: it was not. But it is a decision that will require time, flexibility, transparency and co-operation across governments to get right.

The NDIS is still being rolled out so the time is right to continue to raise concerns, debate the detail and identify potential gaps in the system before they are cemented. That's why the government I led always envisaged

starting the NDIS through launch sites and learning lessons on roll out along the way.

We also always knew the NDIS would be costly. That's why the government I led was prepared to make hard savings to support it. Budget choices are one way of demonstrating what you believe in and prioritise.

Landmark policies, ground-breaking societal change, takes time to get right and become a valued part of our society. There will always be challenges along the way but that doesn't mean we should falter.

Great reform takes time to grow deep roots. Changing minds and hearts takes time too.

John Curtin understood that as he pursued some of the epic reforms of his era.

Imagine if John Curtin were here today? A lot has changed in our nation since he suffered and struggled, often alone.

Many changes would amaze him. But as he reeled in shock and wonder at this new world, I like to believe his heart would be gladdened by our greater preparedness to not only allow people to talk about mental health but to encourage them to do so.

In his famous broadcast announcing that Australia was at war with Japan Curtin called on all Australians to have courage.

“To the men and women of Australia,” he said, “The call is to you, for your courage, for you physical and mental ability.”

There is still a long way to go and the call is to you – the men and women of Australia – to have courage.

Talking about our mental health and how we are feeling, admitting we might be struggling, or asking a loved one or friend if they are thinking about taking their own live takes courage.

The call is to you.