

ASPR President's Report: Henry Jackson – Presented at the AGM of the ASPR Annual Conference, Newcastle, December 2008

I now present my annual report.

Housekeeping issues:

1. I want to thank all members of the current committee for their work this year.
2. We sorted out the issue of who is really a member according to whether or not a person had paid their current membership dues! We had around 220 members at the end of 2007; currently we have 266 (as recorded just before attending this conference).
3. In 2005 the Society AGM agreed to test the viability of a person being employed one day a week to assist the President with the newsletter, correspondence, membership and conference issues, MHCA issues, etc.

Although this position has proved invaluable to me, we have been locked into a one day a week contract. We typically attract people who understandably rely on other sources of income or have other commitments, e.g., study. The problem is the work is seasonal - 7.25 hours at present is too much per week for perhaps 50% of the time but more than justifiable at other points in time. So my suggestion is that at least for 2009 the Executive allows me to employ an appropriate person on a more flexible basis - on a casual hourly basis, say a postgraduate student (not supervised by me) to provide up to 4 hours a week BUT with the flexibility to provide 7-8 hours one week in every month when the newsletter goes out. The other time in the year when work picks up dramatically is around the time of the annual conference. Such a flexible approach as I have outlined will prove less costly to the Society. Current costs of nearly \$17,000 should reduce to roughly \$12,000.

4. Mental Health Council (MHCA): We actively participate in the processes and activities of MHCA. This year I attended the MHCA meeting on two occasions - 1 day in June 2008, and 2 days in November 2008. Key issues for MHCA at the moment include: mental health research funding, return to employment for those with mental illness, mental health consumer and carer issues, housing, homelessness and accommodation issues for those with mental illness. I successfully put forward two more issues at the November 2008 meeting: borderline personality disorder and return to education for those with mental illness. On behalf of ASPR I will be taking the lead on co-ordinating and providing research evidence in both areas. I supported a third new issue - intellectual disability and dual diagnosis put forward by another MHCA member. Also, MHCA will link with the 2009 Canberra ASPR Conference and Peter Butterworth will follow up on this link in early 2009.

Substantial issues

A number of issues became apparent over the course of 2008, although most are not new issues.

1. A few people have questioned the usefulness of ASPR. Questions raised include: Where is ASPR going? What does it stand for? What does it really do apart from the annual conference? Is it meeting all the needs of its current members? Does the ASPR mission statement need to be reviewed?

2. The ASPR membership does not appear to have changed that much over the years. The natural size of ASPR appears to be between 220 and 300 members. Whatever the case, we are relatively small compared to many other similar organisations within Australia. So following on from this, one argument is that we are not attracting researchers who might naturally be part of our membership constituency, e.g., bench scientists, neuroscientists and younger psychiatrists.

3. Perhaps related to 2 above is the issue as to whether there are far too many conferences in Australia and whether ASPR should amalgamate with other larger organizations such as the Australian Society for Medical Research or Neurosciences of Australia or the like.

The pros of this argument would be that we would potentially attract a larger audience to our conference, potentially raise our research profile, and defray costs as proportionally conference costs could drop and arguably we would retain greater revenue. Also, this would allow researchers from other Societies to see how they would fit within our Society, see possible synergies etc.

The potential downside would be that we could end up losing our identity within a much larger host organisation. Most of the members of the larger society might view the work of the majority of ASPR members with some disdain or consider it irrelevant. It would also seem likely that we would be forced to change the timing of our annual conference to fit with the schedule of the parent organization.

4. Biological issues: given the folding in of the Biological Psychiatry Society some years back there was apparently an undertaking that ASPR would maintain an identifiable stream of biological research at its annual conferences. This has not occurred – not consistently - and some ASPR members are concerned that an identifiable biological strand of work may be lost in the larger annual conference program.

5. Time for generational change: another view put to me is like many organisations we are an ageing one. Although we appear to attract younger people to our annual conference this is not reflected much in the current leadership and state representatives.

6. Another gripe is ASPR's failure to attract psychiatrists to leadership positions in ASPR. An allied gripe is there are too many psychologists in leadership positions.

I think it is important that these issues are raised and not swept under the carpet. I am not sure what proportion of the ASPR membership is concerned about these issues but they require discussion at this AGM and some guidance given to the ASPR Executive Committee.

Thank you

Henry Jackson
President
December 2008