Royal Commission into Victoria's Mental Health System

WITNESS STATEMENT OF PROFESSOR DAVID JONATHAN CASTLE

I, Professor David Jonathan Castle, Consultant Psychiatrist at St Vincent's Hospital Melbourne, of 41 Victoria Parade Fitzroy VIC 3065, say as follows:

1 I am a Professor of Psychiatry at St Vincent's Health and the University of Melbourne. I am a former MRC Research Scholar at the South African Institute for Medical Research, MRC Research Fellow at the London School of Hygiene and Tropical Medicine, and trained in both clinical research and psychiatry at Maudsley Hospital and Institute of Psychiatry in London.

Attached to this statement and marked '**DJC-1**' is a copy of my current curriculum vitae.

2 My clinical and research interests include schizophrenia and related disorders, and bipolar disorder. I served two years as Chair of the Victorian branch of the Royal Australian and New Zealand College of Psychiatrists and was an elected member of the Binational RANZCP Board from 2016 to 2018. I am currently a board member of both Mind Medicine Australia and the Mental Health Foundation of Australia. I am one of the founders of the Optimal Health Model currently under the auspice of Optimal Wellness Australia, in which I have a financial stake, hence I have a clear personal interest in that model, which I address in detail in this statement.

3 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

4 I am giving evidence to the Royal Commission into Victoria's Mental Health System in my personal capacity.

Models of care

5 An example of an appropriate model for the provision of mental health services is the Optimal Health Model (**OHP**). The guiding principle for this model is the centrality of the consumer who is encouraged to be actively involved in their own healthcare. Self-management under the optimal health model includes the following four elements:

a) active participation of the consumer in their treatment to minimise the effect of their condition;

b) goal setting;

c) problem solving; and

d) self-management support.

6 Mental health services in Victoria do not currently offer a single care plan as a core part of their service delivery. Ideally, all workers within the mental health system should understand the system and work within it. There should be a core knowledge base and framework that all workers in the mental health system understand and operate within, underpinned by a single care plan. This provides consumers with a single course or trajectory for their interactions with mental health services which, as explained below, ultimately leads to more predictable care that is consumer-centric.

Optimal health model and three health plan levels

7 OHP prescribes a collaborative approach to care. The collaboration is between different partners including, for example, psychiatrists, general practitioners, the consumer's supports, social workers and case managers. The model identifies each of these partners and defines their roles in the continued care of the consumer.

8 A key feature of this approach is that it remains consumer-centred to upskill consumers to ensure they can negotiate their own wellness. Consumers should be able to manage their own health across three distinct health plans. These three plans can be understood by analogy of a consumer driving a car on a highway. The main emphasis should be on safe driving in clear conditions. It is still important to check the rear-view mirror, ensure there is enough fuel, air in the tyres and so on. This is health plan 1. The emphasis is therefore to ensure consumers remain on this health plan and are empowered to look after their own wellness and know what triggers, signs and symptoms to monitor to ensure smooth driving continues.

9 Health plan 2 arises if, as per the analogy, while driving there are road works, adverse weather or gravel on the road. It is then necessary for the driver to understand and deploy strategies to negotiate this difficult section of the road. It is incumbent on consumers to identify risks in their day to day life and communicate which partners and clinicians should take certain actions to assist them in negotiating those risks successfully so that they can continue to navigate through their daily lives.

10 Finally, health plan 3 is the care you need when you end up in trouble. Furthering the analogy, the car has broken down or perhaps been in an accident. This is not a disaster

but is an opportunity for asking what happened and why. What external conditions could be addressed to avoid that accident or circumstance in the future. In these circumstances, consumers should feel empowered to look at the plan to see what failed or what did not work. The cause might be something the consumer did, for example drug use or a failure to take medication, or it might be a system failure where, for example, the consumer's case manager was not available. It is a shared responsibility between the consumer and the health partners to learn how to avoid this outcome in the future.

11 There are a number of imperatives around the scaling up and down across these three health plan levels. First is the primacy of the consumer's choice wherever possible in following these plans. Second, continuity of care is critical to the effectiveness of these three health plans.

12 One of the most important aspects to ensure continuity of care is ensuring that public mental health services have catchment-based services. This is because psychiatry is relationship-oriented and repeated consultations develop the relationship to the benefit of the consumer. The alternative, where consumers can pick and choose which practitioners to see on any given day, does not work. This leads to a break in the continuum of care.

13 The second factor to ensure success of this plan is education at a level that is meaningful to the consumer. OHP mandates that the consumer use tools, for example for balancing stress, addressing vulnerability, to ensure the consumer's lived-experience is brought to the dialogue. Giving the consumer these skills to practice in their own lives and, if necessary, modify for their own use is a pragmatic method ensuring the success of health plan 1.

14 The three health plan levels are equally applicable for different populations. Distinctions between different population groups is unhelpful and creates silos that are incompatible with OHP. For example, people at-risk of developing mental illness and people experiencing mild or moderate illnesses should be cared for under the same coherent model. That model should still incorporate and maintain some emergency crisis assessment and treatment capabilities. However, the emphasis must always be on health plan 1 to ensure consumers are in charge and actively monitoring their health.

Optimal Health Model and coherence of service

15 One of the key difficulties under the current system is that service providers use different care models and speak different languages when engaging with consumers. The result is that consumers find it challenging to navigate the system and are cared for by different services that do not adequately communicate with each other, if at all. As part of my practice, I at times find it difficult to understand the complexity of the current system and

the roles different service providers play in caring for consumers. I expect that a consumer would therefore find navigating the current system incredibly challenging.

16 Another difficulty faced by consumers under the current system is that they will often have to retell their story repeatedly when presenting at different service providers. Aside from the potential for further harm for consumers being forced to relive their story again and again, it is incredibly wasteful and inefficient. At a granular level, a further source of inefficiency is the duplication and sheer number of paper forms for consumers (and practitioners) to complete when receiving care within a single service, let alone across multiple services. There needs to be a single service that coordinates and streamlines this bureaucracy.

17 This is why I consider it necessary for the mental health system to be consistent in its approach. There is an expectation of an underpinning model or ethos that is offered to everyone. A helpful analogy is to schools where all educators are familiar with a core curriculum and are able to teach that core curriculum to all students. In addition to that core curriculum, they are also able to teach any specialist subjects in which they have expertise. In this way, all workers in the mental health system should be skilled and knowledgeable in the same optimal health model so that consumers' interactions with mental health services on their continuum of care are predictable and streamlined.

18 The goal of continuum of care is challenged by the number of disparate players providing mental health services. The provision of mental health services is not properly coordinated between state and federal governments, between government services and non-government services, or sometimes even between the inpatient and outpatient services within a single public mental health service. There is no coherence of model as these services follow different care models, use different languages and do not effectively communicate with each other.

19 Finally, this incoherence is not consistent with a consumer-centred approach to care. Consumers and their families could all be empowered to operate within the OHP that empowers consumers to work through their own care. The system providing that care must be responsive to the consumer's needs and provide a uniform response across all services so that consumers see the single face of mental health services. That is very difficult under the current system where there are disparate systems that do not respond to a consumer's needs in a coordinated manner.

National Mental Health Service Planning Framework

Disconnect at state, territory and federal levels

20 The National Mental Health Service Planning Framework is a model used to estimate the need for mental health care in a given population. Its recent iterations have not translated

to practical changes on the ground. One of the reasons for this is the ongoing disconnect between what actions are taken as between states and territories and the federal government in the mental health space. This has negative consequences because consumers are confronted with a system that lacks coherence as discussed above. Consumers have a lack of empowerment and the incoherent structure cannot support them in self-efficacy.

21 Another reason for this is that the federal and state governments do not all endorse the same service plan. Although Australia is a sophisticated country with a relatively small population, there remain huge divisions in the approach for mental health service delivery. These divisions were identified in the Productivity Commission's Draft Report on Mental Health published in October 2019. There is no good reason why Victorians should, for example, have a different set of aspirations for mental health services from residents of other states or territories.

22 The accuracy of the National Mental Health Service Planning Framework model referred to above is also dependent on the community care options as well as societal issues, such as rates of substance abuse. I co-authored a paper that suggests that Australia needs a safe minimum number of public sector beds to prevent access block in our emergency departments. It recommends at least 50 public sector mental health beds for every 100,000 population. This paper also considers the instructive example of South Australia where an independent review identified the frequent and long periods of consumer restraints in emergency departments was a human rights violation, resulting in an increase in the total inpatient bed numbers by 11% between 2014 and 2016.

Attached to this statement and marked '**DJC-2**' is a copy of the paper I co-authored titled 'Access block to psychiatric inpatient admission: Implications for national mental health service planning'.

Opportunity for colocation of services

23 In terms of bricks and mortar, there is an opportunity for physical structures to emulate the OHP model of care. One approach is for all community services to be provided in a 'one stop shop' with a central receptionist and social hub and all services, such as general practitioners, drug and alcohol support programs, Centrelink, mental health services, available under the one roof. Breaking down the silos between these services makes a huge difference as consumers of mental health services often have great difficulties navigating these structures when separated. All workers in this colocation space should be skilled to a certain level and singing from the same song sheet in respect of the optimum model of health care. There is also the opportunity for interaction between different professional groups, enhancing mutual understanding and respect.

24 Exceptions might include specialist programs that operate on a state-wide or regional basis, services for example supporting consumers with eating disorders or very severe psychotic disorders. Those consumers require specialist centres for care and, in part, such centres provide the opportunity for research and development of excellence in practice.

Acute-care alternatives to hospital care

25 The aim is always to keep people at home. This is health plan 1 described above at paragraph 8 where the consumer is actively monitoring their own health in the community. Health plan 2 might involve a step up / step down facility and health plan 3 might require consumers to be admitted for an acute inpatient stay.

26 The experience of step up / step down facilities in St Vincent Melbourne's catchment has been very positive. Indeed, step up / step down beds are not an alternative to acute beds but should be part of the same model. The funding for these facilities cannot be given on the condition that acute services are reduced, these differing kinds or services need to be available to consumers as separate stages of the one continuum of care.

27 In this context, I also note that there is currently no single state-wide model to ensure consumers have a smooth transition out of hospital and into the community. The mental health unit at St Vincent's Melbourne uses the Strengths Model but this is more of an ethos to instil in the consumer to focus on their strengths to recover and manage their health.

28 Another alternative to hospital care is the Safe Haven Café. The Safe Haven Café is an after-hours drop-in centre at St Vincent's Hospital Melbourne that provides a safe alternative to the emergency department for adults experiencing loneliness, personal difficulties, or simply seeking social connection. It grew out of a need generated by problems within the system. As social animals, being with other people—even if you do not actively engage with them—can be enormously helpful. The Safe Haven Café helps divert consumers away from the emergency department, offering peer support and a convivial caring environment responsive to their needs in crisis. That said, the Safe Haven Café is in a sense symptomatic of emergency departments being overused by mental health consumers due to the limited availability or capacity to access appropriate community and step up / step down services.

Catchments

29 I strongly believe that mental health services in Victoria should continue to be delivered on a geographic catchment basis. The alternative is impractical and continuity of care, which is a paramount consideration in the delivery of mental health services, cannot be delivered without the use of some form of catchment or delineation of scope.

30 At a regional or state-wide level, specialist programs / centres should be provided but consumers should still have the expectation that their catchment area service provides the ongoing continuum of care model in conjunction with the regional or state-wide services. The work of these centres is both to provide specialist care and also to build research to enhance treatment. Catchment area services should have all the core elements of community-based teams, crisis response teams, acute beds, step up / step down facilities, and so on. Regional services could include models such as the Body Image & Eating Disorders Treatment & Recovery Service for eating disorders and state-wide services might include a service to support consumers with, for example, severe psychosis or anxiety disorders. It really depends upon consumers' needs in terms of disease burden and required expertise.

31 Each catchment requires an overall governance structure that will manage the provision of mental health services in that catchment. This includes non-government services, drug and alcohol supports as well the public mental health services. Each catchment should offer all services in the continuum of care. The colocation of services, described above at paragraph 23, should also be made available in each catchment. The cross-fertilisation enabled by these spaces is hugely beneficial for consumers and staff.

32 There should be exceptions where certain expertise can be available state-wide or across catchments. For example, St Vincent's Melbourne partnered with Austin Health to obtain funding to establish a service supporting consumers with eating disorders. It was not possible to obtain that funding without this partnership due to scaling problems. Certain services are not feasible to maintain as catchment-based for the same reason.

33 There is also a strong case for some state-wide services, such as a specialist psychosis service. The National Psychosis Unit in the United Kingdom has been successful in this respect where very severe psychotic diagnoses can be treated for a long period of time, but with connection and continuum of care within their region. Again, it is part of the consumer's ongoing continuum of care in conjunction with their catchment area and with involvement from their family supports, treatment teams and support services.

34 Some larger regional catchments such as the Primary Health Networks are too big. St Vincent's Melbourne services approximately 250,000 people within their catchment area, which allows one to meet population demand for services and allows for a staffing group that is manageable in terms of communication, development and coordination. The next step is to integrate management of non-government organisations or other service providers operating in the same catchment. Ultimately, all services must be made available across all catchments, including regional and state-wide specialist service provision.

Regulation and oversight

35 The regulatory approaches to safety and quality in health service delivery are not done well in the context of mental health because they are currently top-down. The current approach to regulation is often only responsive to a finding from the Coroner's Court, a fear that something might go wrong, or a concern that a consumer's treatment management plan has the incorrect box ticked. In Victoria, the paperwork is so detailed and different for every health service. This disparate approach to regulation is detrimental to the proper management of risk as it stops practitioners and service providers from actively thinking about the risks.

36 This approach to regulation is also a major workforce demoraliser. Clinicians often cite the volume of paperwork and bureaucracy as disenfranchising and a reason for leaving practice in the public sector. The way to strengthen the regulatory framework is to fold it into the continuum of care that is customised for the individual consumer. If an aspect of the consumer's care is not working or going wrong the correct response is to identify what can be done differently rather than placing blame on either consumer or service providers. This approach is antithetical to the top-down oversight currently in place.

37 Further, the regulatory and oversight bodies for mental health services need to be simplified. As discussed earlier, identifying the scope of support provided by different services in each catchment is itself hugely complex. This complexity is added to by the complaints process mandated by the Mental Health Act and the work of the Mental Health Complaints Commissioner, the Office of the Chief Psychiatrist and local hospitals' dispute resolution processes. There is some unnecessary overlap in these oversight bodies that should be reviewed. The best pathway to manage complaints, for example, is for a consumer in a particular service having an issue to make a single complaint and for one system to manage that complaint. It is unproductive to present consumers with different avenues to seek redress that overlap with one another.

38 Accordingly, as with service provision itself, each catchment should follow the same overarching framework for regulation and oversight. This used to be the case in Victoria in the 1990s but since that time catchments have been allowed to drift away from these overarching principles. Similarly, the paperwork involved in mental health care needs to be consistent so that it is streamlined for practitioners and predictable for consumers. A lot of this duplication takes clinicians away from the floor, too, as they spend time completing duplicated forms instead of getting on with caring for consumers.

Service safety

Safety risks and role of emergency departments

39 One of the major safety risks in mental health services are the prevalence of stimulant drugs such as methamphetamines. Around 20% of inpatient service beds are directly or

indirectly affected by stimulant drugs. When a person is under the influence of these substances, or having a psychotic episode under their influence, it is hugely problematic and staff, in addition to other consumers, are fearful for their safety as they experience verbal and/or physical abuse together with property damage in their workplace.

40 The majority of consumers suffering from mental health illnesses are not violent and have no criminal history. However, a significant minority of consumers are violent and who present at emergency departments, for example, and end up in service structures that are not equipped to provide safe treatment and care. The only solution to this deficiency is to have a well-funded forensic psychiatric system that cares for these consumers, including in the community. This type of care pathway is an exception to the continuum of care without silos as these consumers require a separate service structure to mitigate the serious safety risk posed to staff, other consumers and the population at large.

41 Further, it is important to include a standardised and agreed algorithmic response to consumers presenting with psychotic episodes, particularly in the setting of aggression and violence of substance-affected mental states. These consumers should, where possible, be managed without admission to a psychiatric hospital. Instead, emergency departments should be properly configured to care for consumers with short-lived psychotic episodes that resolve within 48 hours.

42 It is also not appropriate to bring every disruptive consumer into acute patient wards. This upsets and disrupts the treatment of consumers already admitted. Further, first-time consumers being admitted and receiving care in proximity to consumers arriving in a psychotic episode is suboptimal. The best solution is to head this off at the emergency department where consumers requiring a brief period of containment and medical treatment can be managed in a safe physical environment and care environment before proper discharge.

43 Of course, the continuum of care still applies. If a consumer perpetrated a violent act, then the consumer, together with the treatment team, must go back and do the same checks: what events or actions led to this violence, what was the outcome and what can be done differently next time.

Protection and support

44 Carers and family supports often bear the brunt of the safety risks presented by consumers exhibiting violent or antisocial behaviour. Carers often report feeling disempowered as, for privacy reasons, they sometimes do not have first-hand access to treatment teams. Consumers should be clear about whether they provide consent for their treatment teams to discuss their care with carers and, if consent is given, any constraints to that consent. This approach is better than a blanket assumption that treatment teams

cannot discuss consumers' treatment with their carers. At worst, clinicians should be liaising with carers to at least take any information they provide on notice and document that information. This approach is endorsed in the Optimal Health Program.

45 The physical environment is very important in protecting the safety of staff and consumers. This includes a lot of natural light and clear visual lines across the floor. For some units, a complete rebuild is required with attention to modern design elements and open space access. Staff training is another tool to improve safety so that all employees of a service understand how to perform their role safely and identify safety risks early. Strong local leadership helps establish and maintain these types of education programs. At a broader level, this leadership also helps champion a service-wide mentality acknowledging a duty to the people within the service's catchment.

46 Since 2014, St Vincent's Health has taken a number of steps to reduce the use of restrictive practices, including clear algorithms for medication use, attention to risk indicators with early intervention and skilling of staff in the use of the least restrictive measures. Some of the key enablers to support professionals in making seclusion and restrictive practices an option of last resort include strong ongoing education and a collegiate environment with a reward rather than blame culture. However, reducing the use of restrictive practice remains difficult in certain circumstances such as the treatment of substance-affected and forensic consumers. A poor physical environment only adds to these difficulties.

Workforce supply and capabilities

Developing and maintaining strong staff capabilities

47 Every service has struggled from time to time to recruit and retain well-trained and skilled staff. There is often a high turnover of staff which is not consistent with optimal care. Indeed, if there is insufficient staffing then the number of available beds is immaterial. One of the biggest problems has been insufficient action from governments in acknowledging the critical role that staff play in the quality of care for consumers and ensuring staff are adequately supported to remain engaged and incentivised to work in these services.

48 The workforce in mental health services is mixed with both clinical and non-clinical expertise. This is a strength. However, and as discussed at paragraph 17, all staff should be trained in the same core level of knowledge and skills to deliver care on the continuum of care model. This includes doctors, psycho-pharmacists, psychotherapists, case managers, nurses, and so on. This core level of training needs to be given across all disciplines as well as the peer workforce.

49 In terms of upskilling, this is most usefully done at a local level within individual catchments. For example, the size of St Vincent's Melbourne is appropriate for staff to get together in a room on a regular basis for education sessions. This is of great benefit. It is also possible to use technology in this context, though it is not a panacea. At St Vincent's Melbourne, we hold education sessions remotely during the COVID-19 restrictions and this has proven helpful in increasing reach and attendance. It would also be helpful for non-government service providers to attend these sessions so that all catchment-based services receive the same education and interface with each other.

50 At St Vincent's Melbourne, multidisciplinary case discussions are held in which real cases or hypothetical examples are discussed to determine best management. They are conducted in a similar fashion to grand rounds. There is also a lot of in-house teaching provided to registrars, while nursing staff have their own robust professional development programs. Another initiative that has proven successful are 6-monthly team dinners at which a particular issue is discussed and suggestions provided to address the problem or observation. Then at a future dinner a discussion takes place to see what changes have or have not been made and what are the effects on the ward.

51 Strong leadership is also important to develop these programs. The best managers are the ones who have a strong background in clinical care and have demonstrated clinical leadership and imperatives. I discuss resourcing further from paragraph 82.

Overcoming barriers to consumer-focussed practice

52 One of the barriers to multidisciplinary and consumer-focussed practice is generic case management. As stated earlier, all staff in a consumers' continuum of care must have a certain core level of skill and training that is consistent across all services. On top of this core training, practitioners should also deploy their own specialist skills in addition to that fundamental skillset. For example, psychologists should be allowed to use cognitive behavioural therapy as part of their roles but at times are told they cannot because they are a case manager and those therapies are outside their roles.

53 The mix of specialties and disciplines is one of the greatest benefits of the public health system. There need to be clear lines of governance around this at three levels: (i) an operational line looking after day to day activities through managers; (ii) a professional line looking after staff across different disciplines; and (iii) a clinical line where a clinical lead manages their team. These three lines are the strongest way to organise workforces to provide multidisciplinary and consumer-focussed professional care.

54 The coordination of multidisciplinary care for consumers can be enhanced by giving consumers their own charts, which includes their physical health. Roles should be defined to help consumers with diet and exercise but also ensuring that someone at least is doing

this monitoring and acting on the results of that monitoring. A role must be clearly defined as the person taking carriage of the consumer.

55 Another strategy to enhance consumer-focussed multidisciplinary care is embedding cultural competency into the continuum of care. The Victorian Transcultural Mental Health (**VTMH**) unit is a positive aspect of the care system. Representatives of the VTMH should attend multidisciplinary team meetings across all services so that educational opportunities may be identified and discussions are supported by their insight.

56 For the lived experience workforce, which is not always well-defined, better support can be provided by ensuring that they are part of a collaborative partnership. Often their role in the continuum of care is not properly articulated and who does or does not constitute the lived-experience workforce is unclear. This is another benefit to the OHP, which allows for different partners' roles to be clearly defined and all participants operate within the same model.

Digital technologies in mental health

57 Technology has the capacity to help in the delivery of mental health services. It has been used effectively by practitioners and consumers of mental health services to overcome the restrictions due to the COVID-19 pandemic. Outside of the challenges posed by the pandemic, telehealth should be offered as a method to deliver mental health services. It is particularly apt for consumers of mental health services who may experience barriers to attending an appointment but who will engage in telehealth from home. Telehealth also helps break the tyranny of distance in making it possible to maintain continuity of care for consumers moving to other catchments in Victoria or even interstate.

58 There is, however, a risk that technology can be relied on too heavily. In the context of psychiatric care, face to face interactions between practitioners and consumers remains necessary. This is because, in particular for initial consultations, clinicians rely on social interaction cues to inform their assessments and treatment plans and physical examinations to identify any comorbidities. Exclusively delivering care through videoconferencing should therefore not be the default mode of care unless necessary.

59 The use of technology in the delivery of mental health services poses other challenges. First, the protection of consumer's privacy must be clear to ensure confidence in the use of telehealth. For example, consumers may be concerned that their appointments with clinicians are being recorded. Second, technology may also pose challenges for consumers of mental health services, for example, consumers diagnosed with technology-related paranoia. These concerns will need to be addressed before technology can be an accepted method of mental health service delivery.

60 In the mental health space, technology has been effectively used through the Self-Management and Recovery Technology (**SMART**) project led by Mr Neil Thomas of Swinburne University of Technology. The project has produced an online resource to be used on tablet computers during consultations between mental health workers and consumers, which is also accessible by consumers at home or on a mobile phone. This provides resources, exercises and tools to promote personal recovery.

61 The SMART program is also an important tool in strengthening the role of people with lived experience in the digital agenda for mental health. I am very grateful to our peer workforce in this context who can be better integrated into the catchment teams through the use of this type of technology.

62 In respect of digital health care generally, we need to have a continual cycle of assessment including reviewing uptake, acceptability and efficacy. This assessment is apt for researchers and will help in developing, testing and validating the efficacy of digital technology in mental health care. Research findings can then be disseminated to provide guidance to consumers and providers through a cascade approach, or snowballing, amongst users and potential users in the form of publications, articles, conferences and social media.

Intersection between physical illness and mental illness

63 Public health services can address consumers' physical and mental health through the OHP as an integrated model of care. An important first step is to incorporate non-government providers into the continuum care and ensure that they operate within each catchment. It is critical that all practitioners, not just case managers, are reminded that it is an integrated approach to care. This can be done by having local champions in each service that ensure that continuum of care is normalised as part of consumers' care plans by the catchment teams.

64 As discussed at paragraph 54, another way to manage the physical and mental health of consumers better, is to give consumers their own charts. This is a consumer-centric way to manage both physical and mental health while promoting self-efficacy.

65 Consumers in inpatient environments, including secure care, should be part of their own physical health monitoring. It is necessary for physical health issues to be addressed in these environments and for consumers to be offered what is needed, for example, in terms of screening. Case managers often make decisions rather than consumers directly in respect of screening for programs like smoking cessation. Smoking cessation is a physical health issue and we can help consumers who are smokers and who wish to stop. It is ultimately the consumer's choice as to whether they want to participate and should not be left at the sole discretion of case managers.

66 For smoking cessation, one model that has been successful is motivational interviewing. This model describes a consumer-focussed type of counselling, which is designed to help consumers to understand and address any ambivalence about behavioural changes such as quitting smoking. St Vincent's Melbourne is part of an NHRMC funded project led out or Newcastle University, that uses a "Quitlink" intervention where peer workers support consumers with mental health illnesses obtain help with smoking cessation together with nicotine-replacement therapy. They key for any model is continuity of support which is an ongoing issue due to the high risk of relapse. These models cannot be project-based with an end date because the addiction is often lifelong.

67 Another tool to assist in the management of consumers' physical and mental health is the promotion of Consultation-Liaison Psychiatry (**CLP**). CLP is a psychiatric subspecialty emphasising the practice of psychiatry in collaboration with a range of other health professionals. It is a service that assesses and manages major psychological problems and psychiatric disorders in general hospital inpatients. One of the biggest problems in promoting this role has been the lack of defined funding. The funding also does not allow for follow up of consumers seen by the CLP team following discharge or referral, which is inconsistent with the continuum of care approach.

68 Finally, a shared decision making model is central to promote collaboration between consumers and healthcare teams. The success of this process requires both consumer and practitioner involvement and is an important component for managing physical health side effects of mental health medications. I co-authored a paper that describes the enablers and barriers for consumers arising from a shared decision making model.

Attached to this statement and marked '**DJC-3**' is a copy of the paper I co-authored titled 'Shared decision making in mental health: the importance for clinical practice'.

69 Barriers to a shared decision making model include consumer factors, clinician factors and systemic factors. Consumer factors include education levels, income, access to information, self-stigma, current symptoms of illness, feelings of powerlessness, lack of trust in health professionals and cultural attitudes regarding the roles of consumers and doctors. Clinician factors include the attitude of the psychiatrist towards the consumer and their perception about the ability of the consumer to participate in shared decision making. Finally, a commonly reported systemic factor is the perceived lack of time available during consultations. These factors all add complexity to the shared decision making, which may contribute to difficulties in managing physical side effects of many mental health medications.

70 Enablers that facilitate shared decision making, from both consumer and clinician perspectives, include openness, trust, patience, respect, informing the doctor and giving feedback, engagement and active participation in the consultation and implementing the

shared decision. These enablers should be promoted to ensure that a shared decision making process is followed to manage physical health side effects of mental health medications.

Compulsory treatment

71 The continuum of care model has an important role to play where compulsory treatment is necessary. In cases of compulsory treatment, it is an opportunity to work with consumers and families to inspect the timeline of what happened that resulted in compulsory treatment and identify what triggers might be managed in the future to avoid readmission. Without continuum of care, this discussion cannot take place because there is no holistic treatment option or discussion available for the consumer. In this way, the continuum of care model has the potential also to minimise the need for compulsory treatment. The ethos must always be on the empowerment of consumers to get off any compulsory order by working within the continuum of care model.

72 In terms of research, the literature addressing the efficacy of community treatment orders is incredibly difficult to parse. For example, it is challenging to design a randomised control trial to establish if community treatment orders are necessary and, if so, their effectiveness. These constraints on methodology help explain the deficiencies of research in this area.

Linkages and integration between mental health services and other services

73 The OHP promotes linkages between mental health services and other services that are catchment area-based. This allows all services to work within a respectful governance framework for delivering the best care for consumers in that catchment. Under the current system there is a mismatch. We have non-government organisations, drug and alcohol organisations, private service providers, public service providers, not-for-profit organisations such as Headspace, and so on. All of these services are silos which have incongruous paperwork, terminology and language and do not communicate with each other to provide the consumer with a united front as a single system. This must be addressed by returning to a simple catchment-based service model where resources are allocated to a catchment to look after consumers within that catchment.

74 Headspace, which is a centre for young people seeking support for mental health, physical health and/or alcohol and drugs issues, is an example of poor service planning in the sense that it was designed to interdigitate with extant services. The organisation was established and is funded by the federal Department of Health. There are over one hundred headspace centres across Australia whose operations are highly variable. Further, the centres' work are not properly integrated within the catchment services and are not properly integrated on the continuum of care model. Of course there is intuitive

appeal about the Headspace model and some elements, such as non-stigmatising access, are helpful, but lack of integration with extant services is a major downside.

75 Historically, one of the key components of a consumer's continuum of care was their general practitioner. The GP would be a consumer's central carer from birth to death on all health issues. However, it is increasingly rare in modern general practices for consumers to see the same GP consistently. For example, consumers will often be seen by a different GP each time they visit a bulk billing clinic. This is a system failure where general practitioners are under time pressures to see a large patient load. One way to manage this issue might be to have a group of general practitioners interested and skilled in mental health folded into the continuum of care model so that consumers with mental health issues have access to these practitioners consistently.

Streaming

76 It is not necessary to introduce silos in the provision of mental health services between young adults and adults. This approach introduces barriers for both consumers and staff. While I am sympathetic to the notion that younger consumers should not be introduced into the hospital process where other consumers display more severe or enduring illnesses, these concerns are generally emotive and not evidence-based. Early intervention models are well-supported in the literature and should be followed, but they are not a panacea and it is arguable whether they actually impact the longitudinal course of illness. Thus, consumers must be offered ongoing care if they need it, for as long as they need it, within the continuum of care model. Youth specialists should work within the catchment teams so that younger consumers remain on the continuum of care.

77 Child psychiatry is different because the family unit is generally involved and mental health treatment must be tailored to the developmental milestones of the child consumer. This is specialist work.

Commissioning

78 Commissioning as a bolt-on to an existing system is destined for failure. Any commissioning must be coherent with the existing structures. Too often commissioning is reactive or responsive to issues reported in the media which become politicised. This results in the commissioning of limited-term services which are incoherent and inconsistent with the continuum of care model.

79 Similarly, it is not good enough to have competition for funding across different services because that competitive process invites funding for services which are politically attractive but not necessarily the most beneficial. Instead, the catchment-based continuum of care model is the best approach to manage commissioning of services in the long term.

80 There is scope for some flexibility in the way services are commissioned and provided across the state to ensure responsiveness to local need. As an example, St Vincent's Melbourne as an inner-city service has a homeless outreach team (the Clarendon Homeless Outreach Psychiatric Service). This service provides acute assessment and case management for consumers with mental illness who are homeless or at risk of homelessness. This service is not one that would be provided across the whole state as, for example, regional and/or affluent suburbs have a low need for that type of support. In this way, catchments need some flexibility about how they respond to the particular needs of their local community.

Governance and performance monitoring

81 Governance arrangements to empower mental health services to deliver improved outcomes for consumers, families and carers must be strong and transparent. As discussed at paragraph 53, governance should follow three levels: (i) clinical (up to lead clinician); (ii) operational (managing day to day running of a service); and (iii) professional (such as professional bodies regulating different workforces). These three levels must be clearly articulated.

82 There are significant barriers to united leadership and consensus-based advocacy in Victoria's mental health sector. The National Disability Insurance Scheme is an example of enduring social sector reform in Australia but it is antithetical in mental health where we should not be talking about disability but instead recovery. In the mental health space the resourcing should be directed towards establishing and enhancing proper catchment-based services. That resourcing can be measured by KPIs that are not just about numbers but are more about outcomes that respond to consumers' needs.

83 Examples of blunt outcome-based KPIs include rates of readmission, seclusion and restraint. These are important but we need more nuanced measures to capture the quality of care delivered and received. Again, the most important person is the consumer so it is imperative that they, together with their families and/or carers, speak to the quality of care they need on their care pathway so any KPIs reflect that need.

84 The OHP uses a self-assessment tool called the Optimal Health Wheel to assess a person's satisfaction under six domains of health: emotional, physical, social, intellectual, spiritual (values), and occupational. This allows a rich discussion about areas of need for the individual, and allows a discussion about the best balance for the consumer in terms of interventions; it also allows transparency and shared vision in tracking the consumer's care journey and recovery.

85 Data collection can also inform the development of mental health policy, practice and research. However, a distinct failure of successive governments to endorse ongoing

support for clinical academics has led to poor data collection in the mental health space. Clinical academics should be mandated to be involved in clinical service research as is done at St Vincent's Melbourne. Data is critical to speak authoritatively about anything in medicine and to answer the question of whether service innovations are effective or not. Data also helps the public respect the outcomes of policy, practice and research.

Prevention

86 Any discussion about prevention in mental health should focus on social policy, employment and social inclusion generally. These are aspirational and difficult constructs but modelling suggests they can be more important in preventing mental illness than mental health services alone. For suicide, for example, some modelling from the UK suggested that mental health services can reduce rates of suicide by 15% whereas ensuring availability of employment can reduce rates of suicide by 30%. Similarly, the links between depression and unemployment are well-articulated in the literature.

Attached to this statement and marked '**DJC-4**' is a copy of the paper titled 'Strategies for preventing suicide'.

87 It is important to distinguish between early interventions to prevent an episode as opposed to interventions early in the illness course. Interventions to prevent the reoccurrence of an episode are certainly needed and those interventions form part of the continuum of care model that requires the consumer, their supports and the treatment team to reflect on and identify triggers that led to the mental health episode: this is central to OHP. In terms of early-in-illness, it is very challenging to identify people at high risk of developing a mental illness with any accuracy, notably using a general population sampling frame. This is not to say we should not try to intervene as early as possible, it is just to note the issues relating to predictive testing: this can also be said for predictors of illness course.

sign here ► 

print name DAVID JONATHAN CASTLE

date 29 May 2020

Royal Commission into
Victoria's Mental Health System

ATTACHMENT DJC-1

This is the attachment marked 'DJC-1' referred to in the witness statement of Professor David Jonathan Castle dated 29 May 2020.

DAVID JONATHAN CASTLE

MBChB MSc GCUT DLSHTM MD FRCPsych FRANZCP FRSSA MAICD

CURRICULUM VITAE

As at 1st April 2020

David is currently Professor of Psychiatry at St Vincent's Health and The University of Melbourne. He is a former MRC Research Scholar at the South African Institute for Medical Research, MRC Research Fellow at the London School of Hygiene and Tropical Medicine (where he gained an MSc in epidemiology), and trained both in clinical research and psychiatry at London's prestigious Maudsley Hospital and Institute of Psychiatry.

David's clinical and research interests include schizophrenia and related disorders, and bipolar disorder. He has a longstanding interest in the impact of licit and illicit substances on the brain and body, and is actively engaged in programmes addressing the physical health of the mentally ill and the mental health of the physically ill. He is also pursuing his work on OCD spectrum disorders, notably body dysmorphic disorder, in which he is a recognised international expert. He has been successful in attracting substantial grant funding from a variety of different sources, and has strong local, national, and international research links. He has received a number of commendations for his work, including the Senior Research Award from the Royal ANZ College of Psychiatrists (RANZCP) and a University of Melbourne Vice Chancellor's Staff Engagement Award. In 2015 he was presented with the Ian Simpson Award by the RANZCP in recognition of outstanding contributions to clinical psychiatry as assessed through service to patients and the community.

David's track record demonstrates a capacity to disseminate research findings to the scientific, academic and clinical communities. As of March 2020, he had published nearly 800 articles and book chapters; and produced 23 books, aimed at clinical, academic and lay audiences. His work is highly cited (as of March 2020, his work had been cited over 21,000 times; his googlescholar h-index was 74 and i-10 index 326; and Researchgate index over 50). His book, "Marijuana and Madness" (co-edited with Prof Sir Robin Murray, UK) was the British Medical Association's Mental Health Book of the Year in 2005; it is now in its 2nd edition. His 2015 book, "Schizophrenia" (co-authored with Prof Peter Buckley, US) was Highly Commended in the British Medical Association Medical Book Competition; it is also now in its 2nd edition.

David is on a number of advisory boards and editorial boards, and is a reviewer for numerous national and international scientific journals. He is regularly invited to present at local, national and international scientific meetings: he has been an invited speaker on around 500 occasions.

David's strong commitment to teaching is reflected in his completion of the Graduate Certificate in University Teaching from the University of Melbourne in 2011; his election as a Fellow of the Melbourne Medical School Academy of Clinical Teachers in 2013; and his being awarded a Certificate of Outstanding Teaching from the University of Melbourne in 2015.

David served two years as Chair of the Victorian Branch of the Royal Australian and New Zealand College of Psychiatrists and was an elected member of the Binational RANZCP Board 2016-2018. Currently he is a board member of both Mind Medicine Australia and the Mental Health Foundation of Australia. In 2016 he became a Member of the Australian Institute of Company Directors. David's broader interests include music, literature, theatre and art.

CURRENT APPOINTMENTS:

Professor of Psychiatry, St. Vincent's Hospital, Melbourne and The University of Melbourne
Consultant Psychiatrist, St. Vincent's Hospital, Melbourne

ADJUNCT APPOINTMENTS:

Honorary Professor, Department of Psychiatry, University of Cape Town
Clinical Professor, University of Western Australia School of Psychiatry & Clinical Neurosciences
Adjunct Professor, Faculty of Health, Arts and Design, Swinburne University

SECTION 1

PERSONAL DETAILS

NAME IN FULL DAVID JONATHAN CASTLE

DEGREES

MBChB	University of Cape Town, 1985
MRCPsych	Royal College of Psychiatrists, UK, 1991
MSc (Epidemiology)	University of London, 1993; Thesis: "Prediction of Outcome from Behavioural Psychotherapy for Obsessive-Compulsive Disorder: An Analysis of 219 Outpatients"
MD (by thesis)	University of Cape Town, 1995. Thesis: "Schizophrenia in Camberwell, 1965 to 1984"
DLSHTM	London School of Hygiene and Tropical Medicine, 1996
FRANZCP	Royal Australian and New Zealand College of Psychiatrists, 1999
FRCPsych	Royal College of Psychiatrists, UK, 2009
GCUT	University of Melbourne, 2011
BA (part only)	History I, History of Music, Philosophy I, English I, Classical Civilisation (Rhodes University, 1984); Psychology I (University of South Africa, 1986); Introduction to History of Art and Design, Issues in Contemporary Art, Art in the Age of Revolution, Australian Art, Modernism in Art and Design, Contemporary Indigenous Australian Art, Art and the Environment, Perspectives on Beauty in Art (Curtin University 2011-2016)
MAICD	Australian Institute of Company Directors, 2016

NATIONALITY Joint British / Australian Citizen

CURRENT APPOINTMENTS

Chair of Psychiatry, St. Vincent's Hospital, Melbourne and The University of Melbourne
Consultant Psychiatrist, St. Vincent's Hospital, Melbourne

ADJUNCT APPOINTMENTS

Clinical Professor, School of Psychiatry and Neurosciences, Uni of Western Australia
Honorary Professor, Department of Psychiatry, University of Cape Town
Adjunct Professor, Faculty of Health, Arts and Design, Swinburne University

REGISTRATIONS

- General Medical Council, United Kingdom (Full Registration & Specialist Registration in Psychiatry)
- National Medical Board of Australia (Full Registration)

PROFESSIONAL AFFILIATIONS

- Fellow, Royal College of Psychiatrists, United Kingdom
- Fellow, Royal Australian and New Zealand College of Psychiatrists
- Association of European Psychiatrists (AEP)
- International Society for Bipolar Disorders (ISBD)
- International Association for Affective Disorder (ISAD)
- Schizophrenia International Research Society (SIRS)
- World Federation of Societies of Biological Psychiatry (WFSBP)
- Australian and New Zealand Association of Psychiatry, Psychology and Law (ANZAPPL)
- Australasian Society for Mental Health Research (ASMHR)
- Anxiety Recovery Centre of Victoria (ArcVic)
- European College of Neuropsychopharmacology (ECNP) (Corresponding member)
- Australian Association of Smoking Cessation Professionals (Full Member)
- Member, Australian Institute of Company Directors
- Member, ANZ Academy for Eating Disorders (ANZAED)
- Member, Australasian Professional Society on Alcohol and other Drugs (APSAD)
- Member, International Stress and Behaviour Society (ISBS)

SPECIAL INTERESTS

- Epidemiology of schizophrenia
- Gender differences in the functional psychoses
- Late onset schizophrenia
- Treatment strategies in schizophrenia
- Physical health problems in the mentally ill
- Mind-body interface
- Cannabis and mental illness
- Bipolar affective disorder
- Behavioural/cognitive approaches to the treatment of anxiety disorders
- Nosology and treatment of obsessive-compulsive spectrum disorders
- Disorders of body image
- Psychedelics and mental illness
- Teaching psychiatry to under- and postgraduates

SUMMARY OF ACADEMIC & CLINICAL CAREER

(for details see Appendix 1)

1974 - 1978	**Schooling**, Rondebosch Boys' High School, Cape Town, South Africa
1979 - 1983	**MBChB degree**, University of Cape Town
1983 Nov - Dec	**Elective**, Department of Neurology, Radcliffe Infirmary, Oxford, UK
1984	**BA degree**, Rhodes University, Grahamstown, South Africa
1985	**Student Internship**, University of Cape Town & Groote Schuur Hospital, Cape Town, South Africa
1986	**House Officer**, Groote Schuur Hospital, Cape Town, South Africa
1987	**MRC Research Scholar**, MRC Human Ecogenetics Research Unit, School of Pathology, South African Institute for Medical Research and University of the Witwatersrand, Johannesburg, South Africa
1988 Jan - Jun	**SHO in Neurology**, Department of Neurology, Groote Schuur Hospital
1988 Oct - 1991 Sept	**SHO/Registrar in Psychiatry**, Bethlem Royal and Maudsley Hospitals Special Health Authority and Institute of Psychiatry, London, England
1991 Oct - 1992 Sept	**Clinical Lecturer**, Genetics Section, Institute of Psychiatry; **Hon Senior Registrar**, Maudsley and Kings' College Hospitals, London
1992 Oct - 1993 Sept	**MRC Research Fellow**, London School of Hygiene and Tropical Medicine, University of London
1994	**Postgraduate Training Scheme in Psychiatry**, Western Australia
1995 Jan - 1997 Oct	**Consultant Psychiatrist**, Bentley Health Service, and **Associate Director**, Mills Street Clinical Research Unit, University of Western Australia
1997 Nov - 1998 July	**Senior Lecturer**, University of Western Australia, and **Consultant Psychiatrist**, Royal Perth Hospital
1998 July - 2001 Oct	**Clinical Director**, Mental Health, Fremantle Hospital & Health Service, and **Clinical Associate Professor**, University of Western Australia
2001 Oct - 2006 Jan	**Head, Clinical Stream,** Mental Health Research Institute of Victoria; **Professorial Fellow,** The University of Melbourne; and **Consultant Psychiatrist**, Royal Melbourne Hospital
2006 Jan - current	**Chair of Psychiatry**, St. Vincent's Hospital and The University of Melbourne **Consultant Psychiatrist**, St. Vincent's Hospital, Melbourne

CLINICAL SKILLS

- Comprehensive training and wide experience in **adult clinical psychiatry**
- Experience of **psychiatry of old age**
- Experience of **child and adolescent psychiatry**
- Training in **cognitive and behavioural psychotherapeutic techniques**, including course in cognitive behaviour therapy and supervision, Institute of Psychiatry, London
- Experience of **psychodynamic & family therapy** techniques
- Experience of **group therapy**
- Consultancy work, **Multiple and Complex Needs Team**, Melbourne, 2009-10
- Workshop, **Fundamentals of Tobacco Interventions**, SRNT, Toronto (February 2011)
- Consultancy work, **Body Image and Eating Disorders Treatment Service**, Melbourne, 2010- 11
- Workshop, **Mentalisation Based Therapy (MBT)**: Anthony Bateman, Melbourne (April 2012)
- Workshop, **Transference Based Psychotherapy (TBP)**: Frank Yeomans, Melbourne (March 2015)
- Workshop, **Transference Based Psychotherapy (TBP)**: Frank Yeomans, Hong Kong (May 2016)
- Online course, **Acceptance and Commitment Therapy**: Russ Harris (March-May 2017)

RESEARCH SKILLS

- Extensive experience in **design, execution, analysis and presentation** of a wide variety of clinical and epidemiological research
- Good working knowledge and experience of **data collection, data management, and statistical analysis**
- Working knowledge and experience of **clinical questionnaire** design, reliability, validity, etc.
- Experience of multicentre **treatment studies** (anxiety disorders, affective disorders, psychotic disorders)
- Trained in use of Present State Examination (PSE-9) and SCAN (PSE-10)
- Experience in use of SADS-L and FH-RDC interview schedules
- Use of HAM-A, HAM-D, Y-BOCS, and other anxiety/depression scales
- Extensive use of Operational Criteria Checklist for Psychotic Illness (OPCRIT) and Diagnostic Interview for Psychoses (DIP)
- Word processing
- Computerised statistical packages EPI-INFO, SPSS, EGRET
- **Good Clinical Practice** course, Peter MacCallum Cancer Centre (August 2016)

HONOURS, AWARDS, ACHIEVEMENTS, FELLOWSHIPS

1987	MRC (South Africa) **Post-Internship Scholarship** in Medical Genetics
1992	**Young Scientist Award** at International Congress on Schizophrenia Research, Badgastein, Austria
1992	MRC (UK) **Training Fellowship** to study for MSc in Epidemiology at London School of Hygiene & Tropical Medicine
1993	Merck-Lipha **Annual Award** for Psychiatric Research
1994	**Travel Fellowship** Australian Schizophrenia Research Conference, Q'land
1995	Organon **Research Award** (Australasian Society for Psychiatry Research)
1996	Inaugural Janssen-Cilag **Travelling Scholarship** in Schizophrenia
2000	**Senior Scientist Award**, Tenth Biennial Winter Workshop on Schizophrenia, Davos, Switzerland
2000	**ANZ Mental Health Service Achievement Bronze Award** for Intensive Rehabilitation Service (on behalf of SW Metropolitan Mental Health Services)
2001	**ANZ Mental Health Service Achievement Silver Award** for General Practice Liaison Service (on behalf of Fremantle Hospital and Health Service)
2001	**Eli Lilly Partnerships in Wellbeing Recognition Award** for Group Program (on behalf of Fremantle Hospital & Health Service)
2003	**Certificate of Appreciation**, Mental Health Research Institute of Victoria, in recognition of a high citation publication
2002	**Honorary Friend** of the Anxiety Recovery Centre, Victoria
2005	**Visiting Professor**, Prince Charles Hosp & Rockhampton Mental Health, Q'land
2005	**British Medical Association Mental Health Book of the Year First Prize** for "Marijuana and Madness"
2006	**Visiting Professor**, University of the Witwatersrand, Johannesburg, South Africa
2007	**National Network of Adult and Adolescent Children who have Mentally Ill Parents** Trophy Award for Bipolar project (on behalf of Coll Therapy Unit, MHRI)
2007	**British Medical Association Medical Book Competition: Commendation** for "Mood and Anxiety Disorders in Women"
2008	**Distinguished Fellow**, Pacific Rim College of Psychiatrists
2008	**Victorian Healthcare Awards *and* Premier's Award: Highly Commended** for "Healthy Lifestyles for People with a Serious Mental Illness" (with Bridget Organ, on behalf of St. Vincent's Mental Health Service)
2009	**Fellow**, Royal College of Psychiatrists (UK)
2009	**ANZ Mental Health Service Achievement Silver Award** for "Empowering Consumers to Make Informed Choices about Medication" (with Nga Tran, St Vincent's Mental Health Service)
2009	**Victorian Public Healthcare Awards Gold Award** For "Mental Health Medication Information Program" (with Nga Tran, Senior Mental Health Pharmacist)
2009	**Leadership Course**, Asialink, The University of Melbourne
2010	**Honorary Fellow,** The Bionic Ear Institute
2011	**MSD Senior Research Award by the RANZCP** (made to the Fellow who has made the most significant contribution to psychiatric research in Australia and New Zealand over the preceding five years)
2012	Invited member, **Schizophrenia International Research Society International Advisory Committee** (2012-2015)
2012	**St Vincent's Health Australia Health Quality Award: Exceptional Care: Research Excellence** for Early Psychosis Program (led by Melissa Petrakis on behalf of the EEP Team of which I am research director)
2013-15	**Faculty Member, Faculty of 1000** in pharmacology and drug discovery
2013	**Fellow, University of Melbourne Medical School Academy of Clinical Teachers** in recognition of outstanding contribution and leadership in teaching
2013-current	**Honorary Professor,** University of Cape Town Department of Psychiatry
2013-15	**Adjunct Professor,** Faculty of Health Sciences, Australian Catholic University

HONOURS, AWARDS, ACHIEVEMENTS, FELLOWSHIPS (cont)

2014-current	**Adjunct Professor,** Faculty of Health, Arts and Design, Swinburne University
2014-2018	Invited member, **Schizophrenia International Research Society International Advisory Council**
2014	**Elected Fellow**, The Royal Society of South Australia
2014	University of Melbourne **Vice Chancellor's Staff Engagement Award**
2015	**Ian Simpson Award by the RANZCP** (for recognition of outstanding contributions to clinical psychiatry as assessed through service to patients and the community)
2015	**British Medical Association Medical Book Competition: High Commendation** for "Schizophrenia"
2015	**TheMHS Award** for "Optimal Health Program: psychoeducational wellbeing program from research to reality" (with Helen Wilding, Gaye Moore and Chantal Ski on behalf of St Vincent's Mental Health Service and Australian Catholic University)
2015	**Certificate of Outstanding Teaching from the University of Melbourne** (for teaching into the MPsychiatry course)

TEACHING / TRAINING EXPERIENCE

- Extensive clinical teaching in psychiatry at **undergraduate and postgraduate** levels
- Regular lectures to **medical students and trainee psychiatrists** (UK and Australia)
- **Supervision** of research projects, including College Dissertations, and Masters and Doctoral theses
- Member of **trainees' committees** at local and national level (UK) (1988-1991)
- Member of Royal College of Psychiatrists' **Approval Panels** (UK) (1990-1993)
- Chair, review of **Medical student teaching in psychiatry**, University of Melbourne (2002)
- Chair, review of **MPM/MPsychiatry course**, Universities of Melbourne and Monash (2006)
- UoM **Director, MPM/MPsychiatry course**, Universities of Melbourne and Monash (2006-2013)
- **Inaugural Chair, Education Committee**, University of Melbourne Dept of Psychiatry (2007-2013)
- **Workshop, Higher Degree Research Supervision**, The University of Melbourne (2010)
- **Supervision re-training workshop**, RANZCP (February 2010)
- **Graduate Certificate in University Teaching** (University of Melbourne): completed 2011(H2A,H1,H1)
- Member, First Year **Syllabus Development Working Party**, RANZCP (2011)
- **Fellow, University of Melbourne Medical School Academy of Clinical Teachers** in recognition of outstanding contribution and leadership in teaching (2013)
- **Certificate of Outstanding Teaching from the University of Melbourne** for teaching into the MPsychiatry course (2015)

THESES SUPERVISED (total awarded = 19; current = 8)

- **BSc degree by dissertation** (Kings' College Hospital); Thesis: “Urban birth and risk of schizophrenia” Dr K Scott *(awarded 1992)*
- **RANZCP Dissertation**; Thesis: “An investigation into handedness, neurological soft signs and minor physical anomalies in a first-episode psychosis sample” Dr Ken Orr *(awarded 1996)*
- **RANZCP Dissertation**; Thesis: “The development of clinical guidelines for zuclopenthixol acetate” Dr Caryl Barnes *(awarded 2000)*
- **PhD Thesis** (University of London): “The causes of suicide” Dr Aamer Sarfraz (co-supervised with Professor Martin Prince) *(awarded 2006)*
- **RANZCP Dissertation**: “Anxiety comorbidity in psychosis” Dr Vanda Pokos *(awarded 2004)*
- **PhD Thesis** (University of Melbourne): “Management of mental health presentations to emergency departments” Dr Jonathan Knott (co-supervision with A/Prof David Taylor) *(awarded 2006)*
- **PhD Thesis** (University of Melbourne): “Investigating sex differences in emotional processing in schizophrenia patients and healthy controls” Nicole Joshua (co-supervised with A/Prof Susan Rossell) *(awarded 2010)*
- **PhD Thesis** (University of Melbourne): Perceptual abnormalities and attentional biases in body dysmorphic disorder” Wei Lin Toh (co-supervised with A/Prof Susan Rossell and Dr Lisa Phillips) *(awarded 2011)*
- **PhD Thesis** (Monash University) Kate McGregor “Personality, schizophrenia, and violence” (co-supervised with Professor Paul Mullen) *(awarded 2010)*
- **Master of Clinical Pharmacy** (Monash University) Donald Chu “A pilot study into the effects of providing (translated) medication information to Chinese Mandarin speaking patients with schizophrenic and bipolar related psychoses” (co-supervised with Professor Colin Chapman, Dr Jennifer Marriott, and Ms Nga Tran) *(awarded 2008)*
- **PhD Thesis** (The University of Melbourne) Sue Lauder “Development and evaluation of an on-line programme for treating bipolar disorder” (co-supervised with Prof Michael Berk, Dr Andrea Chester, Dr Seetal Dodd) *(awarded 2016)*
- **PhD Thesis** (University of Melbourne) Laura Hayes “Hope and recovery in a family treatment program for schizophrenia: A program evaluation of a family psychoeducational intervention” (co-supervised with A/Prof Carol Harvey and Prof Helen Herrman) *(awarded 2014)*
- **PhD Thesis** (The University of Melbourne) Melissa Tang “The unique impact of bone and soft tissue sarcoma on mental health outcomes; attitudes of non-orthopaedic cancer specialists on patients with bone metastases” (co-supervised with Prof Peter Choong) *(awarded 2019)*
- **MPsych Thesis** (The University of Melbourne) Jae Cooper “Smoking and psychosis” (co-supervised with Prof Carol Hubert and Prof Ron Borland) *(awarded 2019)*
- **PhD Thesis** (The University of Melbourne) James Le Bas “The Prestige Model and its application to bipolar disorder” (co-supervised with A/Prof Richard Newton) *(awarded 2015)*
- **PhD Thesis** (The University of Melbourne) Andrea Phillipou “Anorexia nervosa: An fMRI study in visual scan pathways and saccadic eye movements” (co-supervised with Prof Larry Abel and Prof Susan Rossell) *(awarded 2015)*
- **Doctor of Clinical Dentistry Thesis** (The University of Melbourne) Gurika Sud “Body image and prosthodontics” (co-supervised with Prof Roy Judge) *(awarded 2015)*
- **PhD Thesis** (Swinburne University) Sarah Brennan “Body Dysmorphic Disorder” (co-supervised with Prof Susan Rossell and Dr Neil Thomas) *(awarded 2019)*
- **PhD Thesis** (Swinburne University) Zalie Merrett “The experience of voices in Borderline Personality Disorder” (co-supervised with Prof Susan Rossell and Dr Neil Thomas) *(current)*
- **PhD Thesis** (Swinburne University) Reneta Slikboer “Revised reinforcement sensitivity and trichotillomania” (co-supervised with Prof Susan Rossell) *(current)*
- **PhD Thesis** (Australian Catholic University) Catherine Brasier “TRIPOD: Stroke carers and survivors study” (co-supervised with A/Prof Chantal Ski, Prof David Thompson and Prof Jan Cameron) *(current)*
- **PhD Thesis** (Australian National University) Alexandra Voce “A differentiation between methamphetamine psychosis and schizophrenia symptoms” (co-supervised with A/Professor Rebecca McKetin, Dr Richard Burns and Dr Stephanie Goodhew) *(current)*

THESES SUPERVISED (cont)

- **Doctor of Clinical Dentistry Thesis** (The University of Melbourne) Carolina Perez Rodriguez "Body Dysmorphic Disorder and prosthodontics" (co-supervised with Prof Roy Judge) *(awarded 2018)*
- **PhD Thesis** (The University of Melbourne) Deborah Constantinidis "Transition from paediatric to adult healthcare for adolescent patients with inflammatory bowel disease: Factors and interventions for successful transition" (co-supervised with Prof G Hebbard) *(current)*
- **PhD Thesis** (Deakin University) Jessica Green "Faecal Microbiota Transplant as an adjunctive treatment for Major Depressive Disorder in adults: a pilot randomised control trial" (co-supervised with A/Professor Felice Jacka, Dr Amy Loughman and Prof Michael Berk) *(current)*
- **PhD Thesis** (Swinburne University) Zoe Jenkins "Investigating the autonomic profile of people with anorexia nervosa" (co-supervised with Prof Elizabeth Lambert and Dr Andrea Phillipou) *(current)*
- **PhD Thesis** (**pending confirmation**) Marc Jurblum "Bionomic Fractals & Evidence based design: Improving patient and staff outcomes in an acute psychiatry ward" (co-supervised with Prof Sheryl Bishop, University of Texas Medical Branch) *(current)*

MANAGEMENT EXPERIENCE

- Member of Maudsley Hospital Medical Committee (1988-1991)
- Course "Planning, Development and Evaluation of Community Health Services", Inst of Psychiatry, London
- Mental Health Operations Group, Bentley Health Service (1995- 1997)
- Clinical Director, Mental Health Services, Fremantle Hospital & Health Service, Perth WA (1998 - 2001)
- South West Metropolitan Mental Health Advisory Group (chair for 1999) (1998 - 2001)
- Member, Hospital Executive Group, Fremantle Hospital & Health Service, (1998 - 2001)
- Regular supervision in health service management issues (1998 – 2001)
- Member, NW Mental Health Inner West Clinical Standards Development Committee (2001-2006)
- Head, Clinical Stream, Mental Health Research of Victoria; member of Scientific Advisory Committee and Management Committee (2001 - 2006)
- Member, St. Vincent's Mental Health Executive Committee (2006 - current)
- Chair, St. Vincent's Hospital Mental Health Research and Academic Group (2006 - current)
- Course "Recruitment and Selection", University of Melbourne, August 2007
- The University of Melbourne Medical School St. Vincent's Academic Centre Executive Committee (Inaugural Chair 2008-2010)
- Member, RANZCP Victorian Branch Committee (2012-2016; Chair, 2013-2016)
- Elected Member, RANZCP Binational Board (2016-2018)
- Member, Australian Institute of Company Directors (2015- current; completed course Jan 2016)
- Board Member, Mind Medicine Australia (2019-current)
- Board Member, Mental Health Foundation of Australia (2019-current)

GRANT REVIEWER

- National Health and Medical Research Council (Australia)
- National Institute for Health Research (UK)
- Royal Adelaide Hospital Project Grants (Australia)
- National Institute of Clinical Excellence (UK)
- Pfizer Neuroscience Research Grants (Australia)
- Diabetes Australia Trust (Australia)
- Netherlands Organisation for Health Research and Development (ZonMw)
- Biomedical Research Council (Singapore)
- National Health and Medical Research Council (Panel Member 2011, 2013, 2015, 2018)
- National Institute for Health Research and Policy Research Programs (UK)
- Australian Research Council

JOURNAL REVIEWER

- British Journal of Psychiatry
- Psychological Medicine
- Journal of Psychiatric Research
- Psychiatry Research
- Australian & New Zealand Journal of Psychiatry
- Medical Journal of Australia
- Acta Psychiatrica Scandinavia
- American Journal of Psychiatry
- Schizophrenia Research
- Schizophrenia Bulletin
- Social Psychiatry & Psychiatric Epidemiology
- Harvard Review of Psychiatry
- American Journal of Geriatric Psychiatry
- Archives of General Psychiatry
- International Journal of Social Psychiatry
- Biological Psychiatry
- Journal of Sexual Medicine
- BioMedCentral Psychiatry
- European Archives of Psychiatry and Clinical Neuroscience
- Psychiatric Services
- Journal of Mental Health
- South African Psychiatry Review
- Primary Psychiatry
- Current Psychiatry Review
- Journal of Affective Disorders
- International Psychogeriatrics
- Social Behaviour and Personality
- Canadian Medical Association Journal
- Progress in Neuropsychopharmacology and Biological Psychiatry
- Psychiatry Research
- Advances in Schizophrenia and Clinical Psychiatry
- Expert Review of Neurotherapeutics
- Perceptual and Motor Skills
- Medicine Today
- Journal of Clinical Psychiatry
- International Journal of Epidemiology
- Addiction
- BioMedCentral Public Health
- Preventive Medicine
- Stress and Health Journal
- Mental Health and Substance Abuse: Dual Diagnosis
- Academic Psychiatry
- Future Neurology
- Stress and Health
- Psychopharmacology
- Bipolar Disorders
- Neuropsychiatry Disease and Treatment
- Depression and Anxiety
- Psychopharmacology
- Revista Brasileira de Psiquiatria
- CNS Drugs
- Journal of Psychopharmacology
- Journal of Nervous and Mental Diseases
- CMAJ
- Psychotherapy Research
- Preventive Medicine

JOURNAL REVIEWER (cont)

- BMC Health Services Research
- British Journal of General Practice
- Journal of Reproduction and Infant Psychology
- Odontology
- Neuopsychiatry
- Addictive Behaviors
- Journal of Psychopharmacology
- European Journal of Preventive Cardiology
- Criminal Justice and Behaviour
- European Psychologist
- Suicide and Life-Threatening Behaviors
- Annals of the Academy of Medicine, Singapore
- Bipolar Disorders
- American Journal of Preventive Medicine
- Lancet Psychiatry
- The International Journal of Neuropsychopharmacology
- Journal of Clinical Psychopharmacology
- Molecular Psychiatry
- Clinical Psychology Review
- BJPOpen
- Body Image

JOURNAL ADVISORY AND EDITORIAL BOARDS

- Australian & New Zealand Journal of Psychiatry (Australasian Advisory Board to 2001)
- Australasian Journal of Hospital Medicine (Honorary Editorial Board) 2000 - current
- International Journal of Social Psychiatry (International Advisory Board) 2000 - current
- Australasian Psychiatry (Editorial Board 2001- current); (Deputy Editor 2009- current)
- Australasian Journal of General Practice (Honorary Editorial Board) 2001 - current
- Australian & New Zealand Journal of Psychiatry (Ed Board 2001-2004; Correspondence Editor 2002-2004)
- Journal of Mental Health (International Advisory Board) 2003 - current
- The Journal of Dual Diagnosis (Editorial Board) 2004 - 2010
- Current Psychiatry Reviews (Editorial Board) 2004 - 2013
- African Journal of Psychiatry (Editorial Board) 2004 - 2014
- Open Obesity Journal (Editorial Board) 2008 – current
- Stress and Health (Editorial Board) 2008- 2015
- Advances in Psychiatric Treatment (Editorial Board) 2010-2013
- World Journal of Psychiatry (Editorial Board) 2011- current
- Open Journal of Psychiatry (Editorial Board) 2011- current
- ISRN Psychiatry (Editorial Board) 2011-current
- F1000 Research (Editorial Board) 2012-current
- Andhra Pradesh Journal of Psychological Medicine (International Editorial Board) 2012- 2015
- Dataset Papers in Medicine (Editorial Board, Psychiatry) 2012 - current
- International Journal of Clinical Psychiatry and Mental Health (Editor-in-Chief) 2013- 2019
- Journal of Addiction Medicine and Therapy (Editorial Board) 2013-current
- Journal of Schizophrenia Research 2014-current
- The World Journal of Biological Psychiatry (Editorial Board) 2014- current
- Eating Behavior (part of Frontiers in Nutrition and Frontiers in Psychology) (Review Editor) 2018-current

OTHER BOARDS

- Pennington Institute Board member (2015-2018)
- Royal Australian and New Zealand College of Psychiatrists Board member (2016-2018)
- Mind Medicine Australia (2019-current)
- Mental Health Foundation of Australia (2019-current)

COMMITTEES

1987	Committee member (co-opted) lay support organisation, South African Inherited Disorders Association (SAIDA)
1987	Organising committee, 1st Congress of Southern African Society for Human Genetics
1988 Oct- 1991 Sept	Executive member/treasurer, Maudsley Hospital Junior Common Room (JCR); JCR representative to Maudsley Hospital Medical Committee
1990 Aug- 1993 Sept	Southern Division Representative, Royal College of Psychiatrists Trainees Committee (CTC); 1 year as vice-chair; 1 year as honorary secretary; CTC representative to Psychiatric Tutors' Subcommittee, and to Council
1992 Oct- 1993 Sept	Committee member (co-opted), Maudsley Hospital Joint Psychiatric Training Committees
1994	Organising committee, West Australian Psychiatry Week (incorporating Annual Meeting of Australian Society for Psychiatric Research)
1995-1996	Member, RANZCP WA Branch Continuing Medical Education Committee
1995-1997	Mental Health Operations Group, Bentley Health Service
1995-1997	Invited member, National Social Phobia Advisory Committee
1995-1999	Invited member, Australian National Mental Health Survey Low Prevalence Study Coordinating Committee
1995-1999	Inaugural editor, WA Mental Health Newsletter, "Connect: Mental Health Matters in Western Australia"
1996	Chair, organising committee, 4th Australasian Schizophrenia Conference, Fremantle, Western Australia
1997-2001	Invited member, Australasian Advisory Board of the Australian & New Zealand Journal of Psychiatry
1997-2001	Inaugural chairman, Anxiety Disorders Foundation of Western Australia
1998-1999	Invited member, Western Australian Drugs & Therapeutics Committee Psychotropic Drugs Sub-Committee
1998-2001	Chair, Directorate Management Group, Directorate of Mental Health Services, Fremantle Hospital & Health Service
1998-2001	Member, Hospital Executive Group, Fremantle Hospital & Health Service
1998-2001	SW Metropolitan Mental Health Advisory Group (Chair for 1999)
1999-2001	SW Metropolitan Mental Health Regional Management Group (Chair for 2000)
2000-2001	Member, RANZCP WA Branch Continuing Education Committee
2000-2001	Medical Advisory Committee, Perth Clinic (Chair for 2001)
2000-2001	Research Committee, Perth Clinic (Inaugural chair)
2002-2004	Editorial Board, Australian and New Zealand Journal of Psychiatry
2002	Member, University of Melbourne Human Mind & Behaviour Co-ordinating Committee
2002-2003	Member, NorthWestern Mental Health Behavioural and Psychiatric Research Committee
2002-2006	Member, NorthWestern Mental Health Inner West Clinical Standards Development Committee
2003-2006	Chair, Clozapine Coordinators' Committee, NorthWestern Mental Health
2003-2006	Member, Mental Health Research Institute of Victoria Management Committee
2004-2006	Chair, MHRI Clinical Stream
2005-2006	Member, Mental Health Research and Evaluation Framework Expert Committee, Department of Human Services, Government of Victoria
2006 -current	Member, St. Vincent's Mental Health Executive Committee
2006 -current	Chair, St. Vincent's Mental Health Research and Academic Group
2006	Member, Anxiety Disorders Alliance Reference Group
2006	Member, Scientific Cmttee, Austral Schizophrenia Conference, Fremantle, WA
2006	Convener, Australasian Anxiety Disorders Conference, Melbourne, VIC
2006	Member, Mental Health Council of Australia Cannabis Advisory Group
2006 - 2010	Member, University of Melbourne School of Medicine, Dentistry and Health Science Executive

COMMITTEES cont.

2007 - 2008	Member, University of Melbourne Department of Psychiatry Human Ethics Advisory Group (Chair for 2008)
2008 - current	Member, Technical Advisory group, Study of High Impact Psychoses (SHIP)
2008 - 2016	Member, The University of Melbourne Medical School St Vincent's Academic Centre Executive (inaugural chair, 2008-2010)
2008 - 2016	Member, Asia-Australia Mental Health Executive (chair for 2010-2011)
2008	Member, Department of Human Services of Victoria Bariatric Surgery Working Group
2012-2015	Invited member, Schizophrenia International Research Society International Advisory Committee
2012	Member, Victorian Ministerial Eating Disorders Taskforce
2012-2015	Member, RANZCP Victorian Branch Committee (Chair, 2013-15)
2015-2016	Co-convener and member of Scientific Advisory Committee, RANZCP Annual Congress, Hong Kong
2016	Member, Scientific Advisory Committee, RANZCP Annual Congress, Adelaide
2016-current	Member, Government of Victoria Mental Health Innovation Reference Group
2017	Convener, "Iceman Cometh" Mental Health and Drug and Alcohol Abuse Conference, Melbourne
2018	Co-Convener (with A/Prof Yvonne Bonomo), Australian Drug Harms Conference, Melbourne
2019	Convener, "Iceman Cometh Back Again" Mental Health and Drug and Alcohol Abuse Conference, Melbourne
2019-current	Member, University of Melbourne School of Medicine Research Committee

SECTION 2

PUBLICATIONS (TOTAL n=805)
total cites 21,520; h index: 74 and i-10: 327
past 5 years: 10,079 cites; h index 44; i10: 244
1 paper cited > 900x; 5 > 400x; 16 > 200x; 48 >100x
(googlescholar)

(*denotes peer review)

ORIGINAL RESEARCH, REVIEWS, EDITORIALS (*peer reviewed: n=489; other: n=47) and BOOK CHAPTERS (n=88) (TOTAL n=622) (citation numbers for papers cited >10x)

1. ***Castle D**, Bernstein R. "Trisomy 18 syndrome with cleft foot" Journal of Medical Genetics 1988; 25: 568-570 **(14 cites by Dec 2019)**
2. ***Castle D**, Bernstein R. "Cytogenetic analysis of 688 couples experiencing multiple spontaneous abortions" American Journal of Medical Genetics 1988; 29: 549-556 **(46 cites by Dec 2019)**
3. ***Castle D**, de Villiers JC, Melvill R. "Lymphocytic adeno-hypophysitis: Report of a case with evidence of spontaneous tumour regression and a review of the literature" British Journal of Neurosurgery 1988; 2: 401-406 **(40 cites by Dec 2019)**
4. ***Castle D**, Kromberg J, Kowalski R, Moosa R, Gillman N, Zwane E, Fritz V. "Visual evoked potentials in Negro carriers of the gene for tyrosinase-positive oculocutaneous albinism" Journal of Medical Genetics 1988; 25: 835-837
5. ***Castle DJ**, Jenkins T, Shawinsky AA. "The oculocerebral syndrome in association with generalised hypopigmentation" South African Medical Journal 1989; 76: 35-36
6. *Kromberg JGR, **Castle D**, Zwane EM, Jenkins T. "Albinism & skin cancer in Southern Africa" Clinical Genetics 1989; 36: 43-52 **(165 cites by Dec 2019)**
7. *Kromberg JGR, **Castle DJ**, et al. "Red or rufous albinism in Southern Africa" Ophthalmic Paediatrics & Genetics 1990; 11: 229-235 **(47 cites by Dec 2019)**
8. *Cartwright JD, **Castle DJ**, Duffield MG, Reef I. "Nemaline myopathy: A report of two siblings as evidence for autosomal recessive inheritance of the infantile type" Postgraduate Medical Journal 1990; 66: 962-964
9. ***Castle DJ**, Silber MH, Handler LC. "Carotid artery disease in young adults" South African Medical Journal 1991; 80: 278-281
10. *Gill M, **Castle D**, Hunt N, Clements A, Sham P, Murray RM. "Tyrosine hydroxylase polymorphisms and bipolar affective disorder" Journal of Psychiatric Research 1991; 25: 179-184 **(54 cites by Dec 2019)**
11. ***Castle DJ**, Murray RM. "The neurodevelopmental basis of sex differences in schizophrenia" Psychological Medicine 1991; 21: 565-575 **- 30th most cited schizophrenia paper of the decade 1990-2000 (485 cites by Dec 2019)**
12. ***Castle D**, Wessely S, Der G, Murray RM. "The incidence of operationally defined schizophrenia in Camberwell, 1965 to 1984" British Journal of Psychiatry 1991; 159: 790-794 **(282 cites by Dec 2019)**
13. *Wessely S, **Castle D**, Der G, Murray RM. "Schizophrenia and Afro-Caribbeans: A case control study" British Journal of Psychiatry 1991; 159: 795-801 **(158 cites by Dec 2019)**
14. ***Castle DJ**, Refault S, Murray RM. "Research during psychiatric training as a predictor of future academic research career: The Maudsley experience". European Psychiatry 1991; 6: 115-118
15. Lock T, **Castle D**. "Training implications of the NHS and Community Care reforms: The myths and the realities" Psychiatric Bulletin 1991; 15: 636
16. *Farmer A, Wessely S, **Castle D**, McGuffin P. "Methodological issues in using a polydiagnostic approach to define psychotic illness." British Journal of Psychiatry 1992; 161: 824-830 **(61 cites by Dec 2019)**
17. *Murray RM, O'Callaghan E, **Castle DJ**, Lewis SW. "A neurodevelopmental approach to the classification of schizophrenia." Schizophrenia Bulletin 1992; 18: 319-332 **(508 cites by Dec 2019)**
18. *Wessely S, **Castle D**. "How valid are psychiatric case notes for assessing criminal convictions?" Journal of Forensic Psychiatry 1992; 3: 359-363
19. ***Castle DJ**, Howard R. "What do we know about the aetiology of late-onset schizophrenia?" European Psychiatry 1992; 7: 99-108 **(79 cites by Dec 2019)**
20. *Howard R, **Castle D**, O'Brien J, Almeida O, Levy R. "Permeable walls, floors, ceilings and doors: Partition delusions in late paraphrenia" International Journal of Geriatric Psychiatry 1992; 7: 719-724 **(54 cites by Dec 2019)**

21. ***Castle D**, Isaacs H, Ramsay M, Bernstein R. "Hereditary motor and sensory neuropathy type I, associated with aplasia cutis congenita: possible X-linked inheritance" Clinical Genetics 1992; 41: 108-110
22. *Gill M, **Castle D**, Duggan C. "Co-segregation of affective disorder and Christmas disease in a pedigree." British Journal of Psychiatry 1992; 160: 112-114 **(24 cites by Dec 2019)**
23. *Walsh C, Hicks A, Sham P, **Castle D**, et al. "GABA-A receptor subunit genes: An association analysis." Psychiatric Genetics 1992; 2: 239-247 **(24 cites by Dec 2019)**
24. Van Beinum M, **Castle D**. "Psychiatry in the Europe of the 1990's" Psychiatric Bulletin 1992; 16: 524 **(10 cites by Dec 2019)**
25. ***Castle DJ**, Scott K, Wessely S, Murray RM. "Does social deprivation during gestation and early life predispose to later schizophrenia?" Social Psychiatry and Psychiatric Epidemiology 1993; 28: 1-4 **(81 cites by Dec 2019)**
26. ***Castle DJ**, Wessely S, Murray RM. "Sex and schizophrenia: Effects of diagnostic stringency and associations with premorbid variables" British Journal of Psychiatry 1993; 162: 658-664 **(213 cites by Dec 2019)**
27. *Williams J, Farmer AE, Wessely S, **Castle D**, McGuffin P. "Heterogeneity in schizophrenia: An extended replication of the hebephrenic-like and paranoid-like subtypes." Psychiatry Research 1993; 49: 199-210 **(12 cites by Dec 2019)**
28. *Howard R, **Castle DJ**, Wessely S, Murray RM. "A comparative study of 470 cases of early-onset and late-onset schizophrenia" British Journal of Psychiatry 1993; 163: 352-357 **(138 cites by Dec 2019)**
29. ***Castle DJ**, Murray RM. "The epidemiology of late onset schizophrenia" Schizophrenia Bulletin 1993; 19: 691-700 **(229 cites by Dec 2019)**
30. *Shaikh S, Ball D, Craddock N, **Castle D**, et al. "The dopamine D3 receptor gene: no association with bipolar affective disorder" Journal of Medical Genetics 1993; 30: 308-309 **(48 cites by Dec 2019)**
31. **Castle D**, Bullock R. "The mental health of the nation" Psychiatric Bulletin 1993; 17: 376
32. Van Beinum M, **Castle D**, Cameron M. "The European Forum For All Psychiatric Trainees" Psychiatric Bulletin 1993; 17: 679-680
33. ***Castle DJ**, Sham P, Wessely S, Murray RM. "The subtyping of schizophrenia in men and women: A latent class analysis" Psychological Medicine 1994; 24: 41-51 **(103 cites by Dec 2019)**
34. ***Castle DJ**, Phelan M, Wessely S, Murray RM. "Which patients with non-affective functional psychosis are not admitted at first psychiatric contact? An analysis of 484 patients" British Journal of Psychiatry 1994; 165: 101-106 **(68 cites by Dec 2019)**
35. *Wessely S, **Castle D**, Douglas A, Taylor P. "The criminal careers of incident cases of schizophrenia" Psychological Medicine 1994; 24: 483-502 **(259 cites by Dec 2019)**
36. **Castle DJ**, Murray RM. "Schizophrenia: Aetiology and genetics" In: Principles and Practice of Geriatric Psychiatry (ed. JRM Copeland, MT Abou-Saleh, DG Blazer). John Wiley & Son, Chichester, 1994, pp.653-659
37. *Lim LC, Nothen MM, Korner J, Rietschel M, **Castle D**, et al. "No evidence of association between dopamine D4 receptor variants and bipolar affective disorder" American Journal of Medical Genetics 1994; 54: 259-263 **(67 cites by Dec 2019)**
38. *Korner J, Rietschel M, Hunt N, **Castle D**, et al. "Association and haplotype analysis of the tyrosine hydroxylase locus in a combined German-British sample of manic depressive patients and controls" Psychiatric Genetics 1994; 4: 167-175 **(41 cites by Dec 2019)**
39. *Patrick M, Hobson P, **Castle D**, Howard R, Maughan B. "Personality disorder and the mental representation of early social experience" Development and Psychopathology 1994; 6: 375-388 **(486 cites by Dec 2019)**
40. ***Castle DJ**, Deale A, Marks IM, Cutts F, Chadhoury Y, Stewart A. "Obsessive-compulsive disorder: Prediction of outcome from behavioural psychotherapy" Acta Psychiatrica Scandinavica 1994; 89: 393-398 **(50 cites by Dec 2019)**
41. **Castle D**, Reeve A, Ivinson L, Hampson S. "What do we think of our training? Report of a working party of the Collegiate Trainees' Committee" Psychiatric Bulletin 1994; 18: 357-359 **(13 cites by Dec 2019)**
42. *Lim LC, Powell J, Sham P, **Castle D**, Hunt N, Murray R, Gill M. "Evidence for a genetic association between alleles of monoamine oxidase A gene and bipolar affective disorder" American Journal of Medical Genetics 1995; 60: 325-331 **(115 cites by Dec 2019)**
43. *Dawson E, Gill M, Curtis D, **Castle D**, Hunt N, Murray R, Powell J. "Genetic association between alleles of pancreatic phospholipase A2 genes and bipolar affective disorder" Psychiatric Genetics 1995; 5: 177-180 **(45 cites by Dec 2019)**
44. ***Castle DJ**, Abel K, Takei N, Murray RM. "Gender differences in schizophrenia: Hormonal effect, or subtypes?" Schizophrenia Bulletin 1995; 21: 1-12 **(133 cites by Dec 2019)**
45. *McGrath J & **Castle DJ**. "Does influenza cause schizophrenia? A five-year review" Australian & New Zealand Journal of Psychiatry 1995; 29: 23-31 **(71 cites by Dec 2019)**

46. *van Os J, Takei N, **Castle D**, Wessely S, Der G, Murray RM. "Premorbid abnormalities in mania, schizomania, acute schizophrenia and chronic schizophrenia" Social Psychiatry and Psychiatric Epidemiology 1995; 30: 274-278 **(41 cites by Dec 2019)**

47. *Howard R, Dennehey J, Lovestone S, Sham P, Powell J, **Castle D**, Murray R, Levy R. "Apolipoprotein E genotype and late paraphrenia" International Journal of Geriatric Psychiatry 1995; 10: 147-150 **(24 cites by Dec 2019)**

48. McGrath J, **Castle DJ,** Murray RM. "How can we judge whether or not prenatal exposure to influenza causes schizophrenia?" In: Neural Development and Schizophrenia (ed. S Mednick & JM Hollister). Plenum Press, New York, 1995, pp. 203-214 **(20 cites by Dec 2019)**

49. ***Castle DJ**, Deale A, Marks IM. "Gender differences in obsessive-compulsive disorder" Australian & New Zealand Journal of Psychiatry 1995; 29: 114-117 **(162 cites by Dec 2019)**

50. **Castle DJ**, Orr K. "Trainee attitudes to psychiatric training in Australia: A national survey" Australasian Psychiatry 1995; 3: 90-92

51. *van Os J, **Castle DJ**, Takei N, Der G, Murray RM. "Psychotic illness in ethnic minorities: Clarification from the 1991 census" Psychological Medicine 1996; 26: 203-208 **(180 cites by Dec 2019)**

52. *van Os J, Takei N, **Castle D**, Wessely S, Der G, MacDonald A, Murray RM. "The incidence of mania: Time trends in relation to gender and ethnicity" Social Psychiatry and Psychiatric Epidemiology 1996; 31: 129-136 **(77 cites by Dec 2019)**

53. *Sham P, **Castle DJ**, Wessely S, Farmer A, Murray RM. "Further exploration of a latent class typology of schizophrenia" Schizophrenia Research 1996; 20: 105-115 **(62 cites by Dec 2019)**

54. ***Castle DJ**, Ames FR. "Cannabis and the brain" Australian & New Zealand Journal of Psychiatry 1996; 30: 179-183 **(44 cites by Dec 2019)**

55. *Ames FR, **Castle DJ**. "Cannabis, mind, and mirth" European Psychiatry 1996; 11: 329-334

56. Walsh C, Asherson P, Sham P, **Castle D**, et al. "Age of onset of schizophrenia in multiply affected families is early and shows no sex difference" In: Schizophrenia: Breaking Down the Barriers (ed. SG Holliday, RJ Ancill, GW MacEwan). John Wiley & Sons, 1996, pp. 81-97

57. Haas G, **Castle DJ**. "Gender differences in schizophrenia" In: Neurodevelopment and Adult Psychopathology (ed. MS Keshavan, RM Murray). Cambridge University Press, Cambridge, 1997, pp.155-177

58. ***Castle DJ**, Wessely S, Howard R, Murray RM. "Schizophrenia with onset at the extremes of adult life" International Journal of Geriatric Psychiatry 1997; 12: 712-717 **(60 cites by Dec 2019)**

59. *Morgan V, **Castle D**, et al. "Influenza epidemics and incidence of schizophrenia, affective disorders and mental retardation in Western Australia: No evidence of a major effect" Schizophrenia Research 1997; 26: 25-39 **(99 cites by Dec 2019)**

60. *Howard R, Graham C, Sham P, Dennehy J, **Castle DJ**, Levy R, Murray R. "A controlled family study of late-onset non-affective psychosis (late paraphrenia)" British Journal of Psychiatry 1997; 170: 511-514 **(77 cites by Dec 2019)**

61. ***Castle DJ**, Sham P, Murray RM. "Differences in distribution of ages of onset in males and females with schizophrenia" Schizophrenia Research 1998; 33: 179-183 **(175 cites by Dec 2019)**

62. *Orr K, **Castle DJ**. "Social Phobia: Shyness as a disorder" Medical Journal of Australia 1998; 168: 55-56 (editorial)

63. *Oosthuizen P, Lambert T, **Castle DJ**. "Dysmorphic concern: Prevalence and associations with clinical variables." Australian and New Zealand Journal of Psychiatry 1998; 32: 129-132 **(197 cites by Dec 2019)**

64. *Oosthuizen P, **Castle DJ**. "Body dysmorphic disorder: A distinct entity?" South African Medical Journal 1998; 88: 766-769

65. *Orr K, Mostert J, **Castle DJ**. "Mania associated with codeine and paracetamol" Australian and New Zealand Journal of Psychiatry 1998; 32: 586-588 **(10 cites by Dec 2019)**

66. Orr K, **Castle DJ,** Groves A. "Is the FRANZCP Exam a traumatic event?" Australasian Psychiatry 1998; 6: 260

67. **Castle DJ** "Epidemiology of late onset schizophrenia" In: Late Onset Schizophrenia (ed R Howard, P Rabins, **D Castle).** Wrightson Biomedical, Hampshire, 1999, pp. 139-146

68. **Castle DJ** "Gender and age at onset in schizophrenia." In: Late Onset Schizophrenia (ed R Howard, P Rabins, **D Castle).** Wrightson Biomedical, Hampshire, 1999, pp. 147-164 **(25 cites by Dec 2019)**

69. *Wynn Owen P, **Castle D.** "Late-onset schizophrenia: epidemiology, diagnosis, management and outcomes" Drugs and Aging 1999; 15: 81-89 **(41 cites by Dec 2019)**

70. **Castle DJ.** "Why do males get schizophrenia younger than females?" Halopsy 1999; 22:6-**71.** Jablensky A, McGrath J, Herrman H, **Castle D**, Gureje O, Morgan V, Korten A. People Living with Psychotic Illness: An Australian Study 1997-8. National Survey of Mental Health and Wellbeing, Report 4. Commonwealth Department of Health and Aged Care, Canberra, 1999 **(284 cites by Dec 2019)**

72. Jablensky A, McGrath J, Herrman H, **Castle D**, Gureje O, Morgan V, Korten A. People Living with Psychotic Illness: An Australian Study 1997-8. Low Prevalence Disorder Component of the National Survey of Mental Health and Wellbeing, Bulletin 1. Commonwealth Department of Health and Aged Care, Canberra, 1999 **(36 cites by Dec 2019)**

73. ***Castle DJ** & Harrison TJ. "The treatment of imagined ugliness" Advances in Psychiatric Treatment 1999; 5: 171-179

74. *Kirkpatrick B, **Castle D**, Murray RM, Carpenter WT. "Risk factors for the deficit syndrome of schizophrenia" Schizophrenia Bulletin 2000; 26: 233-242 **(119 cites by Dec 2019)**

75. Murray RM, **Castle DJ.** "Genetic and environmental aetiological factors for schizophrenia" In: New Oxford Textbook of Psychiatry (ed. M Gelder, JJ Lopez-Ibor, NC Andreasen) Oxford University Press, Oxford, 2000, pp. 599-605 **(12 cites by Dec 2019)**

76. **Castle DJ.** "Sex differences in brain development, organisation and degeneration: Are they relevant to sex differences in schizophrenia?" In: Women and Schizophrenia (ed. **DJ Castle,** J McGrath, J Kulkarni) Cambridge University Press, Cambridge, 2000, pp. 5-18 **(76 cites by Dec 2019)**

77. **Castle DJ.** "Women and Schizophrenia: An epidemiological perspective" In: Women and Schizophrenia (ed. **DJ Castle,** J McGrath, J Kulkarni) Cambridge University Press, Cambridge, 2000, pp. 19-33 **(25 cites by Dec 2019)**

78. *Jablensky A, McGrath JJ, Herrman H, **Castle DJ**, Gureje O, Morgan V, Korten A. "Psychotic disorders in urban areas: An overview of the Study on Low Prevalence Disorders" Australian & New Zealand Journal of Psychiatry 2000: 34: 221-236 **(463 cites by Dec 2019)**

79. *Halperin S, Nathan P, Drummond P, **Castle D**. "A cognitive-behavioural group based intervention for social anxiety in schizophrenia" Australian & New Zealand Journal of Psychiatry 2000; 34: 809-813 **(129 cites by Dec 2019)**

80. ***Castle DJ** & Groves A "The internal and external boundaries of obsessive compulsive disorder" Australian and New Zealand Journal of Psychiatry 2000; 34: 249-255 **(25 cites by Dec 2019)**

81. ***Castle DJ** & Morkell D "Imagined ugliness: A symptom which can become a disorder" Medical Journal of Australia 2000; 173: 205-207 **(16 cites by Dec 2019)**

82. *Jorgensen L, **Castle D**, Roberts C, Groth-Marnat G. "A clinical validation of the dysmorphic concern questionnaire" Australian & New Zealand Journal of Psychiatry 2001; 35: 124-128 **(73 cites by Dec 2019)**

83. *Morgan VA, Jablensky AV, **Castle DJ**. "Season of birth in schizophrenia and affective psychoses in W Australia 1916-1961" Acta Psychiatrica Scandinavica 2001; 104: 138-147 **(23 cites by Dec 2019)**

84. *Wynaden D, Orb A, McGowan S, **Castle D**, Zeeman Z, Headford C, Endersbee W, Finn M. "The use of seclusion in the year 2000: what has changed?" Collegian 2001; 8: 19-25 **(35 cites by Dec 2019)**

85. *Hood S, Alderton D, **Castle DJ.** "OCD: Treatment and treatment resistance" Australasian Psychiatry 2001; 19: 118-127 **(29 cites by Dec 2019)**

86. **Castle DJ**. "Disorders of body image" Australasian Journal of General Practice 2001; 1:17(commentary)

87. *Wynaden D, GcGowan S, Chapman R, **Castle D**, Lau P, Headford C, Finn M. "Types of patients in a psychiatric intensive care unit" Australian & New Zealand Journal of Psychiatry 2001; 35: 841-845 **(32 cites by Dec 2019)**

88. *Allardyce J, Boydell J, van Os J, Morrison G, **Castle D**, Murray RM, McCreadie RG. "A comparison of the incidence of schizophrenia in rural Dumfries and Galloway, and urban Camberwell" British Journal of Psychiatry 2001; 179: 335-339 **(82 cites by Dec 2019)**

89. Phillips KA, **Castle DJ**. "Body dysmorphic disorder in men" British Medical Journal 2001; 323: 1015-1016 (editorial) **(88 cites by Dec 2019)**

90. **Castle DJ**, Phillips KA. "Body dysmorphic disorder in men" Society for the Psychological Study of Men and Masculinity Bulletin 2001; 6: 8-9

91. **Castle DJ,** Murray RM. "Aetiology, genetics and risk factors." In: Principles and Practice of Geriatric Psychiatry (2nd Edition) (ed. J Copeland, M Abou-Saleh, D Blazer). John Wiley & Sons, Sussex, 2002, pp. 679-684

92. **Castle DJ**, Phillips KA. "Disordered body image in psychiatric disorders" In: Disorders of Body Image (ed. **Castle DJ** & Phillips KA) Wrightson Biomedical, Hampshire, 2002, pp. 55-66

93. Phillips KA, **Castle DJ.** "Body dysmorphic disorder" In: Disorders of Body Image (ed. **Castle DJ** & Phillips KA) Wrightson Biomedical, Hampshire, 2002, pp. 101-120 **(49 cites be Dec 2019)**

94. *Preston N, Orr KG, Date R, Nolan L, **Castle DJ**. "Gender differences in premorbid adjustment of patients with first episode psychosis" Schizophrenia Research 2002; 55: 285-290 **(57 cites by Dec 2019)**

95. **Castle DJ**, Murray RM. "Gender issues in schizophrenia" In: Textbook of Biological Psychiatry (ed. H D'haenen, JA den Boer, H Westenberg, P Willner) John Wiley & Son, Chichester 2002, pp. 679-684

96. *Spencer C, **Castle D**, Michie PT. "Motivations that maintain substance use among individuals with psychotic disorders" Schizophrenia Bulletin 2002; 28: 233-247 **(140 cites by Dec 2019)**

97. Barnes C, **Castle D**. "Pain or something else? Chronic pain and psychiatric comorbidity in general practice" Australasian Journal of General Practice 2002; 2: 28-31

98. Sarfraz A, **Castle D**. "A Muslim suicide" Australasian Psychiatry 2002; 10: 48-50 **(32 cites by Dec 2019)**

99. *Mander AJ, Gomez A, **Castle D.** "The management of change in a community mental health team" Australian Health Review 2002; 25: 115-121

100. Barnes CW, Alderton D, **Castle D**. "The development of clinical guidelines for the use of Zuclopenthixol acetate" Australasian Psychiatry 2002; 10: 54-58 **(11 cites by Dec 2019)**

101. *__Castle DJ__, Honigman R, Phillips KA. "Does cosmetic surgery improve psychosocial wellbeing?" Medical Journal of Australia 2002; 176: 601-604 (**182 cites by Dec 2019)**

102. *__Castle DJ__, Morgan V, Jablensky A. "Antipsychotic use in Australia: The patients' perspective" Australian & New Zealand Journal of Psychiatry 2002; 36: 633-641**-**
Australian & New Zealand Journal of Psychiatry judged as one of the top nine papers of the year in the year 2002 (61 cites by Dec 2019)

103. Keuneman R, Weerasundera R, **Castle D**. "The role of ECT in schizophrenia" Australasian Psychiatry 2002; 10: 385-388

104. Abel K, **Castle DJ.** "Can estrogens account for gender differences in schizophrenia?" In: Psychiatric Illness in Women: Emerging Treatments and Research. (ed. F Lewis-Hall, TS Williams, JA Panetta, JM Herrera). American Psychiatric Publishing Inc., Washington DC, 2002, pp. 281-294

105. **Castle DJ**, McGrath J. "Sex differences in schizophrenia" Psychiatry 2002; 1: 54-56 reprinted in Women's Mental Health Medicine

106. ***Lubman DI, **Castle DJ.** "Late onset schizophrenia: searching for clues to early diagnosis, treatment" Current Psychiatry 2002; 1: 35-44

107. Morgan V, **Castle D**, Jablensky A. The use of pharmacological and other treatments by persons with Psychosis. Low Prevalence Disorder Component of the National Survey of Mental Health and Wellbeing, Bull 4. Commonwealth Department of Health and Aged Care, Canberra, 2002

108. **Castle DJ**, Alderton D. "Psychopharmacological management of schizophrenia" In: **Castle DJ**, Copolov DL, Wykes T (eds.) Pharmacological and Psychosocial Treatments in Schizophrenia. Martin Dunitz, London, 2003, pp.1-22 **(19 cites by December 2018)**

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75. **Castle D.** "Does hyperprolactinaemia matter and what should we do about it?" Mindcafe 2016; 19: 4

76. **Castle D.** "Psychosis and smoking: what drives the association and can smoking cause schizophrenia?" Mindcafe 2016; 20: 6
77. **Castle D.** "Using psychotomimetics for depression: a delicate balance" Mindcafe 2016; 21: 3-4
78. **Castle D.** "Cannabidiol as an antipsychotic?" Mindcafe 2016; 22: 1
79. **Castle D.** "Brexpiprazole: a new dopamine receptor partial agonist" Mindcafe 2016; 23: 1-2
80. **Castle D.** "Do nutraceuticals have a place in treating depression?" Mindcafe 2016; 24: 2
81. **Castle D.** "Smoking and mental illness: can we put out the fire?" Mindcafe 2016; 26: 2-3
82. **Castle D**, Harvey C. "Treating schizophrenia and supporting recovery: aligning clinician and patient goals" Invited Editorial Australasian Psychiatry 2016; 24: 329-330
83. **Castle D.** "The nuances of defining post-traumatic syndromes: did DSM-5 get even this wrong?" Mindcafe 2017; 27: 2-3
84. **Castle D.** "Is ice really the worst drug?" Mindcafe 2017; 28: 2
85. **Castle D.** "Pursuing new avenues for the treatment of psychosis: ACT, virtual reality" Mindcafe 2017; 30: 3-4
86. **Castle D.** "Pharmacotherapy for PTSD: a role for atypical antipsychotics, after all?" Mindcafe 2017; 32: 5
87. **Castle D.** "Can internet gaming be considered a disorder?" Mindcafe 2017; 33: 1
88. **Castle D.** "Treating people who worry they have a physical illness, using CBT or fluoxetine" Mindcafe 2017; 36: 1-2
89. **Castle D**. "How can we handle hyperprolactinaemia associated with paliperidone palmitate?" Key Opinions in Medicine 2017; 5: 1-2
90. **Castle D**. "Body Dysmorphic Disorder: are plastic surgeons too quick to nip and tuck?" The Conversation 2017
91. **Castle D.** "ADHD and bipolar disorder: teasing them apart and focussing treatment" Mindcafe 2018; 37: 13
92. **Castle D.** "Atypical antipsychotics in depression: what, when, how?" Mindcafe 2018; 39: 4-5
93. **Castle D.** "Cannabis and cognition: short vs long term effects" Mindcafe 2018; 43: 9
94. Allison S, Bastiamplillai T, **Castle D**. "Hospital psychiatry: Is it adequately funded to meet rising patient demand?" Invited Editorial Australasian Psychiatry 2019; 27: 5-7
95. **Castle D.** "Antipsychotics; how long to keep treating?" Mindcafe 2019; 47: 4-5
96. **Castle D.** "Does testosterone have a place in the treatment of depression?" Mindcafe 2019; 49: 4
97. **Castle D.** "The dopamine D3 receptor: is it the key to negative symptoms in schizophrenia?" Mindcafe 2019; 50: 7-8
98. **Castle D.** "Augmenting antipsychotics: what works, what doesn't?" Mindcafe 2019; 52: 1-2
99. **Castle D.** "Depression as a shibboleth" Mindcafe 2019; 55: 1-2
100. **Castle D.** "The cerebellum in schizophrenia: neurobiology & brain stimulation" Mindcafe 2019; 56: 1
101. **Castle D.** "Schizophrenia and obsessive compulsive disorder" Mindcafe 2020; 57: 4

SECTION 2

SCIENTIFIC PRESENTATIONS (TOTAL n=514)
(excludes numerous local talks and presentations to professional and lay groups)

1987 *Speaker*, **First Congress of Southern African Society of Human Genetics**, Rustenburg, Transvaal; presentation on "Cytogenetic analysis of 688 couples experiencing multiple spontaneous abortions"

1988 *Speaker,* **International Congress on Schizophrenia Research**, Arizona, USA; presentation on: "Is operationally defined schizophrenia more common in males?"

1989 *Speaker,* **Royal College of Psychiatrists** Annual Meeting, Brighton, UK; presentation on "The incidence of operationally defined schizophrenia in Camberwell, 1965 to 1984"
Speaker, **Winter workshop on Schizophrenia**, Badgastein, Austria; presentation on "Sex and schizophrenia": **Young Scientist Award**
Speaker, **Association of European Psychiatrists** Symposium on Psychiatric Epidemiology, Zurich; presentation on "Sex and Schizophrenia"
Speaker, International Conference "**Schizophrenia 1992: Poised for Change**", Vancouver, Canada; presentation on "Sex and the subtyping of schizophrenia"

1993 *Speaker,* **International Congress on Schizophrenia Research**, Colorado, USA; presentations: "Early social deprivation and later schizophrenia"; "Admission practices in schizophrenia"; "Late-onset schizophrenia"
Speaker, **Royal College of Psychiatrists Annual Meeting**, Scarborough, UK; presentation on "Prediction of outcome from behavioural psychotherapy for obsessive compulsive disorder"

1994 *Invited speaker*, **Third Australian Schizophrenia Conference**, Brisbane, Queensland; presentation on: "Differences in schizophrenia in men and women: An hormonal effect, or evidence for subtypes?
Invited speaker, **WA Psychiatry Week**/Australian Society for Psychiatric Research
Annual Meeting, Perth, Western Australia; presentation on: “Obsessive compulsive disorder: Gender differences and prediction of outcome from behavioural psychotherapy”

1996 *Invited keynote speaker*, 7th National Conference of the **Australasian Association for Quality in Health Care**, Perth, Western Australia; presentation on: "Services for individuals in the early and late phases of a psychotic illness"
Invited discussant, combined Annual Meeting of the **Royal College of Psychiatrists, and Association of European Psychiatrists**, London, UK; symposium on “Gender and mental illness”
Chair, organising committee, **4th Australasian Schizophrenia Conference**, Fremantle, Western Australia; convenor and chair, symposium on: "Schizophrenia and affective disorders: The overlap"
Invited speaker, Annual Meeting of **Australasian Society for Psychiatry Research**, Newcastle, New South Wales; presentation on: "Dysmorphic concern: Prevalence and associations with clinical variables"

1997 *Speaker*, **International Congress on Schizophrenia Research**, Colorado, USA; Presentations: "Schizophrenia with onset at the extremes of adult life"; "Sex and age at onset in psychotic disorders"; "The development of a screening questionnaire and brief diagnostic interview for psychosis"
Invited speaker, Eighth Congress of the **International Psychogeriatric Association,** Jerusalem, Israel; participation in symposium "Recent advances in our understanding and management of schizophrenia in late life"; presentation on "Age at onset in schizophrenia: Implications and effects"
Invited speaker, Symposium, **Directions in Psychiatry**, Hayman Island; presentation on “Treatment compliance in schizophrenia
Invited speaker, **National Early Psychosis Programme Forum** on Early Intervention in Psychosis, Perth; presentation on: “Early psychosis: Symptoms, course, recognition, intervention”

1998 *Speaker*, **9th Biennial Winter Workshop on Schizophrenia**, Davos, Switzerland; presentations on “Determinants of age at onset in schizophrenia” and “Prenatal exposure to influenza and risk of schizophrenia, affective disorder, and mental retardation’
*Invited speaker***, American Psychiatric Association** Annual Meeting, Toronto, Canada; participation in symposium on Late Onset Schizophrenia; talk “Sex, age, and psychosis”.
Invited participant, **International Consensus Meeting on Late Onset Schizophrenia**, Leeds Castle, Kent, England; presentation of “Epidemiology of gender differences in schizophrenia of late life”
Invited speaker, **Directions in Psychiatry Meeting**, Mornington Peninsula, Victoria; presentation on: “Cannabis and the Brain”
Invited speaker, **Clinical Psychology Professional Development Day,** Perth, Western Australia; presentation on “Bridging the gap between research and clinical practice”

1999 *Convenor*, **2nd Annual Feast of Psychiatry**, Fremantle, Western Australia; presentation on "Body Dysmorphic Disorder"
Organising Committee, **RANZCP Annual Congress,** Perth, WA; convenor, session on "An update on Chronic Fatigue"; invited keynote address on "An update on the epidemiology of OCD"
Convenor and chair, "Open Day on Anxiety Disorders", and launch of Anxiety Disorders Foundation of WA (inaugural consumer participation sessions at RANZCP Congress).
Invited Speaker, **Directions in Psychiatry Meeting,** Fiji; presentation on "Body Dysmorphic Disorder"
Invited speaker, **Anxiety Disorders Foundation of Australia** meeting, Adelaide, South Australia; presentation on: "An update on obsessive compulsive disorder"
Invited speaker, **33rd Postgraduate seminar**, Fremantle Hospital; presentation on: "Assessment of suicide risk"

2000 *Invited speaker*, **10th Biennial Winter Workshop on Schizophrenia**, Davos, Switzerland; presentation on "Group-based CBT treatment for social phobia in schizophrenia": **Senior Scientist Award**
Convenor, **3rd Annual "Feast of Psychiatry"**, Fremantle Hospital & Health Service; presentation on "Adult attention deficit disorder: Does it exist, and if it does, what should we do about it?"
Invited speaker, **RANZCP Annual Congress**, Adelaide, SA; presentation on "Body dysmorphic disorder: Ugliness is in the eye of the beholder"
Invited speaker,, workshop **Atypicals in the clinical setting: Psychosis and beyond**, Adelaide, SA; presentations on "People living with psychotic illness: An Australian study" and "Management of body dysmorphic disorder"
Invited speaker, **Directions in Psychiatry** meeting, Hayman Island; presentation on "Personality disorder and psychiatrists"
Invited speaker, **ANZII Psychiatry Conference Neurosciences**, Gold Coast, Qld; presentation on "Epidemiology of obsessive compulsive disorder"
Invited speaker, 6th Biennial **Australasian Schizophrenia Conference**, Lorne, Victoria; presentation on "Treating social anxiety in schizophrenia"
Invited speaker, **Association of European Psychiatrists** Annual Meeting, Prague, Czech Republic; presentation on "Group-based CBT treatment of social anxiety in schizophrenia"
Invited speaker, congress **Schizophrenia: which aetiological models, which research strategies?** Bordeaux, France; presentation on "Late onset schizophrenia"

2001 *Invited speaker*, Congress **Psychosocial Interventions in Schizophrenia**, Sydney, NSW; chair and speaker, session on "Psychosocial interventions in practice in mental health services"
Invited keynote speaker, 25th **Annual Congress of the Australasian Society of Aesthetic Plastic Surgery;** presentation on "Body dysmorphism and plastic surgery"
Invited keynote speaker, meeting **Psychiatry in the 21st Century**, Busselton, WA; presentation on "Psychosis in Australia"
Invited keynote speaker, **Modern Management of Psychoses** meeting, Sydney, NSW; presentation on "Late onset schizophrenia: does it exist?"
Invited speaker, **American Psychiatric Association** Annual Meeting, New Orleans, Louisiana; presentations on "Body image disorders in men" and "Treating social anxiety in schizophrenia: A group-based cognitive-behavioural approach"
Invited speaker, **General Practitioner Psychiatry Update Weekend**, Gold Coast, Qld; presentation on: "Psychosocial treatments in schizophrenia"
Invited speaker, **"Psychiatry Skills Update",** Melbourne, Victoria; presentation on: "Management of refractory OCD"

2002 *speaker,* **11th Biennial Winter Workshop on Schizophrenia**, Davos, Switzerland; presentations on "Substance use in schizophrenia: "Why do people use, and what can we do about it?" and "Meta-analysis of Olanzapine and Risperidone using a common comparator: Effect of comparator dose on results".
Invited keynote speaker, **5th Annual "Feast of Psychiatry"**, Fremantle Hospital & Health Service; presentation on "Imagined ugliness"
Invited keynote speaker, **Thailand Neuroscience Conference,** Shanghai, China; presentations on "Management of acute arousal in psychosis" and "Meta-analysis of Olanzapine and Risperidone using a common comparator: Effect of comparator dose on results"
Invited speaker, **Directions in Psychiatry Meeting**, Noumea; presentation on: "Psychosocial treatments for schizophrenia: are they possible?"
Speaker, **American Psychiatric Association Annual Meeting**, Philadelphia PA, USA; presentation on: "Recognising and treating social phobia in schizophrenia"

Invited speaker, **Victorian Therapeutic Alliance Forum**, Melbourne; presentation on: "A meta-analysis of atypical antipsychotic agents"
Invited keynote speaker, **Woden Mental Health**, Canberra, ACT; presentations on "Management of acute arousal in psychosis" and "Does marijuana make you go mad?"
Invited speaker, **Psychosocial Rehabilitation Symposium**, Melbourne, Vic; presentation on "Treating social anxiety and substance use comorbidity in psychosis"
Speaker, **Vicserv 2002 Conference**, Melbourne, Vic; presentation on: "Psychosocial Treatments in Psychosis"
Invited speaker, **Regional Neuroscience Conference**, Auckland New Zealand;
presentation: "The role of psychosocial treatments in schizophrenia"
Invited speaker, **South African Society of Psychiatrists 12th National Congress**, Cape Town, South Africa; presentations on: "Substance use and psychosis", and "Late onset schizophrenia: does it exist?"
Invited speaker, **Medicolegal Society of Victoria**, Melbourne, Vic; presentation on: "Body Dysmorphic Disorder: Implications for plastic surgery"
Invited speaker, **Mental Health Review Board of Victoria Conference**, "Detention, Decisions and Dilemmas", Melbourne, Vic; presentations on: "Treating substance abuse in psychosis" and "Psychosocial treatments for psychosis"
Invited speaker, Annual Conference of the **Rural Psychiatrists' Association of Victoria**;
presentation on: "The scope for psychosocial treatments for psychosis"*Invited speaker*, **Turning Point Symposium**, Melbourne, Vic;
Presentation: Does Marijuana Make You Go Mad?"
Invited speaker, **World Federation for Mental Health Biennial Conference**, Melbourne;
Presentation: "Disorders of Body Image: A problem only for the Fairer Sex?"
Invited speaker, **Victorian Specialists Weekend**, Lorne, Victoria;
Presentation: "Imagined ugliness: Psychiatric aspects of body image disorders"
Invited speaker, **Directions in Psychiatry Meeting**, Canberra, ACT;
Presentation "Psychosocial treatments for schizophrenia: and overview of Collaborative Therapy?"
Speaker, **International Congress on Schizophrenia Research**, Colorado Springs, US;
Presentation: "A group based intervention for substance abuse in schizophrenia"
Invited speaker, **Regional Neurosciences Conference**, Sydney, NSW;
Presentation: "Psychosocial Treatments in schizophrenia"
Invited speaker, **38th Annual Congress or the Royal Australian and New Zealand College of Psychiatrists**, Hobart, Tasmania; workshop on "Management of dually diagnosed patients";
presentation: "Chaplaincy in a mental health service"
Invited speaker, **"Challenges of Well-being in Psychosis" Symposium**, Gold Coast, Qld;
presentation: "Psychosocial support in psychosis"
Invited speaker, "**Improving Patient Outcomes" Forum**, Adelaide, SA; Presentation: "Feedback from the International Congress on Schizophrenia Research"
Invited speaker, **Anxiety Recovery Centre Conference**, Melbourne, Victoria; presentation: "Mirror mirror on the wall --- treatment and self management strategies for body image disorders"
*Invited speaker***, International Confederation for Plastic and Reconstructive and Aesthetic Surgery World Congress**, Sydney, NSW; Presentation and panel discussion: "Body Dysmorphic Disorder"
Invited Keynote Speaker, **Rural Victorian Drugs and Alcohol Conference**, Warrnambool, Vic;
Presentation: "Does marijuana make you go mad?"
Invited Keynote Speaker, **TheMHS 13th Annual mental Health Services Conference**, Canberra, ACT; presentation: "from rhetoric to reality in addressing psychosocial needs in people with psychosis"
Invited speaker, **Psychopharmacology 2003 Congress**, Stellenbosch, South Africa; presentation: "Ugliness is in the eye of the beholder: body image disorders in psychiatry"

2003 *Invited keynote speaker*, **Psychiatric Rehabilitation Symposium**, Perth, WA; presentation: "Recognition and Management of Treatment Resistance in Schizophrenia"
Speaker, **12th Biennial Winter Workshop on Schizophrenia Research**, Davos, Switzerland; presentation on "The core problem and how I would solve it"
Invited keynote speaker, **The John Blandford Lecture** Cornea and Eye Bank Annual Meeting, Melbourne; presentation: "Through glasses darkly: disorders of body image"
Invited speaker, **7th Annual ANZ Psychiatry Symposium**, Gold Coast, Qld; presentation: "Medical morbidity in schizophrenia: recognition and treatment"
Invited speaker, **Eric Seal Lecture**, St. Vincent's Hospital, Melbourne, Vic; Presentation: " Is it possible to deliver comprehensive psychosocial care in public mental health settings?"
Invited workshop convenor (with Katie Wyman), **National Anxiety Disorder Conference**, Melbourne, Victoria; Workshop: "Anxiety and substance abuse: teasing them apart of targeting treatment"

Invited speaker, **Psychosis in the Elderly** Seminar, Melbourne, Vic; presentation "Epidemiology of Psychosis in the Elderly"
Invited speaker, **Australian Rotary Health Research Fund Seminar**, Werribee, Vic; Presentation: "Research into dual diagnosis"
Speaker, **Vicserv National Psychosocial Rehabilitation Conference**, Melbourne, Vic; presentation: "Collaborative Therapy: A systematic approach to treatment for people with a mental illness in the recovery process"
Invited speaker, Centre for Clinical Research in Neuropsychiatry Seminar, Perth, WA; Presentation: "Is it possible to deliver comprehensive psychosocial care in public mental health settings?"
Invited speaker, **Schizophrenia Fellowship of NSW Annual Symposium**, Sydney, NSW; Presentation: "Treating schizophrenia: dopamine system stabilisation---and more"
Invited keynote speaker, **Grampians Regional Alcohol and Other Drug Conference**, Ballarat, Vic; Presentation: "Does marijuana make you go mad?"
Invited keynote speaker, **10th Malaysian Conference on Psychological Medicine,** Kuala Lumpur, Malaysia; Presentation: "The limitations of existing antipsychotics"
Invited speaker, **Australasian Society of Aesthetic Plastic Surgery** Meting, Melbourne; Presentation: "Body Dysmorphic Disorder and Plastic Surgery"
Invited speaker, **Fremantle Hospital & Health Service**, Fremantle, WA; Presentation: "Cannabis and mental illness"
Invited speaker, National Conference on **Cannabis and Mental Health**, Melbourne, Vic; Presentation: "Does cannabis cause schizophrenia?"
Invited speaker, **Medical Update a Royal Melbourne Activity (MURMA)**, Melbourne, Vic; Presentation: "Psychiatric aspects of chronic fatigue syndrome"
Invited international keynote speaker, **13th National Congress of the South African Society of Psychiatrists, Drakensberg, South Africa**; Workshop on "Research and publishing in psychiatry" presentations on: "Marijuana and madness" and "Treatment resistant schizophrenia"
Speaker (with Jeffrey Daniel), **5th Collaborative psychiatric Nursing Conference**, Melbourne, Vic; Presentation: "Managing acute behavioural disturbance in 'real life' psychiatric settings"
Invited speaker, **Rural Carer's Conference**, Bendigo, Vic; Presentation: " A collaborative approach to addressing mental health problems"
Invited speaker, Anxiety Disorders Alliance **Anxiety Symposium**, Sydney, NSW; Presentation: "Anxiety and substance abuse comorbidity"
Invited speaker, **"Forward Thinking" Psychiatric Nursing Symposium**, Melbourne, Vic; Presentation: "The multidisciplinary approach to the management of schizophrenia"

2005 *Invited speaker*, **University of Melbourne Dept of Psychiatry Colloquium**, Melbourne; Presentation: "The OCD spectrum of disorders: A defensible construct?"
Invited speaker, **Directions in Psychiatry Conference**, Werribee, Vic; Presentations: "Integrated care in mental health" and "Obesity and psychosis"
Invited speaker, **Melbourne Clinic Grand Rounds**, Melbourne, Vic; Presentation: "The OCD spectrum of disorders: A defensible construct?"
Invited speaker, **Barwon Health Professorial Unit Seminar**, Geelong, Vic; Presentation: "The OCD spectrum of disorders: A defensible construct?"
Invited speaker, **Science to Services: Progress in research from around the globe;** held at **International Congress on Schizophrenia Research,** Savannah, GA, USA; presentation: "Advances in alcohol, drugs and schizophrenia: The latest evidence"
Invited speaker, **6th Conference for Carers of People with a Mental Illness,** Melbourne; Presentation: "Optimising treatment outcomes in schizophrenia"
Invited speaker, **2nd Asia-Pacific Eating Disorders Congress**, Melbourne, Vic; Presentation: Too fat, too thin: Body image disorders in psychiatry"
Invited participant, forum **Mental Health in Victoria: The Way Forward**, Melbourne, Vic
Invited speaker **Society of Hospital Pharmacists,** Melbourne, Vic; Presentation: "Body Dysmorphic Disorder"
Invited keynote speaker, conference **Community Choices: reorienting mental health services towards recovery**, Adelaide, SA; Presentation: "A comprehensive approach to the treatment of people with severe mental illness"
Invited speaker, **Turning Point Dual Diagnosis Symposium**, Melbourne, Vic; Presentation: "Anxiety disorders and substance abuse"
Invited speaker, symposium **The Next Generation in Psychiatry**, Adelaide, SA; Presentation: "Psychosocial psychiatry: the importance of holistic treatment"
Invited keynote speaker, symposium **Advances in the treatment of schizophrenia**, Adelaide, SA; Presentation: "Medical morbidity in schizophrenia"

Invited speaker, **Austin Health Grand Rounds**, Melbourne, Vic; Presentation: "Treating substance abuse comorbidity"
Invited speaker, **Hyson Green Academic Meeting,** Canberra, ACT; Presentation: "Cannabis and mental illness"
Invited speaker, **Melbourne Clinic Grand Rounds**, Melbourne, Vic; Presentation: "An update on the treatment of schizophrenia"
Invited speaker, **Bendigo Health Service**, Bendigo, Vic; Presentation: "A collaborative approach to the treatment of first episode psychosis"
Invited speaker, **7th Ministerial Rural and Regional Health Forum**, Bendigo, Vic; Presentation: "Cannabis can make you go mad"
Visiting Professor, **Prince Charles Hospital, Brisbane, & Rockhampton Mental Health Service**; talks on "Cannabis and mental illness", "Collaborative Therapy", "Management of behavioural disturbance in psychiatric settings"; and "Psychiatric aspects of body image disorders"
Invited speaker, **Community Education Project in Mental Health Forum**, Ballarat, Vic; Presentation: "A comprehensive model of care for people with a mental illness"
Invited speaker, **Psychiatry Update**, Christchurch, New Zealand; presentations: "Schizophrenia: an overview" and "Treatment of schizophrenia"

2006 *Invited speaker,* **Society of Hospital Pharmacists,** Melbourne, Vic; Presentation: "The management of behavioural disturbance in psychosis"
Visiting Professor, **University of the Witwatersrand**, Johannesburg, South Africa; Presentations: "Cannabis and mental illness", "Treatment approaches to substance use in psychosis" and "Anxiety and substance use"
Invited speaker, **College of Psychiatrists of South Africa**, Johannesburg, South Africa; presentation: "The OC spectrum of disorders: a defensible construct?"
Invited speaker, **International Conference on Anxiety Disorders**, Cape Town, South Africa; presentation: "Body dysmorphic disorder and obsessive compulsive disorder"
Invited speaker, **Adelaide Clinic**, Adelaide, SA; presentation: "Marijuana and madness"
Invited speaker, **Pivotal Issues in Psychiatry Conference**, Sydney, NSW; presentation: "Marijuana and madness"
Invited keynote speaker, **New Zealand Early Intervention Psychosis Forum**, Christchurch, NZ; Presentation on: "What happens after the first episode?"
Invited speaker, **Eric Seal Lecture**, St. Vincent's Hospital, Melbourne, Vic; Presentation: "Treatment resistant schizophrenia: does it exist?"
Invited speaker, **Hyson Green Academic Meeting,** Canberra, ACT; Presentation: "Relapse prevention in psychosis"
Invited speaker, **Melbourne Clinic Grand Rounds**, Melbourne, Vic; Presentation: "Psychiatric aspects of cannabis"
Invited speaker, **6th Annual Grampians Mental Health Conference**, Ballarat, Vic; Presentation "Identifying and managing physical health problems in people with schizophrenia"
Invited speaker, **Bendigo Health Education programme**, Bendigo, Vic; Presentation: "Optimising outcomes after a first episode of psychosis"
Invited speaker, **Mental Health Seminar: Treatment Challenges from Acute to the Community**, Traralgon, Vic; Presentation: "Medical Morbidity in Schizophrenia: Recognition and Management"
Invited speaker, **Mental Health Academic Seminar Series**, Napean Hospital, Penrith, NSW; Presentation: "Obsessing about appearance: BDD and the OC Spectrum"
Invited speaker, **Psychiatry Workshop,** Perth, WA; Presentation: "Relapse prevention in psychosis: What do we do after the first episode?"
Invited international speaker, **Opening New Doors in Depression and Anxiety Treatment**, Beijing, China; presentation: "Are antidepressants equally effective in severe depression?"
Invited speaker, **Neuroscience Symposium: Schizophrenia: Chemistry, Clinic, Community,** Melbourne, Vic; presentation: "Recognition and treatment of substance abuse in psychosis"
Invited speaker, **Feast of Psychiatry: Psychiatry in the Age of Terror**, Fremantle, WA; presentation: "The terror within: aggression, restraint and seclusion in mental health settings: how can we do it better?"
Invited speaker, **Anxiety Disorders Foundation of WA Anxiety Symposium,** Perth, WA; Presentation: "Community management of anxiety disorders"
Convenor and chair, Plenary symposium "Cannabis use and psychosis" at **9th Australasian Schizophrenia Conference**, Fremantle, WA
Invited keynote speaker, **9th Australasian Schizophrenia Conference**, Fremantle, WA; presentation: "Australian mental health reforms: the good, the bad, and the way forward"
Convenor, **Australasian Anxiety Conference**, Melbourne, Vic; presentations: "Anxiety and schizophrenia" and "The OC Spectrum of Disorders"

Invited speaker, **12th Congress of the Asian College of Psychosomatic Medicine**, Melbourne; Presentation: "BDD and OCD: the same but different?"
Invited speaker, **Modern Management of Bipolar Disorders Conference**, Sydney, NSW; Presentation: "Bipolar disorder and substance abuse"
Invited speaker, **Psychiatry Update**, Christchurch, New Zealand; presentations: "Schizophrenia: an overview" and "Treatment of schizophrenia"
Invited speaker, **5th World Congress of the International Academy of Cosmetic Dermatology**, Melbourne, Vic; presentation: "Body image and cosmetic dermatology"

2007 *Invited speaker*, **GP Specialist Weekend**, Sydney NSW; presentation: "Optimising outcomes in schizophrenia"
Invited speaker, **Alfred Psychiatry Grand Round**, Melbourne, Vic; Presentation: "Mirror Mirror on the Wall: Who is the Ugliest of them All? Body image disorders and Psychiatry"
Speaker, **World Psychiatric Association Regional Meeting**, Nairobi, Kenya; Presentation: "Australian Mental Health Services: Lessons for Africa?"
Keynote speaker, **Time Efficient Mental Health National Facilitator's Meeting**, Sydney, NSW; Presentations: "Management of insomnia" and "Treating bipolar disorder"
Invited speaker, **Alfred Psychiatry Educational Forum**; Melbourne, Vic; Presentation: "Rehabilitation in the community"
Invited international speaker, **Bridging the Gaps in CNS Research**; Berlin, Germany; Presentation: "Optimising treatment of co-morbid depression and anxiety"
Invited speaker, GP weekend **When the Depression Doesn't Get Better**; Werribee, Vic; Presentation: "A practical approach to treatment resistant depression"
Invited speaker, **Barwon Health Grand Round**, Geelong, Vic; Presentation: "Mirror Mirror on the Wall: Who is the Ugliest of them All? Body image in Psychiatry"
Invited speaker, **Barwon Mental Health**, Geelong, Vic; Presentation: "Schizophrenia: optimising treatment outcomes"
Invited speaker, **Society of Hospital Pharmacists Mental Health Interest Group**, Melbourne, Vic; presentation: "Medical complications in schizophrenia: do our medications make things worse?"
Invited speaker, **Schizophrenia Awareness Week**, Canberra, ACT, and Launceston, Tasmania; Presentation: "Understanding schizophrenia"
Invited speaker, **Melbourne Clinic Postgraduate Education Programme**, Melbourne, Vic; Presentation: "Medical complications of schizophrenia"
Invited speaker, **Australasian Chapter of Addiction Medicine**, Melbourne, Vic; Presentation: "Cannabis and psychiatry"
Invited speaker, **Mental Health Academic Seminar Series**, Napean Hospital, Penrith, NSW; Presentation: "Marijuana and Madness"
Invited speaker, **Northpark Hospital Clinical Meeting**, Melbourne, Vic; Presentation: "Mirror Mirror on the Wall: Who is the Ugliest of them All? Body image in Psychiatry"
Invited speaker, **The University of Melbourne Department of Psychiatry Colloquium**, Vic Presentation: "Mirror Mirror on the Wall: Who is the Ugliest of them All? Body image in Psychiatry"
Chair and speaker, workshops **The Assessment and Management of Psychiatric Emergencies** Brisbane, Qld; Sydney, NSW; Perth, WA; Adelaide, SA; Melbourne, Vic
Invited speaker, **Mental Illness Fellowship Victoria Carers Conference**, Melbourne, Vic; Presentation: "Medications and other treatments"
Invited speaker, **TheMHS 17th Annual Conference**, Melbourne, Vic; Presentation: "Weight gain and psychiatric illness"
Symposium convenor and speaker, **TheMHS 17th Annual Conference**, Melbourne, Vic; Presentation: "Cognition and schizophrenia: can we fix it?""

2008 *Invited speaker*, symposium **The Next Generation in Psychiatry**, Adelaide, SA; Presentation: "Medical morbidity in schizophrenia: recognition and management"
Invited speaker, symposium **Directions in Care**, Gold Coast, Qld; Presentation: "Challenges in psychiatry: translating research into clinical practice"
Invited speaker, **Southern Health Mental Health Forum**, Victoria; Presentation: "Body image disorders"
Invited speaker, **Eastern Health CAMHS**, Victoria; Presentation: "The obsessive compulsive spectrum: fact or fancy?"
Invited speaker, **St. Vincent's Mental Health Service,** Sydney, NSW; Presentation: "Marijuana and madness"
Invited speaker, **North east Victoria Innovative Learning Centre,** Melbourne, Vic; Presentation: "Late onset schizophrenia: does it exist?"

Invited speaker, **Psychiatry Update**, Christchurch, New Zealand; presentations: "Schizophrenia: an overview" and "Treatment of schizophrenia"
Invited speaker, **Modern Management of Psychoses Meeting**, Perth, WA; Presentation: "Marijuana and Madness?" and workshop: "Recognition and management of substance abuse in people with psychosis"
Invited speaker, **World psychiatric Association International Congress,** Melbourne, Vic; Convenor, symposium "Can the OC Spectrum concept be supported?" presentation: "BDD and OCD: the same, but different?"; participant, symposium "Increasing consumer and carer participation: rhetoric to reality?";invited convenor and speaker: "Anxiety disorders: meet the expert"
Invited speaker, **Hunter Mental Health Research Seminar**, Newcastle, NSW; Presentation: "Late onset schizophrenia: Does it exist?"
Invited speaker, **"From Research to Clinical Practice" Bipolar Disorders Symposium,** Vic Presentation: "Psychosocial treatment of bipolar disorder"
Invited speaker, **International Anxiety Disorders Symposium**, Cape Town, South Africa; Presentation: "Anxiety and schizophrenia"
Invited keynote speaker, **Mental Health Service Delivery in the Inner City Conference**, Sydney Presentation: "Mental health in the inner city: What about medical care?"
Invited speaker, **Modern management of Schizophrenia Conference**, Melbourne, Vic; Presentation: "Anxiety and schizophrenia"
Invited speaker, **2nd Australasian Anxiety Disorders Conference**, Sydney, NSW; Presentation: "Anxiety and substance use" and workshop: "Treatment of anxiety and substance use disorders"
Speaker, **43rd Royal ANZ College of Psychiatrists Annual Congress**, Melbourne, Vic; Convenor and speaker, symposium, "The physical health of people with a serious mental illness"; and presentation: "Does CATIE really help inform treatment decisions for schizophrenia?"
Invited speaker, **Dean's Lecture Series, The University of Melbourne**, Melbourne, Vic; Presentation: "The relentless pursuit of a perfect appearance: psychiatry and body image"
Invited speaker, **Alfred Psychiatry Grand Round,** Melbourne, Vic; Presentation: "What can we learn from the CATIE trials?"
Invited speaker, **Eastern Health Psychiatry Grand Round,** Melbourne, Vic; Presentation: "Body image disorders"
Invited speaker, **Bipolar Disorders Scientific Meeting**, Auckland, New Zealand; Presentation: "Psychosocial treatments for bipolar disorder"
Invited speaker, **Physical and Mental Illness Interface Conference,** Melbourne, Vic; Presentation: "Obesity and schizophrenia"
Invited lecturer, **National Program for Mental Health**, Phnom Pehn, Cambodia; Presentations: "Schizophrenia: an overview; "Treatment of schizophrenia"
Invited speaker, **Austin Psychiatry Grand Round,** Melbourne, Vic; Presentation: "Has $50million helped us understand how better to treat schizophrenia? A critique of the CATIE trials"
Invited speaker, **Genetics Seminar, Royal Children's Hospital,** Melbourne, Vic; Presentation: "Perceptions of beauty and ugliness: Body image and psychiatry"
Invited speaker, **Schizophrenia Conference**, Goa, India; Presentation: "Treating schizophrenia: are the atypicals really better?"
Invited faculty member and speaker, **SCARF 3rd Biennial Schizophrenia Conference**, Chennai, India; Presentation: "Medical morbidity in schizophrenia"

2009 *Invited international keynote speaker*, **Treatments in Psychosis Conference,** Bandung, Indonesia; Presentations: "Acute treatment of schizophrenia" and "Improving long-term outcomes in schizophrenia"
Invited speaker, **HIV and Mental Illness Summit,** Melbourne, Vic Presentation: "HIV and Mood"
Keynote speaker, **International Society for Affective Disorders** Conference, Brisbane, Qld; Presentation: "Depression, anxiety and schizophrenia"
Invited speaker, **"The Poetics of the Body" Breadth Subject, Victorian College of the Arts**, Melbourne, Vic; Presentation: "Why are we so unhappy with the way we look?"
Invited speaker, **Mood Disorders Group, Mental health Foundation of Victoria**, Melbourne, Vic; Presentation: "Body image and mood"
Invited speaker, **Creativity and Bipolar Symposium**, Sydney, NSW;
Chair and commentator, session: "Issues in Bipolar Disorder: Diagnosis"
Invited speaker, **Geelong Hospital Grand Round,** Geelong, Vic Presentation: "Cannabis and mental illness"
Invited speaker, **Adelaide Clinic Grand Round,** Adelaide, SA; Presentation: "Managing bipolar illness"
Invited keynote speaker, **Making It Happen Drug and Alcohol Conference**, **Perth, WA**; Presentation: "Substance Use and Psychosis: How Should We Respond?"

Invited speaker, **HIV Symposium,** Coogee, NSW; Presentation: "HIV and Mood"
Invited speaker, **RANZCP Annual Congress,** Adelaide, SA; Presentation: "Why are people with schizophrenia dying so young, and what can we do about it?"
Invited speaker, **Albert Road Clinic Grand Round,** Melbourne, Vic Presentation: "Managing bipolar illness"
Invited speaker, **Restore Function, Restore Balance Conference,** Perth, WA Presentation: "A collaborative approach to treating bipolar disorder"
Invited speaker, **ARCVic Seminar: Understanding Anxiety Disorders,** Melbourne, Vic Presentation: "Body Image in Psychiatry"
Invited speaker, **Australian & NZ Association of Psychiatry, Psychology and Law,** Melbourne Presentation: "Between Ecstacy and Madness"
Invited speaker, **St Vincent's Mental Health 3rd Annual Conference,** Melbourne, Vic; Presentation: "To Be Superman: Male Body Image and Bigorexia"
Invited speaker, **Schizophrenia: The Final Frontier: Festschrift for Professor Robin Murray,** London, UK; Presentation: "Medical morbidity in schizophrenia"
Invited speaker, **First Southeast Asia Maudsley Forum,** Hong Kong Presentation: "The OC spectrum: A defensible construct?"; Workshop: "How anxious is too anxious?"

2010 *Invited speaker,* **ARCVic Symposium,** Melbourne, Vic (17.02) Presentation: "Ugliness is in the Eye of the Beholder: Psychiatry and Body Image"
Invited speaker, **National Gallery of Victoria,** Melbourne, Vic (3.03) Presentation: "Body Image"
Organising committee member and speaker, **Neuroscience Symposium,** Sydney, NSW (5-6.03) Presentation: "Psychosocial Treatments for Bipolar Disorder"
Invited speaker, **University of The Witwatersrand,** Johannesburg, South Africa (29.04) Presentations: "How Anxious is Too Anxious: The Case of Social Anxiety Disorder"; and "Medical Morbidity in Schizophrenia"
Invited speaker, **International Anxiety Disorder Symposium,** Cape Town, South Africa (2.05) Presentation: "How Anxious is Too Anxious: The Case of Social Anxiety Disorder"
Invited speaker, **Asia Pacific CNS Summit,** Hong Kong (5.06) Presentation: "Depression in schizophrenia: recognition and management"
Invited speaker, **Graylands Hospital,** Perth, WA (10.06) Presentation: "Can We Optimise Schizophrenia Outcomes?"
Invited speaker, **Collaborative SW Educational Programme,** Peel, WA (10-11.06) Presentations: "Cannabis and Mental Illness"; and "Medical Morbidity in Schizophrenia"
Faculty member and speaker, **MOSAIC Schizophrenia Programme,** Melbourne and Sydney Presentations: "Schizophrenia: common but often missed comorbidities"
Invited speaker, **27th International Congress of Applied Psychology,** Melbourne (13.06) Presentation: "BDD and the OC Spectrum"
Invited speaker, **Lundbeck Institute Alumni Meeting,** Sanctuary Cove (25.07) Presentation: "Anxiety disorders: have we opted out?"
Invited speaker, **Postgraduate Educational Program**, Sydney, NSW (31.07) Presentation: "Depression and schizophrenia"
Invited speaker, **Smoking Cessation Update Day, Lung Health Promotion Centre**, Melb (02.08); Presentation: "Smoking and schizophrenia"
Invited speaker, **University of Amsterdam Medical Centre**, Amsterdam, Netherlands (30.08) Presentation: "BDD: A diagnostic entity in search of a nosological home"
Invited speaker, **Heart and Mind 2010: 2nd International Conference**, Prato, Italy (02.09) Presentation: "Can we prevent people with schizophrenia dying so young?"
Invited speaker, **National GP Clinical Weekend**, Sydney, NSW (12.09) Presentation: "Managing bipolar disorder in general practice"
Invited speaker, **Endocrinology Department Meeting**, Royal Melbourne Hospital (15.09) Presentation: "Can we prevent people with schizophrenia dying so young?"
Invited keynote speaker, **Bouverie Centre Mini Conference**, Melbourne (06.10)Presentation: "Can we optimise the treatment of schizophrenia?"
Invited speaker, **Modern Management of Psychiatry Conference**, Melbourne (15.10) Presentation: "Enhancing the outcomes for schizophrenia: is early psychosis the answer?"
Faculty, and invited speaker, **4th International Conference on Schizophrenia Research (IConSIV)**, Chennai, India (23.10) Presentation: "Why do people with schizophrenia have such high rates of metabolic problems?"
Invited keynote speaker, **14th Pacific Rim College of Psychiatrists Scientific Meeting**, Brisbane, Qld (23.10) Presentation: "Smoking and schizophrenia: Can we put out the fire?"
Invited speaker, **Psychiatry Postgraduate Educational Weekend,** Adelaide, SA (6.11) Presentation: "Psychosocial treatments in bipolar disorder"

Invited speaker, **Depression Masterclass**, Sydney, NSW (7.11) Presentation: "Depression and schizophrenia"
Invited speaker, **Sydney Anxiety Conference**, Penrith, NSW (7.11) Presentations: "The OC Spectrum: A defensible construct?" and "How anxious is too anxious? The case of social anxiety disorder"
Invited speaker, **2010 School Counsellors and Psychologists Conference**, Melbourne, (17.11) Workshop (with Natalie Knoesen and Roberta Honigman): "When body image in young people becomes distorted"
Invited keynote speaker, **Social Firms Australia Annual Forum**, Melbourne (18.11) Presentation: "Work and mental illness: the psychiatrists' perspective"
Visiting lecturer, Department of Psychiatry, **Hamad Medical Corporation**, Doha, Qatar Presentations: "Treating schizophrenia in a community mental health service"; "Metabolic monitoring in schizophrenia": and "Body dysmorphic disorder"

2011 *Invited speaker*, **Psychiatry Grand Rounds**, Coffs Harbour, NSW (2.02); Presentation: "Depression and schizophrenia"
Invited speaker, **Psychiatry Grand Rounds**, Liverpool Hospital, NSW (11.02); Presentation: "Depression and schizophrenia"
Invited speaker, **Psych-evidence Research Workshop**, Fremantle, WA (5.03); Presentation: "Understanding schizophrenia research"
Invited speaker, **Clinical Controversies Meeting**, Adelaide, SA (6.02); Presentation: "Depression and schizophrenia"
Invited speaker, **Australian Doctor Education Seminar**, Melbourne, Vic (14.03); Presentation: "An update on bipolar disorder"
Invited speaker, **South West Healthcare Psychiatry Seminar**, Warrnambool, Vic (23.03); Presentation: "Suicide and suicide prevention"
Invited keynote speaker, **Rotary Mental Health Forum**, Melbourne, Vic (24.03); Presentation: "Body image concerns in young people: how can we address the problem?"
Invited speaker, **International Conference on Schizophrenia Research**, Colorado, USA (06.04); Workshop presentation: "Metabolic monitoring in clinical psychiatric practice" and Family Forum presentation: "Why are people with schizophrenia dying so young, and what can we do about it?"
Invited speaker, **Clinical Controversies in Psychiatry**, Perth, WA (16.04); Workshop: "How do we choose which antidepressant to use?"
Invited speaker, **Depression Masterclass**, Perth, WA (17.04); Presentation: "Depression and schizophrenia"
Invited speaker, **Clinical Controversies in Psychiatry**, Adelaide, SA (14.04); Workshop: "How do we choose which antidepressant to use?"
Invited keynote speaker, **Royal ANZ College of Psychiatrists Annual Meeting**, Darwin, NT (2.05); Presentation: "Schizophrenia: of neurodevelopment and other things.."
Invited speaker, **Macquarie Hospital Psychiatry Grand Rounds**, Sydney, NSW (16.06); Presentation: "Depression and schizophrenia"
Invited speaker, **Gosford MH Unit Psychiatry Grand Rounds**, Gosford, NSW (17.06); Presentation: "Depression and schizophrenia"
Invited facilitator, **Clinical Controversies in Psychiatry**, Sydney NSW (19.06) Session facilitator: "Bipolar disorder: current controversies"
Invited speaker, **Royal Melbourne Hospital Psychiatry Grand Rounds**, Melbourne (27.06); Presentation: "The truth about early intervention in psychosis"
Invited speaker, **Royal Melbourne Hospital Pharmacy Grand Rounds**, Melbourne (27.06); Presentation: "Depression and schizophrenia"
Invited speaker, **Mental Health Professionals Network**, Melbourne (04.07); Presentation: "Bipolar disorder"
Invited speaker (with Ingi Barr), **Xavier Secondary College Staff Forum**, Melbourne (25.07); Presentation: "Depression in young people: Dealing with the Black Dog"
Invited speaker, **St Georges Hospital Psychiatry Grand Rounds**, Melbourne (05.08); Presentation: "Schizophrenia: of neurodevelopment and other things"
Invited speaker, **Psychevidence Critical Appraisal Workshop**, Melbourne (06.08); Presentation: "An introduction to research and evidence based psychiatry"
Invited speaker, **Sothern Health Psychiatry Grand Rounds**, Melbourne (08.08); Presentation: "Bipolar depression"
Invited speaker, **Graylands Hospital Psychiatry Grand Rounds**, Perth (15.08); Presentation: "Improving outcomes in schizophrenia: hype or hope?"
Invited speaker, **VANZAPT educational event**, Melbourne (25.08); Presentation: "How careful is careful enough? The boundaries of OCD"

Invited speaker, **European College of Neuropsychopharmacology (ECNP)**, Paris (4.09); Presentation: "The vagaries of diagnosis in the mood psychotic disorders: clinical implications"
Invited speaker, **Prince Charles Hospital Psychiatry Grand Rounds**, Brisbane (03.10); Presentation: "The medical care of the mentally ill"
Invited speaker, **Royal Melbourne Hospital Annual Research Symposium**, Melbourne (14.10); Presentation: "Medical and life events and their influence in psychosis"
Invited speaker, **Saphris Expert Meeting**, Melbourne (15.10); Presentations: "Therapeutic goals in schizophrenia" and "Schizophrenia: of neurodevelopment and other things…"
Invited speaker, **Albert Road Clinic Grand Round**, Melbourne (20.10); Presentation: "Body dysmorphic disorder: an entity in search of a nosological home"
Invited speaker, **Peking University Institute of Mental Health**, Beijing (25.10); Presentations: "Psychotic disorders in Australia" and "Psychiatric Epidemiology"
Convenor, **St Vincent's Hosp and University of Melbourne Anxiety Conference,** Melbourne (11-12.11)
Invited speaker, **Burnie Mental Health Service Educational Forum**, Tasmania (18.11); Presentation: "Schizophrenia: of neurodevelopment and more"
Invited speaker, **Shaping Recovery in Schizophrenia Symposium**, Melbourne (27.11); Presentation: "Schizophrenia: supporting recovery and preventing relapse"
Invited keynote speaker, **Regional Bipolar Disorder/Schizophrenia Symposium**, Hanoi (4.12); Presentation: "Therapeutic goals in schizophrenia"
Invited panel member, **Bipolar Mood Disorder: Working Together, Working Better** (05.12) Webinar coordinated by Mental Health Professionals Network
Invited speaker, **La Trobe Valley Mental Health Service Symposium**, Victoria (8-9.12); Presentations: "Therapeutic goals in schizophrenia" "Treating bipolar disorder"

2012 Invited speaker, **Dermatology Grand Rounds**, St Vincent's Hospital, Vic (3.02)
Presentation: "Body Dysmorphic Disorder: Ugliness is only skin deep"
Invited debater, **Royal Melbourne Hospital Mental Health Forum**, Melbourne (20.02); Debate: "Early intervention in psychosis is not justified"
Invited speaker, **AUPOA Annual Symposium, Challenges in current thinking about mental disorders in the elderly**, Melbourne, Vic (24.02);
Presentations: "Will there be less work for future old age psychiatrists if early psychosis interventions actually work?"
Invited keynote speaker, **Rotary Mental Health Forum**, Beaumaris, Melbourne (21.03); Presentation: "Body image and teen mental health"
Invited speaker, **Centre for Remote Health**, Alice Springs, NT (26-27.03);
Presentations: "Psychiatric aspects of marijuana"; "Optimising schizophrenia outcomes"
Invited speaker, **Broadmeadows Mental Health Service**, Melbourne (4.04);
Presentation: "Optimising schizophrenia outcomes"
Delegate, **Third Biennial Schizophrenia Research Society Conference**, Florence, Italy (14-18.04); Poster presentations: "Smoking and other cardiovascular disease risk behaviours among people with severe mental disorders"; "IV droperidol or olanzapine as adjuncts to midazolam for the acutely agitated patient: a multi-centre, randomised, double-blind, placebo-controlled, clinical trial"
Invited speaker, **Australian Psychiatrist Expert Group** Conference, Werribee, Vic (20-22.04);
Presentation: "BDD: a disorder in search of a nosological home"
Invited speaker, **University of Melbourne Dental School,** Melbourne, Vic (14.05);
Presentation: "The tooth and the psyche"
Speaker, **Royal ANZ College of Psychiatrists Annual Conference**, Hobart, Tas (20-23.05);
Presentation: "Depression with anxiety, anxiety and depression, anxious depression? A role for agomelatine?"
Invited speaker, **PsyAcademy Asia** Faculty Meeting, Bangkok, Thailand (25-26.05); Presentation: "Recent evidence in the understanding of schizophrenia trajectory and implications for clinical practice"
Invited speaker, **Fremantle Hospital Mental Health Forum**, Fremantle, WA (22.06); Presentation: "Improving outcomes in schizophrenia"
Invited speaker, **Royal College of Psychiatrists (UK) Annual Congress,** Liverpool, UK (12.07);
Presentation: "Improving outcomes in schizophrenia: learnings from Australia"
Invited speaker, **Clinical Controversies Annual Conference,** Melbourne, Vic (29.07);
Presentation: "Early intervention in psychosis: not enough, not early enough"
Invited speaker, **Eastern Health Mental Health Forum,** Melbourne, Vic (21.08);
Presentation: "Promoting good outcomes in schizophrenia"
Invited speaker, **Victoria Clinic,** Melbourne, Vic (22.08); Presentation: "Bipolar mixed states"

Invited speaker tour, **Singapore (including Institute of Mental Health, Singapore General Hospital, National University Hospital)**, Singapore (27-28.08); Presentations: "Detecting non-adherence and shared decision-making: two steps towards long-term remission in schizophrenia"
Invited speaker tour, **Hong Kong and Macau (including Kwai Chung Hospital, Princess Mary Hospital)**, Hong Kong and Macau (29-31.08); Presentations: "Enhancing treatment outcomes in schizophrenia" and "The role of case management in relapse prevention"
Invited speaker, **Victorian Association of Cardiac Rehabilitation Conference,** Melb, Vic (18.10); Presentation: "Cardiovascular disease in people with severe mental illness"
Invited speaker, **South Australian Psychiatrists Annual Conference**, Barossa, SA (26-27.10); Presentation: "Early intervention: Is early too early or not early enough?"
Invited speaker, **Dialogues in Depression Conference**, Sydney, NSW (3-4.11); Presentation: "Depression with anxiety, anxious depression, generalised anxiety with depression, or what?"
Invited speaker, **South Australian Psychiatrists Annual Conference**, Barossa, SA (26-27.10); Presentation: "Early intervention: Is early too early or not early enough?"
Invited speaker, **Schizophrenia Summit**, Shanghai, China (10-11.11);
Presentations: "Psychiatric comorbidity in schizophrenia" and "Adherence and schizophrenia: views of psychiatrists in the Asia Pacific region"
Invited speaker, **Joint WPA-INA-HSRPS International Psychiatric Congress**, Athens, Greece (29-02.12); Presentations: "Undetected physical health comorbidity in schizophrenia"
Invited speaker, **Bunyule Community Health Forum**, Melbourne (11.12);
Presentation: "Munchausen's Syndrome"
Invited speaker, **Neuroscience Speaker Summit**, Taipei, Taiwan (14-15.12);
Presentations: "Evidence and expectations in treating bipolar depression"; "DSM-5 Update"

2013 Invited lecturer, **St Giles Hospital**, Suva, Fiji (16-18.01)
Presentations: "Suicide and self harm"; "Cannabis and schizophrenia"; "Treating depression"; "Pharmacological treatments in psychiatry"
Invited speaker, **University of Cape Town Department of Medicine Grand Rounds**, Cape Town, South Africa (14.02); Presentation: "Medical disorders in the psychiatrically unwell"
Invited speaker, **Intern Anxiety Disorders Society Conf**, Cape Town, Sth Africa (15-17.02);
Presentation: "Body Dysmorphic Disorder: An orphan in search of a nosological home"
Invited speaker, **La Trobe Mental Health Service**, Traralgon, Victoria (21-22.02); Presentations: "Anxiety: how much is too much"; "DSM-5" and "Suicide and Self harm: a pragmatic approach"
Invited speaker, **Northern Hospital Mental Health Service**, Melbourne, Victoria (8.03);
Presentations: "Anxiety and depression: what is what?"
Co-convenor and speaker, **Psychiatry in Australia – 2013 Conference**, Adelaide, SA (15-17.03); Presentation: "Smoking in schizophrenia: can we put out the fire?"
Invited speaker, **Port Phillip Prison Mental Health Service**, Melbourne, Vic (15.04);
Presentation: "Management of mental illness in the prison system"
Invited speaker, **Australasian Schizophrenia Conference**, Melbourne, Vic (13.05);
Presentation: "What can we do when clozapine fails?"
Invited speaker, **Neuroscience Speaker Summit**, Jakarta, Indonesia (17.05);
Presentation: "Improving patient outcomes in bipolar disorder"
Invited speaker, **PsyAcademy Asia Faculty Update Meeting**, Seoul, South Korea (25.05);
Presentation: "Psychiatric comorbidities in schizophrenia"
Speaker, **Royal ANZ College of Psychiatrists Annual Conference**, Sydney, NSW (27-29.05); Presentation: "Emotional blunting in depression"; chair, Symposium "Recent advances in OCD"
Invited speaker, **Australian Psychological Society**, Melbourne, Vic (3.06);
Workshop presentation: "DSM-5"
Invited speaker, **WFSBP 11th World Congress on Biological Psychiatry**, Kyoto, Japan (23-27.06); Debate: "Antipsychotics should be used in treating prepsychotic conditions"
Invited speaker, **National GP Clinical Meeting**, Melbourne, Vic (13.07);
Presentation: "The need or positive affect in the treatment of depression"
Invited speaker, **AHPRA Psychology Professional Officers Forum**, Melbourne, Vic (16.07);
Presentation: "DSM-5"
Invited speaker, **Australian Catholic University Psychology Forum**, Melbourne, Vic (02.08);
Presentation: "DSM-5"
Invited speaker, **HeathEd Women's and Children's Health Update**, Perth, WA (10.08);
Presentation: "Depression in women"
Speaker, with Mr Anthony Stratford **TheMHS Annual Conference**, Melbourne, Vic (23.08);
Presentation: "Integrating Recovery into psychiatry training"

Invited speaker, **Waiting Room to Wellness: GPs Treating Mental Health**, Sydney, NSW (23.08);
Presentation: "Putting the pieces together: Learning from each other's experience"
Presenter, **European College of Neuropsychopharmacology (ECNP) Annual Conference**, Barcelona, Spain (5-9.10); Presentations: "Treatment needs in schizophrenia" (oral) and "Management of depressive symptoms in schizophrenia (poster)
Invited speaker, **Australian Psychological Society Workshop**, Frankston, Vic (19.10);
Presentation: "DSM-5"
Invited speaker, **Victorian Hospital Pharmacists Mental Health Special Interest Group,** Melb, Vic (23.10); Presentation: "Treatment resistant schizophrenia"
Invited speaker, **Crisis Intervention and Management Australia Conference,** Melb, Vic (28.10); Workshop presentation (with Jacqueline Bloink): "Suicide and Self Harm in the Workplace"
Invited speaker, **Royal Australasian College of Physicians,** Melb, Vic (31.10); presentation: "Antipsychotics in practice"
Invited speaker, **Depression Masterclass,** Perth, WA (01.11);
Presentation: "The need for positive affect"
Invited speaker, **Austin Hospital Psychiatry Grand Round,** Melbourne, Vic (11.11);
Presentation: "Psychiatric aspects of marijuana"
Invited speaker, **1st International Conference on Neuroscience and Neurobiology Research,** Singapore (19.11); Presentation: "Smoking and schizophrenia: can we put out the fire?"
Convenor and discussant, **Physical and Mental Illness Interface Conference,** Melbourne, Vic (22-23.11); Discussant: "Mental health and physical illness"
Invited speaker, **AACBT Meeting,** Melbourne, Vic (25.11);
Presentation: "DSM-5: A useful advance or a waste of time and money?"
Invited speaker, **Third Qatar International Psychiatry Symposium,** Doha, Qatar (6-8.12);
Presentations: "How can we optimise the treatment of schizophrenia?" and "How can we improve the medical care of people with schizophrenia?"

2014 *Invited lecturer*, **Australian Psychological Society Victorian Clinical College**, Melbourne (01.02)
Presentation: workshop: "DSM5: A useful advance or a waste of time and money?"
Invited speaker, **University of Cape Town Department of Psychiatry,** Cape Town (20.03);
Presentation: "Marijuana and Madness"
Invited speaker, **Mental Illness at Home and Abroad** Tanzania (23-27.03);
Presentations: "DSM-5: What do the changes mean in clinical practice?"; "Management of depression and anxiety"; and "Body image disorders: Culture-bound or part of our evolutionary heritage?"
Invited speaker, **Schizophrenia International Research Society 4th Annual Conference** Florence, Italy (7.04); Presentation: "Debate: Attenuated Psychosis Syndrome is a needed diagnostic category"
Invited keynote speaker, **Cosmetex Annual Conference** Gold Coast, Qld (1.05);
Presentation: "The relentless pursuit of a perfect body"
Invited speaker, **Healthed Women's and Children's Health Update** Adelaide, SA (17.05);
Presentation: "Mood and menopause"
Invited speaker, **Australian College of Dermatologists Annual Conference** Melbourne (18.05);
Presentation: "Body image disorders in dermatology settings: More than skin deep"
Invited speaker, **Alfred Hospital Psychiatry Grand Round**, Melbourne (26.05);
Presentation: "DSM5: A short history of a big mess"
Invited speaker, **Eric Seal Lecture Series, St Vincent's Hospital**, Melbourne (30.05);
Presentation: "DSM5: A short history of a big mess"
Invited speaker, **Australian Doctor Mental Health Forum**, Melbourne (31.05);
Presentation: "Suicide and self harm"
Invited speaker, **Quitline training forum**, Melbourne (02.06);
Presentation: "Smoking cessation and mental illness: practical tips"
Invited speaker, **Mental Health Professionals Network**, Melbourne (04.06);
Presentation: "DSM5: A short history of a big mess"
Invited speaker, **Albert Road Clinic Grand Round**, Melbourne (19.06);
Presentation: "An update on the neurobiology and treatment of OCD"
Invited speaker, **Healthed Women's and Children's Health Update** Brisbane, Qld (23.06);
Presentation: "Mood and menopause"
Invited speaker, **Healthed Women's and Children's Health Update** Perth, WA (16.08);
Presentation: "Mood and menopause"
Co-convenor and Co-chair, **RACGP/RANZCP Joint Mental Health Forum** Melbourne (31.08);
Theme: "Mental health of refugees and asylum seekers: understanding, recognising, treating"
Invited speaker, **Medicare Local Mental Health Symposium** Melbourne (2.09);
Presentation: "Understanding bipolar spectrum disorders"

Invited speaker, **AMA Victoria Psychiatric Essentials Seminar** Melbourne (12.09);
Presentation: "Medical morbidity in schizophrenia: Recognition and management"
Invited speaker, **St Vincent's Hospital Medical Grand Round** Melbourne (6.10);
Presentation: "The relentless pursuit of a perfect body image: body image in psychiatry"
Invited keynote speaker, **40th International Mental Health Nurses Conference** Melbourne (8.09);
presentation: "Australian mental health services: The good, the bad and the way forward"
Invited speaker, **Ormond College "A Conversation About ---" Series** Melbourne (15.10);
presentation: "Cannabis and mental illness"
Invited speaker, **Royal Australasian College of Physicians Physicians' Education Program** Melbourne (30.10); Presentation: "Psychosis and antipsychotics"
Invited speaker, **Raising Expectations in Dermatology Conference** Sydney (1.11); Presentation: "Dermatology and Psychiatry"
Invited speaker, **Mental Health Clinical Collaborative** Brisbane (5.11);
Presentation: "The physical health of adults with serious mental illness"
Invited speaker, **Final Year Registrar Psychiatry Symposium** Melbourne (8.11); Presentation: "Anxiety disorders in DSM-5: Sense or nonsense?"
Invited speaker, **St George's Hospital Grand Round** Melbourne (18.11);
Presentation: "Optimising the health of people with stroke and their carers"
Invited speaker, **International Anxiety Disorders Conference** Melbourne (28.11); presentation: "An update on the pharmacological treatment of OCD"
Invited speaker, **AMA Victoria AGM**, Melbourne (2.12);
Presentation: "Australian mental health services: the good, the bad and the way forward"
Invited speaker, **Clopine Education Day**, Melbourne (3.12);
Presentation: "Clozapine and the heart"
Invited speaker, **Schizophrenia Expert Meeting**, Hong Kong (13-14.12);
Presentation: "Long acting injectable antipsychotics in Australia"

2015 *Invited speaker*, **Royal Hobart Hospital Psychiatry Department**, Hobart (21.01);
Presentation: "Comprehensive management of bipolar disorder"
Invited speaker, **Psychiatry Educational Webinars**, Melbourne (3-4.02);
Presentations: "Schizophrenia and physical health"; "Schizophrenia and cannabis"
Invited speaker, **Advances in Schizophrenia Symposium**, Vigo, Spain (25.02);
Presentation: "Comprehensive management of schizophrenia"
Invited keynote speaker, **Addictions in the 21st Century**, Vigo, Spain (27.02);
Presentation: "Psychiatric aspects of cannabis"
Invited speaker, **University of Mauritius Mental Health Forum**, Mauritius (13.03); Presentation: "Psychiatric aspects of cannabis"
Invited keynote speaker, **Neurology Association of South Africa Annual Congress,** Cape Town, South Africa (18-21.03); Presentations: "Psychiatric aspects of cannabis" and "The neurobiology of disordered body image"
Invited speaker, **Combined Physician Auto-Immune Scientific Summit**, Sydney NSW (28.03);
Workshop: "Psychology of Living with Chronic Disease"
Invited speaker, **Monash Medical Centre Psychiatry Grand Round,** Melbourne, Vic (13.04);
Presentation: "Current treatment trends for OCD"
Invited keynote speaker, **Singapore Psychiatric Association AGM,** Singapore (17.04);
Presentation: "Treating beyond depressive symptoms in depression"
Invited speaker, **Broadmeadows Health Service Psychiatry Grand Round**, Melbourne (22.04);
Presentation: "Psychiatry and medication in the age of Recovery: Sharing goals and means"
Invited speaker, **Royal Melbourne Hospital Psychiatry Grand Round,** Melbourne, Vic (28.04); Presentation: "Emotional blunting in clinical practice"
Invited speaker, **81st Beattie Smith Lecture,** University of Melbourne, Melbourne (29.04);
Presentation: "Marijuana and madness"
Invited keynote speaker, **Cosmetex Conference**, Melbourne (30.04); Presentation: "How people see themselves: How media drive the aesthetic patient world"
Invited speaker, **PsycAcademy FUM IV: Optimal Care in Schizophrenia,** Hong Kong (16-17.05);
Presentation: "Patient profile: remission phase"
Invited speaker, **RANZCP Tasmania Branch,** Hobart, Tasmania (28.05);
Presentation: "Emotional blunting in clinical practice"
Invited speaker, **St Vincent's Hospital Sydney Psychiatry Grand Round**, Sydney (02.06);
Presentation: "Psychiatry and medication in the age of Recovery: Sharing goals and means"
Invited speaker, **World Federation of Societies of Biological Psychiatry Congress**, Athens, Greece (15-18.06); Presentations: "How to manage metabolic disorders associated with psychotropic drugs" and "Tobacco and schizophrenia: can we put out the fire?"

Invited speaker, **RANZCP Webinar Series**, Melbourne (07.07); Presentation: "Intervention in psychosis: How early?"
Invited speaker, **Ipswich Hospital, Prices Alexandra Hospital and Royal Brisbane Hospital**, Brisbane (12-13.07); Presentation: "Medication in the age of Recovery: sharing goals and means"
Invited speaker, **RANZCP/RACGP Forum on Eating Disorders and Body Image Disorders**, Melbourne (25.07); Presentation: "Body image and cosmetic surgery"
Invited speaker, **Hunter Postgraduate Institute Annual Conference**, Newcastle (02.08); Presentation: "Bipolar disorder: a pragmatic approach to comprehensive management"
Invited speaker, **Thinc Forum on Mood Disorders**, Perth (08.08);
Presentation: "Bipolar mixed states: still mixed up?"
Invited keynote speaker, **Malaysian Conference of Psychological Medicine Congress**, Kuala Lumpur, Malaysia (19-21.08); Presentations: "Emotional blunting in clinical practice"; Treating depression beyond depressive symptoms"; "Medication and schizophrenia in the age of recovery: sharing goals and means"
Invited speaker, **RANZCP Rural Workshop**, Shepparton (29.08);
Presentation: "Emotional blunting in clinical practice"
Symposium chair and speaker, **Australasian Schizophrenia Conference**, Melbourne (23-25.09); Presentation: "Schizoaffective disorder: a nosological inconvenience"
Invited keynote speaker, **CINP Update on Psychopharmacology** Nairobi, Kenya (9-10.10); Presentations: "Bipolar disorder: current conceptualisations of classification and treatment"; "Comprehensive management of schizophrenia"
Invited speaker, **Hearing Voices and Hallucinations Conference**, Melbourne (21.10);
Presentation: "Phenomenology of voices"
Chair, **PsyAcademy II, The role of the Psychiatrist in the Age of Recovery** Sydney (30-31.10)
Invited speaker, **Rockingham Kwinana health Service, Sir Charles Gardiner Hospital, Joondalup Health Service and Graylands Hospital**, Perth, WA (16-17.11);
Presentation: "Medication in the age of Recovery: sharing goals and means"
Invited speaker, **4th Qatar International Psychiatry Conference**, Doha, Qatar (4-5.12);
Presentations: "Smoking and schizophrenia" and "Emotional blunting in clinical practice"

2016 *Invited keynote speaker*, **Schizophrenia Fellowship Annual Conference**, Sydney, NSW (10.02);
Presentation: "Can we improve outcomes in schizophrenia?"
Invited speaker, **Healthy and Unhealthy Uses of Music in Mental Health Care Conference**, Melbourne (4.03); Presentations: "Music and mental health"
Invited speaker, **Controversies and Contemporary Thinking in Psychiatry Conference**, Tasmania (19.03); Presentation: "Has DSM5 advanced psychiatric teaching and clinical practice?"
Invited speaker, **Northern Hospital Mental Health Unit,** Melbourne, Vic (11.04);
Presentation: "What can one do if clozapine fails?"
Invited lecture tour, **Kwai Chung Hospital, Pamela Youde Nethersole Hospital, Tai Po Hospital,** Hong Kong (3-6.05); Presentation: "How can we improve outcomes in schizophrenia?"
Invited speaker, **Hong Kong University Department of Psychiatry,** Hong Kong (6.05);
Presentation: "How can we improve outcomes in schizophrenia?"
Invited speaker, **Macau Psychiatric Association Symposium,** Macau (3-6.05);
Presentation: "How can we improve outcomes in schizophrenia?"
Co-convenor and speaker, **RANZCP Annual Congress,** Hong Kong (8-12.05);
Presentations: "RANZCP Schizophrenia Treatment Guideline"; "Are Australians with psychosis living 'the good life'?"; "Affective blunting in clinical practice" Clinical Update on Schizophrenia"; "Treating OCD: what can we do if SSRIs fail?"
Invited speaker, **Dialogues in Depression Symposium,** Melbourne (22.05);
Presentation: "The icing on the cake: crystal meth and mental health"
Invited speaker, **PsycAcademy FUM V: Achieving Functional Recovery in Schizophrenia,** Tokyo, Japan (28-29.05); Presentation: "What does functional recovery look like?"
Invited speaker, **Broadmeadows Mental Health Unit,** Melbourne, Vic (08.06);
Presentation: "What can one do if clozapine fails?"
Invited speaker, **1st West China Symposium and Training Workshop on Mood Disorders,** Chengdu, China (22-23.06); Presentation: "Bipolar depression"
Invited speaker, **International College of Neuropsychopharmacology (CINP),** Seoul, Korea (4-7.07); Workshop: "Optimisation, Integration and Personalisation"
Invited speaker, **Glenside Hospital and Eastern Area Mental Health,** Adelaide, SA (12-13.07); Presentation: "Medication in the Age of Recovery: Sharing goals and means"
Invited speaker, **Epworth Healthcare Research Week**, Melbourne (14.07);
Presentation: "The comprehensive management of bipolar disorder"

Invited speaker, **2nd African College of Neuropsychopharmacology Conference,** Cape Town, South Africa (30-31July 2016); Presentation: "Depression: Choosing the right antidepressant for the right patient"
Invited speaker, **MHPN Psychocardiology Network,** Melbourne, Vic (15.09);
Presentation: "Why are people with schizophrenia dying so young?"
Invited speaker, **Bridging the Mind-Body Gap** Symposium, Melbourne (08.10);
Presentation: "What's new in the treatment of schizophrenia?"
Invited speaker, **RANZCP New Zealand Conference**, Christchurch, NZ (12.10);
Presentation: "Smoking and schizophrenia: can we put out the fire?"
Invited speaker, **Optimising Care in Schizophrenia: Can More Be Done? Psyacademy III**, Sydney (14-15.07); Presentation: "What can we do when clozapine fails?"
Invited speaker, **Schizophrenia Masterclass**, Sydney, NSW (16.10);
Presentation: "Smoking and schizophrenia: can we put out the fire?"
Invited speaker, **Treat the Mind, Respect the Body Conference**, Sydney (22-23.10);
Presentation: "Are Australians with schizophrenia living 'the good life'?"
Invited speaker, **Sunshine Hospital Mental Health Forum,** Melbourne, Vic (18.11);
Presentation: "Medication in the Age of Recovery: Sharing goals and means"
Invited speaker, **Royal ANZ College of Ophthalmologists Congress**, Melbourne (19.11);
Presentation: "Ugliness in in the eye of the beholder"
Invited speaker, **Psych Scene Psychiatry Masterclass**, Melbourne (19.11);
Presentation: "Modern management of schizophrenia and metabolic syndrome"
Invited speaker, **SMI Policies Expert Forum**, Hong Kong (06.12);
Presentation: "The Australian community care model for patients with schizophrenia"

2017 *Invited speaker*, **Tasmanian Branch of RANZCP Annual Conference**, Freycinet, Tasmania (3-5.02); Presentation: "Can schizophrenia onset closer to the grave, than the cradle?"
Invited speaker, **BPD Community Information Night**, Melbourne (08.02);
Presentation: "Borderline personality disorder: should we change the name?"
Invited speaker, **Anxiety and Stress Disorders Psychiatry Masterclass**, Perth (17-18.02);
Presentations: "OCD: Can understanding neurobiology inform treatments?" and "Depression with anxiety, anxious depression, generalised anxiety with depression, or what?"
Invited speaker, **The Iceman Cometh Drug and Alcohol Conference**, Melbourne (24.02);
Presentation: "Psychiatric aspects of cannabis"
Invited speaker, **Psychscene Masterclass**, Sydney (25.03);
Presentation: "And when it's not cigarettes they are smoking?"
Invited speaker, **Psychscene Masterclass**, Melbourne (01.04);
Presentation: "And when it's not cigarettes they are smoking?"
Speaker, **RANZCP Annual Conference**, Adelaide, SA (1-4.05);
Presentations: "Can we be more CHEERful in treating depression?" and "Can we get close to zero? A review of the clinical applications of the Duckett Report"
Invited speaker, **Psychscene Masterclass**, Sydney (01.04);
Presentation: "Schizophrenia and the metabolic syndrome"
Invited speaker, **Shades of Grey Matter Conference**, Sydney (27-28.05);
Presentations: "Obesity and schizophrenia: the wait of not to weight?" and "Emotional blunting in depression: A CHEERful reflection"
Invited speaker, **Prince Charles Hospital, Brisbane and Gold Coast Hospital**, Queensland (05.06); Presentation: "Schizophrenia and substance use"
Invited speaker, **Targeting Zero in Mental Health Conference**, Melbourne (27-28.05);
Presentation: "Breaking the ice-cycle"
Invited keynote speaker, **NSW Agency for Clinical Innovation**, Sydney, NSW (17.08);
Presentation: "How can we optimise care for Australians with schizophrenia?"
Workshop presenter, **Australian and New Zealand Academy of Eating Disorders Conference**, Sydney (1-2.09); Presentation: "BDD: A treatment update"
Invited speaker, **Cardiology Grand Round, St Vincent's Hospital** Melbourne (8.09); Presentation: "Depression and the heart"
Invited speaker, **Queensland Registrars Training Workshop** Brisbane, Qld (16.09); Presentation: "Schizophrenia treatment: psychopharmacology and anything new?"
Invited speaker, **Medical Grand Rounds**, St Vincent's Hospital, Vic (09.10);
Presentation: "Smoking and schizophrenia: can we put out the fire?"
Invited speaker, **International Expert Psychiatry Group,** Paris, France (20.10);
Presentation: "Can we predict who responds to which antidepressant?"
Invited speaker, **Psychiatry in a World Gone Mad**, Sydney, NSW (28.10);
Presentation: "Ice, ice baby: Is Australia flailing in the face of the ice epidemic?"

Invited speaker, **NW Mental Health Psychology Forum**, Melbourne, Vic (30.10);
Presentation: "Treatments for schizophrenia"
Invited speaker, **Psycho Tropics Conference**, Brisbane, Qld (04.11);
Presentations: "Obesity in schizophrenia" and "Depression management: whose choice, ours theirs or both?"
Invited speaker, **Psychiatry Grand Rounds, Nepean and Blacktown Hospitals** Sydney, NSW (21.11); Presentation: "What's new in the treatment of schizophrenia?"
Invited speaker, **Mental Health and Community Integration Expert Forum**, Hong Kong, HK (25-26.11); Presentation: "Australian mental health reforms: the good and the not-so-good"
Invited speaker, **Schizophrenia Expert Forum,** New York, NY (29-30.11);
Presentation: "Antipsychotic choice: understanding shared decision making"
Invited speaker, **Psychscene Masterclass**, Adelaide, SA (10.12);
Presentation: "And when it's not cigarettes they are smoking?"

2018 *Invited speaker*, **Clinical Insights: ADHD Network**, Melbourne (17-18.02);
Presentation: "A duet: Bipolar and ADHD"
Invited discussant, **World Psychiatric Association Thematic Congress,** Melbourne (27.02);
Symposium: "The transdiagnostic significance of beliefs in psychiatric disorders"
Invited speaker, **Psychiatry Masterclass: Update on Mood Disorders**, Perth, WA (9-10.03);
Presentation: "Atypical antipsychotics in the treatment of depression: what, when, how?"
Invited speaker, **Albany Mental Health Service Grand Round**, Albany, WA (13.03);
Presentation: "What's new in the treatment of schizophrenia?"
Invited speaker, **The Melbourne Clinic Academic Forum**, Melbourne, Vic (28.03);
Presentation: "What's new in the treatment of schizophrenia?"
Poster presentation on behalf of Quitlink Group, **Schizophrenia International Research Society Annual Congress**, Florence, Italy (4-7.04) Presentation: "Quitlink: Accessible smoking cessation support for people living with severe enduring mental illness"
Invited speaker, **Psychscene Masterclass**, Melbourne, Vic (21.04);
Presentation: "And when it's not cigarettes they are smoking?"
Invited speaker, **Health Matters Conference,** Sydney, NSW (16-17.06);
Presentation: "Cannabis and mental illness"
Visiting lecturer, **Northern Territory Mental Health Service**, Darwin, NT (21-22.06);
Presentations: "Ice and mental health"; "What's new in the treatment of schizophrenia?"
Invited speaker, **Gosford Hospital Mental Health Grand**, Gosford, NSW (06.07);
Presentation: "The iceman cometh: drugs and mental health"
Invited speaker, **The Albert Road Clinic Academic Forum**, Melbourne, Vic (19.07);
Presentation: "What's new in the treatment of schizophrenia?"
Invited speaker, **4th African College of Neuropsychopharmacology Congress**, Cape Town, South Africa (28-29.07); Presentation: "How do we choose what antidepressant to use?"
Invited speaker, **St Vincent's Mental Health Eric Seal Academic Forum**, Melbourne, Vic (10.08);
Presentation: "Treating depression: how do clinicians and patients choose?"
Invited keynote speaker, **Defeating Depression Forum**, Hsinchu, Taiwan (1-2.09);
Presentations: "Antidepressants; how do patients and clinicians choose?; and "Depression, anxiety, mixed depression and anxiety, or what?"
Invited speaker, **HIV in Context 2018**, Melbourne, Vic (7-8.09); Presentation: "HIV and mental health"
Invited speaker, **Mental Health Forum**, Macau, China (14-15.09); Workshop: "OHP as a model of care"
Invited speaker, **Mental Health Forum**, Shenzhen, China (17-19.09); Workshop: "OHP as a model of care"
Invited speaker, **1st Asian Association of Neurpsychopharmacology Conference**, Hong Kong (21-23.09); Presentation: "Preventing relapse in high-functioning patients with schizophrenia"
Invited speaker, **St Vincent's Hospital Grand Round**, Melbourne, Vic (01.10);
Presentation: "The iceman cometh: drugs and mental health"
Speaker and panel member, **Integrating Patients' Expectations into the Management of Depression: 31st ECNP Congress**, Barcelona, Spain (7.10);
Presentation: "How to fulfil the patients' needs"
Invited panellist, **Mental Health in the Emergency Dept Summit**, Melbourne, Vic (17.10); Panel: "Mental health and the ED: using and working in the system"
Chair and speaker, **Optimising Outcomes in Early Schizophrenia**, Melbourne, Vic (20.10);
Presentation: "Latest therapeutic advances in schizophrenia"
Invited speaker, **Psychscene Masterclass**, Mornington, Vic (27.10);
Presentation: "And when it's not cigarettes they are smoking?"

Invited speaker, **Northpark Hospital Psychiatry Forum**, Melbourne, Vic (20.07);
Presentation: "What's new in the treatment of schizophrenia?"
Invited keynote speaker, **The Many Guises of BPD: Unravelling Diagnostic Complexity Conference,** Melbourne, Vic (30.11); Presentation: "BPD and medical comorbidity"

2019 *Convener*, **"Iceman Cometh Back Again" Mental Health and Drug and Alcohol Abuse Conference**, Melbourne (16.02)
Invited speaker, **The Complex Patient: RANZCP CME weekend** Freycinet, Tas (1-3.03);
Presentation: "The complexities of the borderline patient: how much more complex when considering physical health issues?"
Invited speaker, **Eric Seal lecture series, St Vincent's Hospital** Melbourne, Vic (8.03);
Presentation: "The relentless pursuit of a perfect body image: body image and psychiatry"
Invited speaker, **2020 Vision Symposium Sydney, NSW** (30.03); Presentation (debate): "Schizophrenia is preventable"
Speaker, **RANZCP Annual Conference**, Cairns, Qld (12-16.05);
Presentations: "Novel perspectives in the treatment of OCD"; "Screening and intervening for the metabolic syndrome in Australian psychiatry practice" and "Refining long-acting antipsychotic use with new paradigms"
Invited speaker, **World Federation of Societies of Biological Psychiatry** Vancouver, Canada (2-6.05); Presentation (debate): "Early intervention in psychosis: Is it worth the investment?"
Invited keynote speaker, **Psychosomatic Medicine Forum,** Shenzhen, China (23.06);
Presentation: "BPD and medical comorbidity"
Invited speaker, **Monash Health Annual Psychiatry Forum,** Melbourne, Vic (23.07); Presentation: "Schizophrenia and methamphetamine use"
Invited speaker, **HealthEd Education Day,** Sydney, NSW (24.08);
Presentation: "Managing schizophrenia in general practice"
Invited speaker, **Tackling Tobacco in Mental Health Forum,** Melbourne, Vic (28.08);
Presentation: "Schizophrenia and smoking: can we put out the fire?"
Invited speaker, **National Institute of Integrative Medicine Forum,** Melbourne, Vic (9.10);
Presentation: "A new paradigm in mental health: psychedelics in psychiatry"
Invited speaker, **1st Asia Pacific Optimal health Program,** Purajaya, Malaysia (15-17.10);
Presentation: "An update on the Optimal Health Program"
Invited speaker, **Campbelltown Hospital Psychiatry Forum,** Campbelltown, NSW (24.10);
Presentation: "Schizophrenia and methamphetamine use"
Invited speaker, **Liverpool Hospital Psychiatry Forum,** Liverpool, NSW (25.10);
Presentation: "Body dysmorhpic disorder"
Invited speaker, **Psychscene Masterclass**, Sydney, NSW (26.10);
Presentation: "And when it's not cigarettes they are smoking?"
Invited speaker, **HealthEd Education Day,** Perth, WA (02.11);
Presentation: "Managing schizophrenia in general practice"
Invited speaker, **General Practice Conference and Exhibition**, Melbourne, Vic (15.11);
Presentation: "Managing schizophrenia in general practice"
Speaker, **Towards Mental Wellness SMHR Conference,** Melbourne, Vic (27-29.11);
Presentation: "Reducing metabolic syndrome in Australian patients: MMAP Program"
Invited speaker, **The Mental Health Association of Hong Kong 65th Anniversary Symposium on Mental Health: Restoring Shattered Minds**, Hong Kong (10-11.12);
Presentation: "PM Yap Memorial Lecture: Achievements and challenges for comprehensive care of people with schizophrenia"

2020 *Panelist*, **"Fantastic Fungi"**, Melbourne (23.01)
Invited speaker, **Princess Alexandra Hospital**, Qld (10.02);
Presentation: "Acute psychiatric beds: Getting the balance right"
Invited speaker, **Gold Coast University Hospital**, Qld (10.02);
Presentation: "Treating schizophrenia: First Do No Harm"
Invited speaker, **Prince Charles Hospital**, Qld (11.02);
Presentation: "Treating schizophrenia: First Do No Harm"
Invited speaker, **Ipswich Hospital,** Qld (11.02);
Presentation: "Treating schizophrenia: First Do No Harm"
Invited speaker, **Nepean Hospital**, NSW (18.02);
Presentation: "Treating schizophrenia: First Do No Harm"
Invited speaker, **Blacktown Hospital**, NSW (18.02);
Presentation: "Treating schizophrenia: First Do No Harm"

Invited speaker, **Cumberland Hospital,** NSW (19.02);
Presentation: “Treating schizophrenia: First Do No Harm”
Invited speaker, **Concorde Hospital**, NSW(19.02);
Presentation: “Treating schizophrenia: First Do No Harm”
Invited speaker, **HealthEd Clinical Update**, Sydney, NSW (29.02);
Presentation: “Psychedelic psychotherapy”

MEDIA (from 2012 on)

Quoted in *Good Weekend* (Saturday Age, 14.01.2012) article "Nip and tuck: the male pursuit of perfection" by Nick Cubbin

Quoted in *Sunday Age* (20.05.2012) article "Psychologists warn on term 'mentally ill'" by Jill Stark

Quoted in *Psychiatry Update* article "Action urged on smoking and psychotic illness" by Hugo Wilcken (1.06.2012)

ABC Radio National 774 "ask the expert" session on general psychiatric issues (24.07.2012)

ABC Radio National Life Matters with Natasha Mitchell on dental issues and body image (3.08.2012)

Quoted in *HR Monthly* (October 2012) article "Mental Health Matters" on mental health and the workplace

Quoted in *Sunday Age* (06.01.2013) article "'Lazy' psychiatrists blamed for high medication rate" by Jill Stark

Quoted in media release for *ethoslite* (29.04.2013) "Leading orthodontist transforms smiles through unique short term treatment"

ABC Radio National 774 "DSM-5 and psychiatry" (13.05.2013)

SBS Television Insight programme "Men's body image" (9.07.2013)

3CR Radio Brainwaves Programme "Bipolar Disorder" (18.09.2013)

MJA Insight expert opinion on "Psychosocial outcomes from cosmetic facial procedures" (25.09.2013)

Australian Doctor expert opinion on "Long term outcomes in schizophrenia" (15.04.2014)

Good Health Magazine expert opinion on "Psychodermatology" (16.04.2014)

ABC TV, Channel 9 and ABC Radio, Gold Coast expert opinion on "The relentless pursuit of a perfect body" (01.05.2014)

The Project, Chanel 10 expert opinion on body image modification (16.04.2014)

Australian Doctor expert opinion on "Is hearing voices normal?" (11.06.2014)

New Idea expert opinion on "Why do people want to change how they look?" (20.06.2014)

Sunday Age body image neuroimaging work featured: "Brain scans show for some, ugliness is all in the mind" (17.08.2014)

ABC News Radio with Mandy Pressland 774 Interview regarding mental health issues as part of Mental Health Week (11.10.2014)

*Mamamia.com "*Psychological screening for cosmetic surgery"(10.12.2014)

The Age quoted online on: "Compulsory discharge of mental health patients" (23.01.2015)

Sunday Age anorexia nervosa work featured: "Anorexia revealed in jerky eyes" (25.01.2015)

Medical Observer expert opinion on "Psychedelic drugs as potential therapy?" (27.03.2015)

Plastic surgery hub interview on: "Cosmetics and the media" (02.05.2015)

University of Melbourne "UpClose" podcast on: "Marijuana and Madness" (20.05.2015)

ABC Radio 666 Canberra, Radio National , 702 Sydney, 891 Adelaide, 720 Perth, 774 Melbourne, ABC Alice Springs interview on: "Medical morbidity in people with serious mental illness" (22.05.2015)

ABC Radio Adelaide interview on: “Medical morbidity in people with serious mental illness” (26.05.2015)

The Age quoted in article “Physical health of mentally ill Australians too often ignored, with deadly results” (26.05.2015)

Letter in *Sunday Age* (31.05.2015) “Funding gap a crisis”

Medical Observer expert opinion on “Psychiatrists rally to end stigma associated with psychedelic drugs” (29.05.2015)

Medical Observer expert opinion on “Long acting injectable antipsychotics” (25.06.2015)

Medical Observer expert opinion on “Diabetes and schizophrenia” (25.07.2015)

Spa and Clinic quoted in “Staring down body dysmorphia” (25.07.2015)

Executive Style expert opinion on “Cosmetic surgery: what are the options for aging men?” (20.08.2015)

Courier Mail quoted in “We’re so vain” (31.08.2015)

Chanel 10 News expert opinion on “Medical marijuana” (11.09.2015)

774 ABC Victoria Drive expert opinion on “Mental health reform” (26.11.2015)

ABC South Australia expert opinion on “Medical marijuana” (09.12.2015)

Local radio, Victoria expert opinion on “Medical marijuana” (10.12.2015)

ABC Radio South Australia expert opinion on “Genes, brain development and schizophrenia” (28.01.2016)

The Sydney Morning Herald and *The Age* quoted in “Genetic finding takes scientists closer to schizophrenia cause” (29.01.2016)

Medical Republic expert opinion on “Should we drop the term ‘schizophrenia’?” (02.02.2016)

Australian Doctor expert opinion on “Genes and schizophrenia” (02.02.2015)

ABC Radio National expert opinion on “Medical marijuana” (10.02.2016)

Cardiology Today expert opinion on “depression and cadiovascular disease” (19.02.2016)

News.com.au expert opinion on “Medical marijuana” (13.04.2016)

SBS Television expert opinion on “Medical marijuana” (13.04.2016)

Brisbane local radio expert opinion on “Medical marijuana” (14.04.2016)

Australian Doctor expert opinion on “Omega-3 fatty acids and schizophrenia” (24.11.2016)

ABC Radio South Australia expert opinion on “Medical marijuana” (18.01.2017)

HealthDay News (USA) expert opinion on “Psychological impact of face lifts” (15.03.2017)

The Australian, Sky News, Health Times quoted relating to “High rates of smoking among bipolar sufferers” (30.03.2017)

2 SER expert opinion on “Cosmetic surgery” (24.04.2017)

The Sydney Morning Herald, Canberra Times, Western Australian quoted relating to “e-cigarettes and mental health” (20.07.2017)

ABC Radio Newcastle live interview of “E-cigarettes and mental health” (21.07.2017)

ABC Television News 24 live interview of “E-cigarettes and mental health” (21.07.2017)

MJA Insight expert opinion on “Mental health and perceived nasal function” (25.07.2017)

2NUR FM Newcastle live interview of “E-cigarettes and mental health” (27.07.2017)

Medical Observer expert opinion on “E-cigarettes and mental health” (21.08.2017)

The Project expert participant on “Deep Brain Stimulation in OCD” (16.10.2018)

The Cut expert opinion Lisa Miller “Listening to estrogen hormones” (220.12.2018)

Medical Republic expert opinion on “Hoarding and the Kondo method” (31.01.2018)

Charmaine Yabsley expert opinion on “Selfie surgery” (16.03.2019)

Medical Observer expert opinion on “Psychedelic drugs as potential therapy?” (20.03.2019)

ABC Radio Melbourne Voter’s Voice Forum expert participant on “Mental Health” (10.05.2019)

The Guardian expert opinion on “Psychedelic mental health treatment expected to be approved in Australia within five years” (12.07.2019)

Australian Financial Review expert opinion on “Psychedelic experiment” (19-20.10.2019)

Calatyst (ABC National television) expert opinion on “Investigating body dysmorphia” (22.10.2019)

Hack – triple j (Ruby Jones) expert opinion on “Body dysmorphia: when you can’t trust the way you see your own body” (22.10.2019)

Reuters: expert commentary on “Psilocybin-assisted psychotherapy for psychiatric and existential distress in patients with life-threatening cancer” (27.01.2020)

Medical Republic (Ruby Prosser) expert opinion on “Psychedelics as medicine for the mind” (22.04.2020)

APPENDIX 1

DETAILED CAREER HISTORY

1974 - 1978 **Schooling, Rondebosch Boys' High School, Cape Town**
A-stream Maths and Science; distinction in science in final exams
Rondebosch Ratepayers Bursary for academic achievement

1979 - 1983 **MBChB degree University of Cape Town**

1983 Nov-Dec **Radcliffe Infirmary, Oxford**
Elective Period in Neurology under Professor Bryan Matthews

1984 **Rhodes University, Grahamstown**
1 Year leave-of-absence from University of Cape Town to study Arts: History I [1st]; English I [1st]; History of Music [1st]; Philosophy I [2+]; Classical Civilisation [1st]

1985 **University of Cape Town**
Student Internship, Groote Schuur Hospital; Final year MBChB

1986 **Groote Schuur Hospital, Cape Town; Internship, Clinical**
4 months General Surgery - Professor DR de Villiers
4 months Neurosurgery - Professor JC de Villiers
4 months General Medicine - Professor GR Keeton

1987 **MRC Human Ecogenetics Research Unit, Department of Human Genetics, School of Pathology, South African Institute for Medical Research, Johannesburg;** South African Medical Research Council Post-Internship Scholarship, under Professor T Jenkins

Research:
- Chromosomal aberrations in 688 couples experiencing **multiple spontaneous abortions** (with Professor R Bernstein)
- **Visual evoked potentials** in heterozygote Negro albinos (with Prof V Fritz)
- **"Rufous" albinism** in South Africa (with Dr JGR Kromberg)
- **Skin cancer** in South African albinos (with Dr JGR Kromberg)

Clinical:
- **Genetic counselling clinics**, Transvaal Memorial Institute, Johannesburg and Baragwanath Hospital, Soweto.

Teaching:
- **Human Genetics tutorial teaching**, MBBCh III
- **Medical Ethics teaching**, MBBCh I, III, IV and V

Other:
- Voluntary participation in medical examination and counselling of ex-detainees for National Medical & Dental Association
- Committee member (co-opted) South African Inherited Disorders Association (SAIDA).
- 10 articles for lay publication, "SAIDA News"

1988 Jan-Jun **Senior House Officer, Department of Neurology, Groote Schuur Hospital, Cape Town under Dr DV Philcox**

Clinical/Neurophysiology:
- Assessment, investigation and clinical management of a broad spectrum of **in- and out-patient Neurology**
- Technique and theory of **EEG, EMG and nerve conduction studies**

Research:
- **Young stroke patients** with carotid artery occlusion/stenosis (with Dr MH Silber & Professor L Handler)

Teaching:
- **Tutorial teaching in Neurology**, MBChB V

1988 Oct-1993 Sept **SHO/Registrar Training in Psychiatry, Bethlem Royal and Maudsley Hospitals and Institute of Psychiatry, London, England**

Clinical:

- 6 months **general adult psychiatry** - Professor RM Murray: assessment and management of a broad range of psychotic and non-psychotic psychiatric patients; in- and outpatient experience
- 6 months acute **general adult psychiatry** - Dr J Cutting: assessment and management of acutely ill patients in a locked ward environment, and outpatient experience
- 6 months **old age psychiatry** - Dr K Bergmann: assessment and management of a broad range of organic and functional disorders in an elderly population; inpatient, outpatient, daypatient experience, domiciliary visits, etc.
- 6 months **behavioural psychotherapy** - Professor IM Marks: assessment and management, using behavioural techniques, of patients with obsessive compulsive disorder, panic disorder, agoraphobia, phobic disorders; in- and outpatient experience
- 12 months full time **clinical research** - Professor RM Murray

Research:

- **Schizophrenia in Camberwell (1965-1984)**, addressing issues of **changing incidence over time, ethnic and gender influences** (with Professor RM Murray & Dr S Wessely)
- **Molecular genetics of bipolar affective disorder**, using genetic association and pedigree analysis (with Dr M Gill)
- Follow-up of **Maudsley Hospital trainees**, 1965-1975 (with Professor RM Murray)
- **Early attachment patterns in borderline personality disorder** (with Professor P Hobson)
- The functioning of a **psychiatric day hospital for the elderly** (with Dr K Bergmann)

Other:

- Executive Member and Treasurer, Maudsley Hospital Junior Common Room (JCR).
- JCR Representative, Maudsley Hospital Medical Committee
- Southern Division Representative, Royal College of Psychiatrists Trainees' Committee (CTC) (from Aug 1990)
- CTC Representative, Psychiatric Tutors' Sub-committee

1991 Oct-1992 Sept **Clinical Lecturer, Genetics Section, Institute of Psychiatry and Dept of Psychological Medicine, Kings College Hospital, London, under Professor R M Murray;**
Honorary Senior Registrar, Bethlem Royal & Maudsley Hospitals

Research:

- Case-control study of **place of birth and paternal social class** in schizophrenia, addressing the "social drift" controversy
- **Trends in schizophrenia** in Camberwell, 1965 to 1992
- **Subtyping of schizophrenia** by gender, using a latent class approach (with Dr P Sham).

Clinical:

- Attachment to **general adult psychiatry** ward as senior registrar; supervision of management rounds and overseeing the ward registrar; domiciliary visits; weekly general psychiatry outpatient clinic; regular on-call commitment (overall supervisor, Dr A David, senior lecturer)
- 6 months running weekly **liaison psychiatry alcohol clinic** at King's College Hospital (supervisor, Dr I Glass, senior lecturer)
- **Family therapy** clinics, acting as part of family therapy team, and as primary therapist (supervisor, Dr A David)
- **Cognitive therapy** (course in cognitive behaviour therapy, Institute of Psychiatry, and weekly supervision, Mrs R Williams, clinical psychologist); experience with anxiety disorders, depression & eating disorders
- **Psychodynamic psychotherapy** (weekly supervision, Dr N Temple, consultant psychotherapist)

Teaching:

- **Supervision** of Kings' College Hospital medical student in dissertation towards intercalated BSc degree
- **Tutorial teaching**, Kings' College Hospital Medical Students
- **Tutor** to April 1992 intake of SHO's/Registrars, Maudsley Hospital; weekly tutorials and general supervision of teaching
- Organisation of weekly **liaison psychiatry seminars** at Dept of Psychological Medicine, Kings' College Hospital

- **Invited lectures**, MRCPsych courses at Institute of Psychiatry and St Georges, Royal Free & Charing Cross Hospitals

Other:

- Vice-chair, Royal College of Psychiatrists Trainees' Committee (CTC)
- CTC representative to the Council of the Royal College of Psychiatrists
- CTC representative to Psychiatric Tutors' Sub-committee of the Royal College of Psychiatrists
- Committee member (co-opted), Maudsley Hospital Joint Psychiatric Training and Psychiatric Higher Training Committees

1992 Oct-1993 Sept **MRC Research Fellowship to study for MSc degree in Epidemiology at School of Hygiene and Tropical Medicine, University of London; Clinical Lecturer, Institute of Psychiatry and Kings' College Hosp, and Hon. Senior Registrar, Maudsley Hospital**

Academic:

- Study for **MSc degree in Epidemiology**, including teaching in basic epidemiology; statistical methods in epidemiology; advanced statistical methods in epidemiology; prevention of disease: epidemiology and policy; and prevention and control of non-communicable diseases

Research:

- **Schizophrenia of later onset**, expressly females with schizophrenia with onset after 30 years (with colleagues in Genetics Section, Institute of Psychiatry)
- **Family history** study of patients with late- and very-late-onset schizophrenia (with colleagues in Genetics and Old Age Psychiatry Sections, Institute of Psychiatry)
- **Mania** in Camberwell, 1965-1984 (with colleagues in Genetics Section, Institute of Psychiatry)
- Prediction of treatment response, and gender differences, in **obsessive-compulsive disorder** (with Professor IM Marks)

Clinical:

- Continued supervised treatment of **outpatients** using behavioural, cognitive and psychodynamic approaches
- 2 week full time locum in **general adult psychiatry**, Dulwich Hospital
- 1 month full time locum senior registrar on **locked ward**, Maudsley Hospital, including weekly attendance at Camberwell Magistrates Court for **Court Diversion Scheme**, and **prison visits**

Other:

- Secretary, Royal College of Psychiatrists Trainees' Committee (CTC)
- CTC representative to the Council of the Royal College of Psychiatrists
- CTC representative to Psychiatric Tutors' Sub-committee of the Royal College of Psychiatrists
- Committee member (co-opted), Maudsley Hospital Joint Psychiatric Training and Psychiatric Higher Training Committees

1993 Oct-1993 Dec **Leave of absence ex Institute of Psychiatry to complete MD Thesis Cape Town, South Africa**

- Full time commitment to completion of **MD Thesis**
- **Invited lecture**, Department of Psychiatry, University of Cape Town

1994 **Postgraduate Training Scheme in Psychiatry, Western Australia**

Clinical:

- 6 months **consultation-liaison psychiatry**, Royal Perth Hospital, and Royal Perth Rehabilitation Hospital, Perth - Dr P Skerritt; psychogeriatric consultation-liaison in a general hospital, and weekly psychogeriatric clinic (assessment & management of elderly patients with a wide range of functional and organic psychiatric disorders, and overlap with medical disorders); consultation-liaison experience in a rehabilitation hospital setting; weekly multidisciplinary pain clinic; regular on-call experience
- 6 months **child & adolescent psychiatry**, Princess Margaret Hospital, Perth - Dr H Cook; in- and out-patient assessment and treatment of a wide range of psychiatric disorders in children and adolescents; regular consultation-liaison service to children & adolescents on general medical and surgical wards
- 9 months voluntary participation in emergency out-of-hours psychiatric service (**PET Team**)

Research:

- The **West Australian Mental Health Register** as an epidemiological research tool (with colleagues in University Dept of Psychiatry, and Dept of Psychology, UWA, and WA Dept of Health)
- A national survey of trainee attitudes to **psychiatric training** in Australia

Teaching:

- **Tutorial teaching**, University of Western Australia Medical Students
- **Invited lectures**, University Dept of Psychiatry
- **General Practitioner Teaching**, including Annual Postgraduate Seminar, Royal Perth Hospital
- Involvement in training courses for **SCAN** (with Prof A Jablensky)

Other:

- Organising committee, West Australian Psychiatry Week (incorporating Annual Meeting of Australasian Society for Psychiatric Research)

1995 Jan-Oct **Consultant Psychiatrist, Bentley Health Service, and Assoc Director, Mills Street** 1997 **Clinical Research Unit, University of Western Australia**

Clinical:

- Leader of sectorised **multidisciplinary team.**
- Consultant psychiatrist with responsibility for both in- and out-patient **general adult psychiatry.**
- Establishment and direction of inaugural **Anxiety Disorders Clinic**, Mills Street Centre and Mills Street Clinical Research Unit.
- Establishment and co-direction of inaugural **Early Psychosis Intervention Programme** (with A/Professor T Lambert).
- Involvement in **clinical initiatives** at Mills Street Centre, including Bridging Programme, GP Liaison and Upskilling.

Research:

- **In utero exposure to influenza** and risk of later schizophrenia (with Professor A Jablensky).
- Centre organiser, study into **pharmacotherapy of panic disorder**
- Centre organiser, study into **pharmacotherapy of OCD**
- Coinvestigator, study into **pharmacotherapy of schizophrenia**

- A prospective study of **early psychotic illnesses**, including assessment of:
  - aetiological risk factors
  - premorbid adjustment
  - neuropsychological functioning
  - phenomenology
  - extrapyramidal movement disorders
  - longitudinal course
- Invited member, Australian **National Mental Health Survey (NMHS) Low Prevalence (Psychosis) Study** Coordinating Committee
- Involvement in instrument development, NMHS Low Prevalence Study, including development of a **Psychosis Screen (PS), and a brief Diagnostic Interview for Psychosis (DIP)**; establishment of reliability and validity (with Professor A Jablensky)
- Prospective study into **dysmorphic concern** amongst psychiatric patients, including development of Dysmorphic Concern Questionnaire (with Dr P Oosthuizen and A/Professor T Lambert)
- Prospective investigation into comorbid **anxiety disorders** in psychosis

Teaching:

- Regular **invited lectures**, RANZCP course & RANZCP CME program
- **Supervisor**, RANZCP training registrar
- **Supervisor**, dissertation project for final year FRANZCP
- Regular lectures, fourth year **medical students**, University of WA; core lectures on anxiety disorders
- Tutorial teaching, University of WA **medical students**
- Organisation of **Medical Education Programme**, Mills Street Centre
- Regular lectures to **general practitioners**, including involvement in general practitioner upskilling programme
- Invited talks to **lay support organisations**, including WA Panic and Anxiety Disorders Association

Other:

- Organising committee, RANZCP WA Branch Educational Weekend, 1995, 1996, 1997.
- Member, RANZCP WA Branch CME Sub-Committee (1995-1996)
- Convenor, seminar on "First Episode Psychosis", Mills Street Centre
- Mental Health Operations Group, Bentley Health Service
- Inaugural editor, WA Mental Health Newsletter, "Connect"
- Chair, organising committee, 4th Australasian Schizophrenia Conference, Fremantle, Western Australia, 1996
- Invited member, Australasian Advisory Board of the Australian & New Zealand Journal of Psychiatry
- Convenor, symposium “A Feast of International Psychiatry”, Perth, Western Australia, 1997

1997 Nov-1998 July **Senior Lecturer in Psychiatry, University of Western Australia, and Consultant Psychiatrist, Royal Perth Hospital**

Research:

- **National Mental Health Survey Low Prevalence Study** (with Professor A Jablensky).
- **Criminality and schizophrenia** (with Prof A Jablensky & colleagues at Crime Research Centre, University of Western Australia)
- **Reproductive outcome of women with schizophrenia** (with Professor A Jablensky and colleagues at Western Australian Institute of Child Health)
- Prospective Study of individuals in the **first episode of psychosis** (with colleagues at Bentley Health Service, Perth)

Clinical:

- **Consultant psychiatrist**, Royal Perth Hospital
- Responsibility for community-based sectorised **multidisciplinary team**
- Introduction of regular **clozapine clinic**, Casson House
- **OCD group-based CBT programme**, with colleagues in West Australian Institute for Psychotherapy Research

Teaching:

- Regular **in-service training** to clinical staff, Royal Perth Hospital
- Regular lectures, **FRANZCP course** (trainee psychiatrists); core lectures on clinical syndromes (year 1) and clinical updates (year 3)
- **Organisation of 4th year MBBS** training in psychiatry
- Regular lectures to medical students, including core lectures on **anxiety disorders** and **somatisation** (4th year MBBS), and **suicide** (5th year MBBS)
- Invited lectures, **general practitioner** upskilling programmes

Other:

- Inaugural editor, "Connect: Mental Health Matters in WA" newsletter
- Organising committee, RANZCP WA branch educational weekend, 1998
- Organising committee, RANZCP National Congress, Perth 1999
- Inaugural chairman, WA Anxiety Disorders Foundation

1998 July-2001 Oct **Clinical Director, Mental Health, Fremantle Hospital and Health Service**
Clinical Associate Professor, University of Western Australia (from May 99)

Management:

- Clinical Director of **Integrated Mental Health Service**, with total catchment area population of 350,000
- **Inpatient Unit** of 50 adult and 16 old age beds
- **Community Service** covering children and adolescents, adults, and elderly
- Annual **budget** and of approximately $18,000,000
- **Staff numbers** over 350
- **Service initiatives** include:
  - Refinement of service delivery model to ensure **community focused continuum of care** for patients (**TheMHS Bronze Award**: Intensive Rehabilitation Service, 2000)
  - Establishment of **GP liaison service** (**TheMHS Silver Award**, 2001)
  - Establishment of **Group Therapy Program (Eli Lilly Partnerships in Wellbeing Recognition Award**, 2001)
  - Establishment of **partnerships** with GPs, NGO's, private sector
  - Refinement of functioning of **Psychiatric Intensive Care Unit** (PICU), including introduction of treatment algorithms, etc.

Clinical:

- Provision of **2nd opinions** where required
- Consultant psychiatrist, **Group Therapy** program
- Consultant psychiatrist, **GP Liaison** program
- Consultant psychiatrist, **Psychiatric Intensive Care Unit**

Private Sector:

- Sessional **clinical work**, Perth Clinic Medical Suites: wide array of clinical work, including anxiety disorders, depression, bipolar disorder, psychotic disorders
- **Medical Advisory Committee**, Perth Clinic (chair for 2001)
- **Research Committee**, Perth Clinic (inaugural chair)

Research:

- Oversee **research activities** in Directorate of Mental Health Services, Fremantle Hospital and Health Service; regular **research forums** etc.
- Involvement in a number of **collaborative projects** with Department of Psychiatry, University of Western Australia (with Prof A Jablensky)
- Investigator, trial of **novel antipsychotic** M100-907
- Validation of **Very Brief Psychosis Treatment Scale** (VBPTS)
- Serum levels and clinical efficacy of **olanzapine** (with Prof K Illet)
- A naturalistic study of switching from **depot antipsychotics** to atypical antipsychotic agents
- Staff attitudes to **depot antipsychotic agents** (with A/Prof T Lambert)
- **Postnatal depression** in men
- Rates of, and reasons for **substance use** in psychosis
- **Reducing substance use in psychosis**: a randomised control trial of a novel group-based intervention
- Treatment of **anxiety comorbidity** in psychosis
- Models of **Intensive Case Management** (with colleagues at Inner City Mental Health Unit)
- **body image disturbance** in individuals seeking cosmetic enhancement (with cosmetic physician colleagues)

Teaching:

- Regular **inservice teaching,** Directorate of Mental Health Services, Fremantle Hospital and Health Service
- Regular **GP education** sessions, including 33rd Postgraduate Seminar Fremantle Hospital & Health Service
- Talks for **Non Government Organisations,** including PADAWA, Casson Homes Inc., Rotary, Samaritans, etc.
- Regular tutorials, psychiatric **registrars and residents,** Fremantle Hospital and Health Service
- Regular lectures, **FRANZCP Course** (trainee psychiatrists); core lectures on **clinical syndromes**
- **Course Writer, Acute Schizophrenia Module** for post-graduate, masters-level course in adult psychiatry, New South Wales Institute of Psychiatry

Other:

- Inaugural editor, "Connect" Mental Health newsletter (1996-1999)
- WA Early Psychosis Group (chair for 1999)
- Inaugural chair, WA Anxiety Disorders Foundation
- Invited member, WA Drugs & Therapeutics Committee Psychotic Drugs Sub-Committee (1998-1999)
- Organising committee, RANZCP National Congress, Perth, 1999
- Voluntary participation, Mental Health Review Board of WA (1999-2000)
- Convenor, 3rd and 4th Annual "Feasts of Psychiatry", Fremantle Hospital, 2000, 2001

2001 Oct - 2006 Jan

Head, Clinical Stream, Mental Health Research Institute of Victoria;
Professorial Fellow, University of Melbourne; and
Consultant Psychiatrist, Royal Melbourne Hospital

Research:

- Foundation Director, **Collaborative Therapy Unit**, Mental Health Research Institute and University of Melbourne, with a remit to establish comprehensive rigorously evaluated **psychosocial treatments for psychotic disorders**; this will also allow an understanding of the biological underpinnings of psychosocial deficits in these disorders. Specific sub-program address:
    - **substance abuse comorbidity** in psychosis
    - mental health maintenance/relapse prevention in **schizophrenia**
    - mental health maintenance/relapse prevention in **bipolar disorder**
    - needs and barriers to services for **parents with schizophrenia**

- **Disorders of body image** (in collaboration with Katherine Phillips MD, USA, and cosmetic specialist colleagues in Australia):
    - rates of dysmorphic concern and BDD in the **general population** and in people attending **cosmetic specialists**
    - **associations** of dysmorphic concern with other symptoms and disabilities, notably social anxiety
    - factors predictive of **poor psychosocial outcomes** following cosmetic surgical interventions
    - a screening tool for use by **cosmetic specialists**
    - a **treatment package** for BDD

Clinical:

- Consultant psychiatrist responsible for inpatient care of patients of Inner West Mental Health Service **Mobile Support & Treatment Team (MSTT)** and **Homeless Support Team (HOPS)** (2002)
- Consultant psychiatrist, **MSTT and Continuing Care Unit (CCU)** (2003-2006)

Teaching:

- Member, University of Melbourne Department of Psychiatry **Human Mind and Behaviour (HMB) Co-ordinating Committee** (2002-2003)
- Chair, **Curriculum Review Subcommittee** of HMB Co-ordinating Committee: review of HMB course, and recommendations for restructuring (2002)
- Tutor, **Ormond College**, University of Melbourne (2002)
- Lecturer, **MBBS course**, University of Melbourne
- Tutor, **MBBS students**
- Lecturer, **postgraduate training (MPM)** in psychiatry course

Other:

- Member, NorthWestern Mental Health Behavioural and Psychiatric Research Committee (2002-3)
- Member, NorthWestern Mental Health Inner West Clinical Standards Development Committee (2002-current)
- Chair, Clozapine Coordinators' Committee, NorthWestern Mental Health (2003-2006)
- Member, Mental Health Research Institute of Victoria (MHRI) Management Committee (2003-2006)
- Head, MHRI Clinical Stream (2004-2006)

2006 Jan - Current **Chair of Psychiatry, St. Vincent's Hospital, and The University of Melbourne; and Consultant Psychiatrist, St. Vincent's Hospital**

Research:

- Director of research, **St. Vincent's Mental Health Service, The University of Melbourne**, with oversight of a broad programme of mental health research, encompassing:
    - **mental health maintenance/relapse prevention** in severe mental illness
    - optimising **physical health** in people with severe mental illness
    - understanding and treating **substance abuse comorbidity** in psychosis
    - **psychopharmacology**
    - **neuropsychiatry**
    - **psycho-oncology**
    - **psychiatry and the arts** (including art and music therapy)

- Foundation Director, **Optimal Health Program (formerly Collaborative Therapy Unit)**, with a remit to establish comprehensive rigorously evaluated **psychosocial treatments for psychotic disorders**; this also enables an understanding of the biological underpinnings of psychosocial deficits in these disorders. Specific sub-program address:
    - **substance abuse comorbidity** in psychosis
    - mental health maintenance/relapse prevention in **schizophrenia**
    - mental health maintenance/relapse prevention in **bipolar disorder**
    - needs and barriers to services for **carers of people with schizophrenia**

- Chief Instigator, **TRIPOD**, an evolution of OHP (in conjunction with colleagues at Australian Catholic University and Swinburne University), using collaborative therapy technology to assist people: dealing with chronic health problems gain self efficacy. Specific sub-programmes address:
    - **dialysis**
    - suffers and carers of people with **stroke**
    - **diabetes**

- **Disorders of body image** (in collaboration with psychiatrist, psychologist, and cosmetic specialist colleagues):
    - rates of dysmorphic concern and BDD in the **general population** and in people attending **cosmetic specialists**
    - **associations** of dysmorphic concern with other symptoms and disabilities, notably social anxiety and obsessive compulsive disorder
    - factors predictive of **poor psychosocial outcomes** following cosmetic surgical interventions.
    - a screening tool for use by **cosmetic specialists**
    - a **treatment package** for BDD
    - the **neuro-cognitive underpinnings** of BDD
    - the **lived experience of obesity** (in conjunction with colleagues at Monash University): *ARC funded*

- **Physical health problems associated with severe mental illness**:
    - rates of **physical health problems** amongst psychiatric patients
    - **longitudinal metabolic monitoring** of patients on antipsychotic medications
    - **staff and psychiatrist attitudes** to metabolic monitoring (in conjunction with colleagues at University of Western Australia)
    - **a comprehensive healthy lifestyle intervention** for people with severe mental illness (in collaboration with colleagues at The Universities of Newcastle and Sydney and Monash University): *Commonwealth and NH&MRCfunded*
    - **smoking cessation** for people with severe mental illness (in collaboration with colleagues at The Universities of Newcastle and Sydney and Monash University): *NH&MRCfunded*
    -

- **Other clinical research programmes**:
    - A randomised controlled trial of **acceptance and commitment therapy** for people with schizophrenia (with colleagues at La Trobe and Monash Universities): *NHMRC funded*
    - A randomised controlled trial of **music therapy** for patients with a severe mental illness (with colleagues at Faculty of Music, University of Melbourne): *ARC funded*
    - Psychedelics as treatments for mental health problems

Clinical:

- Consultant psychiatrist **Hawthorn Mental Health Clinic**
- **2nd opinions** as requested
- **Body Image Disorder** Clinic
- **Clozapine specialist service** (from 2019)

Teaching:

- Tutor and lecturer, **MBBS students**
- Tutor, **psychiatry registrars**
- Lecturer, **postgraduate training (MPM/MPsych)** in psychiatry course
- Director, **MPM/MPsych postgraduate course** (till 2013)
- Weekly **psychoeducation group** on "Medications as part of your treatment", inpatient services, St. Vincent's Mental Health Service (with Nga Tran, Mental Health Pharmacist) (now run exclusively by pharmacy staff)
- Completed Grad Cert in University Teaching (**GCUT**), Uni of Melbourne, 2011
- **Fellow, University of Melbourne Medical School Academy of Clinical Teachers** in recognition of outstanding contribution and leadership in teaching, 2013

Other:

- Convenor, Australasian Anxiety Disorders Conference, Melbourne, Vic (2006)
- Scientific Committee, Austral Schizophrenia Conf, Fremantle, WA (2006)
- Invited member, Mental Health Council of Australia Cannabis and Mental Illness Working Group (2006)
- Invited member, Dept of Human Services Mental Health Research and Evaluation Expert Committee (2006)
- Member, University School of Medicine Executive Committee (2006-current)
- Member, Binational Advisory Committee, World Psychiatric Association International Congress, Melbourne (2007)
- Member, Scientific Committee, Australasian Society for Psychiatry Research Annual Congress, Melbourne, Vic (2007)
- Member, University of Melbourne Department of Psychiatry Human Ethics Advisory Group (member 2007-2008; chair for 2008)
- Member, Technical Advisory group, Study of High Impact Psychoses (SHIP)
- Member, The University of Melbourne School of Medicine St. Vincent's Cluster Executive (2008-current; Inaugural Chair, 2008-2009)
- Member, Asia-Australia Mental Health Executive (2008-14; chair 2010-11)
- Member, Department of Human Services of Victoria Bariatric Surgery Working Group (2008)
- Consultancy work, Multiple and Complex Needs Team, Melbourne (2009-10)
- Invited expert presentation, Parliament of Victoria Family and Community Development Committee "Inquiry into Workforce Participation by People with Mental Illness" (24.02.2012)
- Member, Royal ANZ College of Psychiatrists Victorian Branch Committee (from 2012; chair 2013-2016)
- Pennington Institute Board member (2015-2018)
- Elected Member, Royal ANZ College of Psychiatrists Board (2016-2018)
- Member, Victorian Government 10 Year Mental Health Plan Innovation Cmttee
- Co-Convener (with A/Prof Yvonne Bonomo), Australian Drug Harms Conference, Melbourne (2018)
- Convener, "Iceman Cometh Back Again" Mental Health and Drug and Alcohol Abuse Conference, Melbourne (2019)
- Member, University of Melbourne School of Medicine Research Committee (2019-current)

APPENDIX 2

DAVID J CASTLE: POTENTIAL CONFLICTS OF INTEREST

As of March 2019

Grant Monies Received From:

Eli Lilly
Janssen Cilag
Roche
Allergen
Bristol-Myers Squibb
Pfizer
Lundbeck
Astra Zeneca
Hospira

Travel Support and Honoraria for Talks and Consultancy from:

Eli Lilly
Bristol-Myers Squibb
Astra Zeneca
Lundbeck
Janssen Cilag
Pfizer
Organon
Sanofi-Aventis
Wyeth
Hospira
Servier
Liv Nova
Seqirus

Past or current Advisory Board Member For:

Lu AA21004: Lundbeck
Varenicline: Pfizer
Asenapine: Lundbeck
Seroquel: Astra Zeneca
Bitopertin: Roche
Aripiprazole LAI: Lundbeck
Lisdexamfetamine: Shire
Paliperidone LAI: Janssen
Lurasidone: Servier
Brexpiprazole: Lundbeck
Treatment Resistant Depression: LivaNova

DC has received grant monies for research from Eli Lilly, Janssen Cilag, Roche, Allergen, Bristol-Myers Squibb, Pfizer, Lundbeck, Astra Zeneca, Hospira; Travel Support and Honoraria for Talks and Consultancy from Eli Lilly, Bristol-Myers Squibb, Astra Zeneca, Lundbeck, Janssen Cilag,Pfizer, Organon, Sanofi-Aventis, Wyeth, Hospira, Servier, Seqirus; and is a current Advisory Board Member for Lu AA21004: Lundbeck; Varenicline: Pfizer; Asenapine: Lundbeck; Aripiprazole LAI: Lundbeck; Lisdexamfetamine: Shire; Lurasidone: Servier; Brexpiprazole: Lundbeck; Treatment Resistant Depression: LivaNova. He is founder of the Optimal Health Program, currently operating as Optimal Wellness. He is on the boards of both Mind Medicine Australia and The Mental health Foundation of Australia. He does not knowingly have stocks or shares in any pharmaceutical company.

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ATTACHMENT DJC-2

This is the attachment marked 'DJC-2' referred to in the witness statement of Professor David Jonathan Castle dated 29 May 2020.

ANZJP

Australian & New Zealand Journal of Psychiatry
1–2

Commentary

Access block to psychiatric inpatient admission: Implications for national mental health service planning

Stephen Allison[1], *Tarun Bastiampillai*[1,2], *Richard O'Reilly*[3] and *David Castle*[4]

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[2]Mind and Brain Theme, South Australian Health and Medical Research Institute, Adelaide, SA, Australia
[3]Department of Psychiatry, Western University, London, ON, Canada
[4]St Vincent's Health and Department of Psychiatry, The University of Melbourne, Melbourne, Victoria, Australia

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DOI: 10.1177/0004867418802901

A recent Australasian College for Emergency Medicine (ACEM) study of 72 Australian and New Zealand hospitals revealed that people with severe mental illness often face long stays in emergency departments (EDs) while waiting for a hospital psychiatric bed (https://acem.org.au/News/Feb-2018/ACEM-mental-health-care-access-block.aspx). While only 4% of all ED presentations were for mental-health-related diagnoses, these patients accounted for 19% of those waiting for a bed and constituted 28% of those who experienced 'access block' (an ED length of stay [LOS] over 8 hours). Patients waited for up to 6 days in busy EDs, before being admitted.

Supply and demand

In 2014, the Organisation for Economic Co-operation and Development (OECD) warned policymakers that Australia's relatively low number of hospital psychiatric beds increased the risks for people with severe mental illness of '*worsening symptoms, more stays in emergency departments and more hospital readmissions*' (www.oecd.org/els/health-systems/MMHC-Country-Press-Note-Australia.pdf). In 2017, Australia remains near the bottom of the OECD rankings, being 27th of 36 OECD countries for hospital psychiatric beds.

ED access block represents a mismatch between the 'demand' for a bed and the 'supply' of beds (La et al., 2016). From the 1960s to the 1990s, Australia's supply of hospital psychiatric beds was dramatically reduced from 280 to 40 beds per 100,000 population (Whiteford, 2017), which is below the required minimum for people with severe mental illness (50 public sector beds per 100,000 population), according to an expert consensus statement (Allison et al., 2018b).

More recently, state and territory governments restricted bed supplies during a period when hospital psychiatric admissions were rising faster than population growth (Figure 1): admissions doubled from 2005 to 2017, while the population grew by only 20%. Over the period, public sector adult beds were tightened by 5.5% (from 31 to 29 beds per 100,000 population), due to a reduction in older adult beds. Restricting the supply of beds when admissions were rising, increased the pressures on the EDs and inpatient LOS (Allison et al., 2018a, 2018b; Benjamin et al., 2018). Meanwhile, private sector hospital beds grew by 34% from 8 to 12 per 100,000 population. The substitution of private for public sector beds increased Australia's socioeconomic disparities in accessing inpatient care.

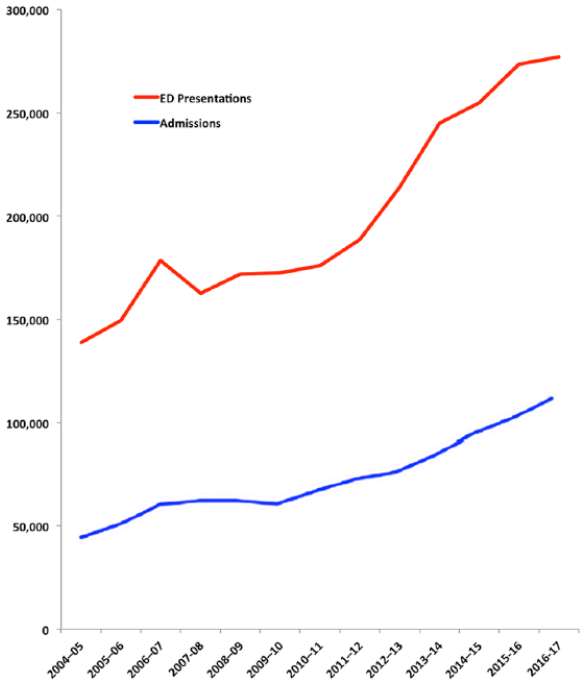
Significant investment in the community mental health continuum by federal, state and territory governments from 2005 to 2017 – prevention, primary care, early intervention, clinical psychology, pharmaceuticals and community services – failed to prevent the steep rise in ED presentations and admissions.

Figure 1 also illustrates the rising pressures on hospital psychiatrists, ED physicians and trainees. By 2017, the 90th percentile for ED LOS was 11.5 hours. These extended ED stays increased clinical risk, including iatrogenic worsening of the patient's presenting illness, staff assault, physical restraint and suicide when ED access block obstructed a necessary admission (Allison et al., 2018a, 2018b; Benjamin et al., 2018).

Two planning methods

In 2015–2016, $2.4 billion was spent on mental health services in Australian public hospitals, $2.0 billion was spent on community services and $1.2 billion on Medicare benefits. The National Mental Health Service Planning Framework (NMHSPF) aims to minimise hospital spending and maximise the community continuum, using the

Figure 1. Psychiatric emergency department presentations and admissions to Australian public hospitals.



Source: Australian Institute of Health and Welfare.

available research evidence, heath service data and qualitative opinion (Whiteford, 2017). However, the NMHSPF lacks sufficient research evidence to confidently determine the relative resourcing needed by each component of a mental health service.

Given these gaps in our knowledge, state and territory governments should use a more direct method for estimating the required supply of beds. South Australia provides an instructive example of how to adjust the bed supply, based on hospital data, in order to reduce ED access block. Following an independent review condemning frequent and long periods of patient restraint in the EDs as a human rights violation (www.abc.net.au/news/2015-06-12/shackling-mental-health-patients-condemned-by-review/6543226), the South Australia Government mandated that ED LOS should never exceed 24 hours. Based on estimates drawn from hospital data (ED admission rates, inpatient LOS and the required bed days for various patient cohorts), total inpatient bed numbers (short-stay crisis, acute and forensic) were increased by 11% between 2014 and 2016. Average ED mental health LOS fell from 15 to 8 hours over the period (Allison et al., 2018b).

Conclusion

As the OECD indicated, Australia's ED access block is related to our low supplies of hospital psychiatric beds, as well as the failure of the community service continuum to prevent the rapid rise in ED presentations and admissions. While continuing to try to find ways to minimise demand, policy-makers must also explore the supply side. Australia needs a safe minimum number of public sector beds to prevent further chaos in our EDs (50 per 100,000 population). In the meantime, Australian clinicians should be made aware that these hospital workplace problems are directly related to our relative shortage of psychiatric beds by international standards.

Declaration of Conflicting Interests

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Benjamin R, McArthur M, Judd F, et al. (2018) Intense pressure on the Royal Hobart Hospital after psychiatric bed cuts. *Australian and New Zealand Journal of Psychiatry* 52: 494–495.

La EM, Lich KH, Wells R, et al. (2016) Increasing access to state psychiatric hospital beds: Exploring supply-side solutions. *Psychiatric Services* 67: 523–528.

Whiteford H (2017) Mental health services research. *Australian and New Zealand Journal of Psychiatry* 51: 1075–1076.

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ATTACHMENT DJC-3

This is the attachment marked 'DJC-3' referred to in the witness statement of Professor David Jonathan Castle dated 29 May 2020.

AUSTRALASIAN PSYCHIATRY

Models of care

Shared decision making in mental health: the importance for current clinical practice

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Abstract
Objectives: We reviewed the literature on shared decision making (regarding treatments in psychiatry) , with a view to informing our understanding of the decision making process and the barriers that exist in clinical practice.
Methods: Narrative review of published English-language articles.
Results: After culling, 18 relevant articles were included. Themes identified included models of psychiatric care, benefits for patients, and barriers. There is a paucity of published studies specifically related to antipsychotic medications.
Conclusions: Shared decision making is a central part of the recovery paradigm and is of increasing importance in mental health service delivery. The field needs to better understand the basis on which decisions are reached regarding psychiatric treatments. Discrete choice experiments might be useful to inform the development of tools to assist shared decision making in psychiatry.

Keywords: schizophrenia, antipsychotics, discrete choice experiment, shared decision making, treatment

The recovery model has been adopted by many mental health services worldwide. It incorporates hope, empowerment and connectedness of people experiencing mental illness and encourages patients to be active collaborators in their healthcare.[1,2] This shift towards shared decision making (SDM) creates a need for a better understanding of the decision making process and the barriers that exist in clinical practice. This narrative review summarises the current understanding of SDM and its application to psychiatric practice.

Methods

A literature search was performed using the following key words: recovery model, shared decision making, decision aids and mental health, using MEDLINE electronic database. Papers were eligible for inclusion if they met the following criteria: (i) pertained to mental health (ii) written in English, (iii) available as a full text article and (iv) published between 2005 and 2016. The search was expanded by screening reference lists of included articles.

From the initial literature search, 22 articles were found. Two duplicates were excluded. The remaining 20 articles were read in more detail and a further two were excluded due to limited relevance. The characteristics of the remaining 18 articles are shown in Tables 1 and 2.

Results

Several themes emerged from the literature review regarding the development and benefits of SDM and the barriers to implementing SDM.

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Table 1. Review articles included in the study

Authors	*Conclusions*
Adams and Drake, 2006[3]	Movement towards SDM. Research in mental health is lagging.
Ahmed et al., 2016[1]	Recovery-oriented philosophies are informing traditional psychiatric practices. Challenges remain and greater awareness of recovery-oriented practices is needed.
De Bekker-Grob et al., 2015[4]	Use of sample size calculations for healthcare-related DCE studies is lacking. Under-powered studies may lead to false insights.
Elwyn et al., 2012[5]	Propose a model of SDM with three steps – choice talk, option talk and decision talk, best implemented with brief patient decision support tools.
Hamman and Heres, 2014[6]	SDM in mental healthcare is limited and 'challenging' patients often do not benefit. Suggest an integrative approach – SDM-PLUS.
Stovell et al., 2016[7]	For patients with psychosis, SDM about treatment has small beneficial effects on indices of treatment-related empowerment.
Torrey and Drake, 2010[8]	Having a team-based approach to care can free time for the psychiatrist and patient to engage in SDM and can promote patient self-management.

DCE: discrete choice experiment; SDM: shared decision making

Models of psychiatric care

Different models of the doctor–patient relationship have developed over time. At one end is the traditional paternalistic model in which information flows from the clinician to the patient and only the clinician is involved in decision making.[18] At the other end is the informed decision making model whereby the clinician provides information but the patient makes the decision. In the middle ground is SDM,[18] which builds on long-standing ideas of patient-centred care.[5] SDM is central to the recovery model, the adoption of which has led to a growing emphasis on the role of patients as active participants in their healthcare. This approach respects the contributions of both the patient with lived experience and knowledge of their goals, values and life situation, alongside the health professional with their training and role in educating the patient.[1] This process can be further enhanced by involving significant others.[1] Thus, information flows between consumer and health professional in a reciprocal manner and treatment is mutually negotiated.[1,11,18]

For the patient to have this active role in decision making, they must be provided with information about the options for treatment and the advantages and disadvantages thereof. In turn, the clinician needs to be informed about the patient's values and attitudes towards treatment.[14] Several studies have shown that patients with severe mental illness do want to be fully informed about their treatment and engage in this collaborative way with their health professional.[8,10,11,13] The degree of involvement sought varies from patient to patient.[13]

Despite the evidence supporting SDM, the 2014 National Audit of Schizophrenia in the UK found that 59% of people with schizophrenia using mental health services did not feel involved in these decisions.[7] This is similar to data from a German study[13] showing that doctors made decisions about medications for their patients 44% of the time. This same study showed that, of the patients who wanted a say in their medication decision, only about half were actually involved.[13]

Benefits for patients

There have been a number of benefits shown for people who do actively participate in SDM. For instance, young people with SMI who actively participate in treatment decisions have reduced symptoms, improved self-esteem, increased service satisfaction and improved treatment adherence.[10] Other positive outcomes include improved patient knowledge, increased confidence in decisions and more active patient involvement.[5,9] Ahmed et al.[1] showed that SDM contributed to decreased rates of hospitalisation in people with schizophrenia.

Barriers for patients

Despite patients wanting to be a part of SDM, this often does not take place in clinical practice due to several barriers encompassing patient factors, clinician factors and systemic factors.

Patient factors include things that impact on patients' confidence in contributing to decisions about their health such as lower levels of education, lower income, limited access to information, self-stigma, current symptoms of illness, feelings of powerlessness, lack of trust in health professionals as well as cultural attitudes regard-

Table 2. Original research studies included

Authors	*Design*	*n*	*Conclusions*
Adams et al., 2007[9]	Qualitative	*N*=30	Most patients with SMI prefer SDM, particularly with regards to their mental healthcare.
Delman et al., 2014[10]	Qualitative	*N*=24	Several barriers to young people with SMI being involved in SDM, including lack of self-efficacy in transitioning to adult system.
Deucher et al., 2016[11]	Observational	*N*=514	Patient's desire for participation in SDM varies by location (across Europe). More research needed into relevant cultural and social factors.
Hamann et al., 2016[12]	Qualitative	*N*=33	Focus on patient perspective in SDM and supporting patients to enhance SDM.
Hamann et al., 2010[13]	Prospective longitudinal	*N*=300	Majority of patients with schizophrenia want to be informed and 40% want to be involved in SDM, however, doctors make decisions for a significant amount of patients, particularly those with poor insight and negative drug attitudes.
Hamann et al., 2006[14]	Controlled trial	*N*=107	It is possible for most acutely ill patients with schizophrenia to be involved in SDM. The intervention of decision aid increased patient involvement, knowledge and improved attitudes towards treatment.
Levitan et al., 2015[15]	Quantitative?/DCE	*N*=271	Patients rated improvement in positive symptoms as most important attribute of antipsychotic medications, hyperglycemia as worst AE.
Muhlbacher et al., 2009[16]	Quantitative/DCE	*N*=219	ADHD patients and family members have clear idea of needs. Most important aspect of treatment related to improvement of social situation and emotional state and then drugs with long-lasting effects.
Ride and Lancsar, 2016[17]	Quantitative/DCE	*N*=217	Cost and treatment type important to the uptake of PNDA treatments for women.
Shepherd et al., 2014[18]	Qualitative	*N*=26	Psychiatrists supported SDM, which is seen as a complex problem with multiple factors involved.
Warner, 2010[2]	Review	–	Empowerment as an important part of the recovery process.

ADHD: attention deficit hyperactivity disorder; AE: adverse effect; DCE: discreet choice experiment; PNDA: post-natal depression/anxiety; SDM: shared decision making; SMI: severe mental illness.

ing the roles of doctors and patients.[8,10,11] Additionally, patients may not be aware that they have a right to participate in these decisions or may fear negative consequences of asserting themselves.[6,10]

Clinician factors include the attitude of the psychiatrist towards the patient and their perception about the ability of the patient to participate in SDM.[10]

A commonly reported systemic factor is the lack of time available in the consultation.[8] There may be times when patients are unable to be involved in decision making directly, and advanced directives can allow them to voice their treatment preferences at these times or nominate someone to be a proxy decision maker on their behalf.[1] Advanced directives have been shown to give a greater sense of control and reduced need for enforced treatment.[1]

Some of the attitudes and behaviours found to facilitate SDM from both patient and clinician perspectives are openness, trust, patience, respect; informing the doctor and giving feedback; engagement and active participation in the consultation; gathering information and preparing for the consultation; and implementing the decision.[12] To help patients to prepare for the consultation it is important they have access to appropriate information. Being informed and having the opportunity to discuss the information with others prior to meeting with the doctor may enhance self-confidence and help address the barrier of insufficient time in the consultation.

Several studies have looked at the role of decision aids to increase patients' active participation in decision making. These tools can help patients prepare by improving their understanding of treatment options.[8] Information should be presented in a way that is accessible to patients and may be in the form of information brochures, videos and Internet sites.[5,9,12] They may also include strategies to help patients identify their own concerns and preferences so they can be shared with the clinician.[3] The use of decision aids has been shown to increase patients' knowledge, increase their active participation in decision making, decrease conflict about decisions and enhance satisfaction with care.[8,14] A controlled trial of patients with acute schizophrenia showed that the use of a decision aid booklet in conjunction with nursing staff support increased patients' perceived involvement in decisions, increased their knowledge about their disease and improved attitudes towards treatment.[14]

Discussion

A major theme identified in our review is the importance of SDM in promoting collaborative work between patients and healthcare teams, and the importance of both patient and practitioner involvement in this process. People with SMI do want to be involved in SDM and there are many benefits in supporting this. Decision aids can support patient involvement. In designing such aids, it is important to consider what information patients need to be able to make an informed decision. One way to ascertain this is to elicit their preferences for the attributes of medication via a discrete choice experiment (DCE).

Methods for investigating patient preferences for medications can be broadly grouped into those that examine revealed preferences, based on patients' actual choices and those that elicit stated preferences. DCEs are in the latter category, and are increasingly used in health economics and in patient-preference analysis, often with a focus on exploring the value placed by patients on experience factors and the trade-offs between such factors and certain health outcomes.[19] DCEs can produce quantitative estimates of patients' preferences for attributes of health interventions or services through a series of choice tasks in which they choose which treatment alternatives they prefer out of two or more hypothetical options. These options are described in terms of their attributes, such as risks, benefits and experience factors and the resulting pattern of choices is analysed to estimate the relative importance of each of these attributes to patients.

DCEs have been used to determine treatment preferences across a range of medical conditions, including asthma, chronic pain, type 2 diabetes, gastro-oesophageal reflux disease, osteoarthritis, and IVF. However, the use of DCEs within mental health and particularly regarding psychotropic medications is relatively limited, with a small number of studies exploring the preferences of patients and parents for ADHD treatments[16,20] and women's preferences for treatment of perinatal depression and anxiety.[17] Two recent studies based in the US have used DCEs to elicit the preferences of patients with schizophrenia, and of prescribing physicians regarding the risks, benefits and mode of administration of antipsychotic medications.[15,21] Further use of DCEs in understanding the factors that patients consider of most importance when choosing antipsychotic medications could facilitate the development of decision aids. This, in turn, may improve adherence with treatment and thereby improve clinical outcomes.

Conclusions

SDM is a central part of the recovery paradigm and is of increasing importance in mental health service delivery. The empowerment of people with mental illness to self-manage their illness and be active participants in their healthcare is an integral part of the recovery framework. Supporting the process of SDM through providing information and reducing the barriers to patients will become of increasing importance to clinicians and health services. The use of decision aids to provide information to patients is one way to overcome some of the constraints to SDM. Using DCEs as a form of decision aid or to inform the development of information for patients is a novel approach in mental health but one that is gaining traction in healthcare as an important way to assess quantitatively the issues that concern patients most when making treatment decisions.

Disclosure

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

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Royal Commission into
Victoria's Mental Health System

ATTACHMENT DJC-4

This is the attachment marked 'DJC-4' referred to in the witness statement of Professor David Jonathan Castle dated 29 May 2020.

Strategies for preventing suicide

GLYN LEWIS, KEITH HAWTON and PETER JONES

Background *The Health of the Nation* includes a target for reducing population suicide rates. We have examined and quantified various high-risk and population-based strategies for prevention based upon a number of stated assumptions and hypothetical interventions.

Method The published literature was used to estimate the population attributable fractions for both high-risk and population-based strategies. The number needed to treat for the high-risk strategies was calculated, assuming an intervention that reduced suicide rates by 25%.

Results Interventions that would reduce rates of suicide by 25% would reduce population rates by about 2.6% for those recently discharged from hospital and by up to 5.8% for those presenting to general hospital with deliberate self-harm. The population attributable fraction for unemployment was 10.9%.

Conclusions High-risk strategies will have only a modest effect on population suicide rates, even if effective interventions are developed. Evaluating interventions for deliberate self-harm patients seems worthwhile. The UK Government's target for suicide reduction is more likely to be achieved using population-based strategies. Reducing the availability of methods commonly used for committing suicide is the most practicable current policy, although more radical approaches, for example reducing unemployment, may also substantially reduce suicide rates.

The UK Government's health strategy, *The Health of the Nation* (Secretary of State for Health, 1992), includes a target for reducing population suicide rates by 15% by the year 2000. *The Health of the Nation* suggested this could be achieved by improving the effectiveness of health and social services given to individuals. However, health and social services usually have little influence on population rates of disease. In the case of individuals dying by suicide, about half have never been in contact with psychiatric services (Vassilas & Morgan, 1993) and only a fifth have seen a psychiatrist in the month before suicide (Barraclough *et al*, 1974). There is also evidence that resources available to psychiatric services have little influence on population suicide rates (Lewis *et al*, 1994). About half of those who commit suicide have seen a general practitioner (GP) in the four weeks before death (Barraclough *et al*, 1974; Vassilas & Morgan, 1993). However, suicide is rare, occurring once in five years for the average GP, and many patients who go on to commit suicide do not mention suicidal ideas to their GP. The potential for reducing suicide by educating GPs may therefore be limited, although Rutz *et al* (1989) have presented some intriguing findings suggesting that this is effective. These require replication in a larger population.

Rose (1992) distinguished between the high-risk preventive strategy that identifies groups that are at increased risk, and the more radical population strategy. Risk factors for many diseases are widely spread in the population and so the high-risk strategy excludes a large number of people at moderate risk and is often ineffective in reducing the population burden of disease. Population strategies to prevent suicide have relied upon reducing the availability of lethal methods. The strongest supporting evidence for this type of strategy is the association between phasing out poisonous domestic gas in the UK and a reduction in suicide rate of 30% (Kreitman, 1976). However, it would seem likely that some substitution of method would occur, especially over the longer term.

We have considered high-risk strategies in which the following three groups might be targeted: those recently discharged from psychiatric hospital, deliberate self-harm (DSH) patients presenting to general hospital, and high-risk occupational groups. We have also considered population-based strategies that might reduce the availability of methods or the proportion of subjects with risk factors. Gunnell & Frankel (1994) have reviewed this area and we have attempted to quantify the potential impact, where possible, by calculating the population attributable fraction (PAF; Last, 1988). For high-risk strategies, we have estimated the impact of a hypothetical intervention that would reduce the suicide rate of the targeted group by 25% and also calculated the 'number needed to treat' (NNT) to prevent one suicide. It is important to emphasise that these calculations are hypothetical and are intended to guide where likely interventions might be usefully developed and investigated.

METHOD

The PAF is also known as the population attributable risk per cent or the aetiologic fraction. For a dichotomous variable, the PAF is the number of cases in the exposed group minus the number of cases expected among the exposed if the rate in the unexposed is applied to them expressed as a proportion of all cases in the population. This can be expressed as:

$$\frac{(\mathrm{RATE}_{\mathrm{exposed}} - \mathrm{RATE}_{\mathrm{unexposed}})\mathrm{P}_{\mathrm{exposed}}}{\mathrm{RATE}_{\mathrm{total\ population}}}$$

where $P_{exposed}$ is the proportion of person-years at risk that are 'exposed'. The PAF can be calculated, as we have done here, using a simple formula:

$$\frac{\mathrm{P}_{\mathrm{exposed}}(\mathrm{RR} - 1)}{1 + \mathrm{P}_{\mathrm{exposed}}(\mathrm{RR} - 1)}$$

where RR is the rate ratio. For rare events, such as suicide, the rate ratio has the same value as the relative risk. Where it was inappropriate to use this formula (and for NNT calculation), the suicide rate was assumed to be 8 per 100 000 person-years in the unexposed population. If one were to reduce the suicide rate by the PAF, the assumptions are that: (a) there is no residual confounding between the exposure and risk

factor and that the relationship is causal; and (b) that the proportion of subjects with the risk factor is reduced to zero, or an intervention reduces the risk of the exposed to that of the unexposed.

The number of subjects needed to treat in order to prevent one suicide is the inverse of the absolute difference in risk between the intervention and control groups.

Suicide is used to describe the combination of suicides and undetermined deaths.

RESULTS

High-risk strategies

Recent discharge from psychiatric hospital

From Goldacre *et al* (1993) the rate ratio for the first month following discharge from hospital was 130 and for the subsequent 11 months was 34. The person-years at risk was calculated using data from Goldacre *et al* and the population of the Oxford Region (Office of National Statistics mid-year 1992 estimates). The PAF for the first month after discharge was 10.5% and for the first year was 19.9%.

It is unrealistic to assume, as these calculations do, that an intervention would reduce rates among recently discharged psychiatric patients to that of the general population. The rate ratio is 4 for the first month versus the succeeding 11 months, during which the risk of suicide is fairly stable. The PAF, given these assumptions, is then 7.9%.

Another approach would be to consider a potential intervention that would reduce suicide rates in this group by 25%. The population rates of suicide would then be reduced by 2.6% and the NNT in order to prevent one suicide would be 385.

Deliberate self-harm

The rate ratio for suicide in the nine years following DSH was 26.9 in Oxford city compared with standard rates (Hawton & Fagg, 1988). However, there was a gradual drop in the rate ratio from about 100 in the first year. The rates of DSH in Oxford city have been estimated as about 300 per 100 000 person-years. Assuming a rate ratio of 26.9 the PAF is 7.2% and for a relative risk of 100 the PAF is 22.9%. If one assumes that an intervention could reduce the suicide rate (RR100) by one-quarter, 5.8% of suicides in the population would be prevented and the NNT to prevent one suicide would be 500.

High-risk occupational groups

The relative risk for doctors and other occupational groups has been estimated using proportional mortality ratios (PMRs; Kelly *et al*, 1995). The PMR for medical practitioners in 1988–92 was 1.44 in men and 3.22 in women. There were 186 916 doctors on the General Medical Council principal list in 1994. For a relative risk of 2 the PAF is 0.4%. The PMR for doctors is probably an overestimate of the relative risk as doctors are on average a healthier group and this will reduce the death rate from causes other than suicide. If an intervention could reduce the suicide risk of doctors by 25%, the NNT is 25 000.

Farmers contribute by far the largest number of suicides of any occupational group and the PMR for farmers in 1988–92 was 1.45 (Kelly *et al*, 1995). The government estimated that there were 171 650 'farmers, partners and directors' in England in 1993 and the PAF is therefore 0.2%. The NNT for an intervention that would reduce suicide rates in farmers by 25% is 33 000.

Population-based strategies

There are two potential approaches. The first aims to reduce the availability of commonly available methods. The second takes the more traditional public health route of identifying risk factors for suicide and considering ways in which these can be reduced.

Analgesics

Most discussion about reducing deaths from analgesic overdose has concentrated on paracetamol, although aspirin and other analgesics, including prescribed analgesics, are also an important contributor to death from overdose. In 1991 there were 556 suicide deaths from analgesic overdose,

Table 1 Rate ratio, prevalence and population attributable fraction (PAF) for various approaches towards suicide prevention

	Rate ratio	Proportion exposed per 100 000 person-years	PAF	Assuming an intervention reduces suicide rate by 25%	
				PAF	Number needed to treat
High-risk strategy					
Recent discharge (1 month) from psychiatric hospital *v.* general population	130	91	10.5%		
Recent discharge (1 month) from psychiatric hospital *v.* succeeding 11 months	4	91	7.9%	2.6%	385
Deliberate self-harm (DSH) referred to general hospital	26.9	300	7.2%	1.9%	1859
Deliberate self-harm (DSH) referred to general hospital	100	300	22.9%	5.8%	500
Doctors	2	363	0.4%	<0.1%	25 000
Farmers	1.5	363	0.2%	<0.1%	33 000
Population strategy					
Unemployed	3	6000	10.9%		
Analgesic overdose	n/a	n/a	[9.3%]		
Exhaust gases	n/a	n/a	[20.1%]		
Antidepressants	n/a	n/a	[4.5%]		

9.3% of the total number of deaths (Office of Population Censuses and Surveys, 1993).

Exhaust gas self-poisoning

In 1991 there were 1195 suicide deaths from exhaust gas poisoning (Office of Population Censuses and Surveys, 1993), these constituting 20.1% of the total number of suicide deaths. Motor vehicle ownership is not a conventional risk factor (those with cars have lower suicide rates; data available from the author upon request) but catalytic converters markedly reduce the toxicity of exhaust gas.

Tricyclic antidepressants

Many of the newer antidepressants are much safer in overdose and a widespread change in prescription from the older antidepressants would reduce the availability of a suicide method. This strategy is included under this heading, although is not best described as a population-based approach. Those who are prescribed selective serotonin reuptake inhibitors have higher suicide rates, presumably because of a prescribing bias (Jick *et al*, 1995). Henry *et al* (1995) reported that there were about 268 deaths per year from poisoning with a single antidepressant. This would have been 4.5% of suicide deaths in 1991 (Office of Population Censuses and Surveys, 1993).

Unemployment as a risk factor

Earlier data suggested that the unemployed are about five times more likely to commit suicide than the general population (reviewed by Sainsbury, 1986). More recent estimates from the Office of Population Censuses and Surveys Longitudinal Study suggest a relative risk of between 2 and 3 (Moser *et al*, 1984) although the design may have underestimated the association because individuals would have changed employment status during the 10-year follow-up. At present, about 8.1% of the workforce or 6.0% of the over-16 population is unemployed. If we assume a rate ratio of 3 the PAF is 10.9%.

DISCUSSION

The estimates of population attributable fraction given above are inexact but provide a guide to the maximum potential impact of the suicide prevention strategies considered. It is worth noting that suicide rates in the UK are relatively low by international standards. Although interpreting international comparisons is difficult, this suggests that the factors that lead to variation between countries are already fairly uncommon in the UK.

High-risk strategies

The high-risk strategies are attractive as they are more in keeping with medical practice (Rose, 1992). The PAF for the first month after discharge from psychiatric hospital care is about 10%. An intervention that could reduce the risk by 25% correspondingly reduces the PAF to 2.6%. Much clinical effort is already expended on this group and any additional intervention would therefore lead to a modest reduction in the population suicide rate. Furthermore, risk factors for suicide in this group are unclear (Dennehy *et al*, 1996). Recent UK Government initiatives, including the Care Programme Approach and supervision registers, were intended to improve the aftercare of this group of patients. It is not clear what extra efforts could be made in trying to reduce suicide rates in this group, although more systematic assessment of suicide risk and ensuring continuity of care after discharge make clinical sense.

It is important to recognise that while the population impact of improved aftercare may be modest, there is still a clinical need for suicide prevention because of the high individual risk of suicide. Our calculations suggest that 400 patients would need to be treated in order to prevent one suicide. The most expensive medical interventions currently considered cost about £10 000 per life year saved. This suggests that any intervention would have to be relatively brief if it were to be considered affordable by the National Health Service, and so efforts should probably be directed at improving the content of the current service.

The service provided to those who have recently harmed themselves is currently very variable in quality and the existing Department of Health guidelines are widely ignored (Hawton & James, 1995). The PAF was estimated as between 6% and 20% and an intervention which reduced rates by 25% would reduce population rates by at most 5.8%. We are not aware of any evidence that interventions targeted at this group reduce suicide rates and a randomised controlled trial to investigate this question would need about 20 000 people (assuming 25% reduction in rates and 80% power, 5% significance). There have been some randomised controlled trials that have investigated repetition of DSH but these have been too small and none has found statistically significant differences (Hawton, 1997).

Population strategies

Analgesics accounted for nearly one in 10 suicide deaths in 1991. There is evidence that the amount of paracetamol sold per pack is related to the number of overdoses. France has a limit on the size of paracetamol packs and has a lower proportion of deaths in those who take a paracetamol overdose (Gunnell *et al*, 1997). Reducing the pack size for non-prescribed analgesics is therefore something which may reduce fatal overdoses, although many deaths occur from prescribed combinations of paracetamol and weak opiates and from other non-opiate analgesics (e.g. aspirin).

A second potential strategy concerns the recent large increase in the proportion of suicide deaths occurring through exhaust gas poisoning (Charlton *et al*, 1992). In 1991 one in five deaths were from this method. The increasing proportion of cars with catalytic converters might also reduce suicide rates by reducing carbon monoxide emission. Altering the design of replacement exhausts in order to make it more difficult to attach hosepipes would have a more rapid effect.

Single antidepressants were used in nearly one in 20 suicides in 1991. Using the newer antidepressants that are much safer in overdose might reduce deaths but may also be prohibitively expensive if applied to all antidepressant prescription (Freemantle *et al*, 1994).

The PAF for unemployment is around 10%. The relationship may be confounded by psychiatric disorder, although there is no evidence that psychiatric disorder increases the likelihood of becoming unemployed (Warr, 1987). Furthermore, high levels of unemployment might also affect feelings of insecurity even in those who have a job. Economic policies that reduce unemployment may therefore also reduce the population suicide rate.

CONCLUSIONS

Identifying effective interventions to reduce suicide risk in people who have harmed themselves and those recently discharged from psychiatric hospital would appear to have some potential value, although the

likely effect on population rates would be modest. There is likely to be some overlap between these two high-risk groups but DSH patients might be an appropriate group for further study, as they have received relatively little attention from policy makers and currently receive a very variable quality of service.

For the population approach, reducing access to analgesics and exhaust gas would be expected to have some effect. However, this is hard to quantify as it would be difficult to remove access entirely. There might also be some substitution with other methods.

In other areas of medicine, the preventive strategy has usually focused on attempting to remove risk factors for disease. Unemployment is a probable risk factor for suicide with a substantial population impact, although economic policy is unlikely to be strongly influenced by health concerns. If further epidemiological research is to be helpful, it will need to identify risk factors for suicide that might be potentially influenced by changes in policy.

CLINICAL IMPLICATIONS

- Major changes in suicide rates are most likely to result from population strategies rather than high-risk strategies.
- Improving services and developing effective interventions for deliberate self-harm patients is likely to be the best high-risk prevention strategy.
- Reducing availability of means for suicide and changes in major risk factors such as unemployment are probably the best population strategies.

LIMITATIONS

- Calculations are based on theoretical levels of effective intervention.
- Data used to estimate the potential contribution of high-risk strategies are from single studies.
- The data used to calculate the contributions of unemployment to suicide do not take account of confounding factors.

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