

# **The History of the Australasian Society for Psychiatric Research 1978-2004**

## **THE APPENDICES**

Appendices for the University of Western Australia

### **History of ASPR**

undergraduate student practicum project

Produced by Victoria Tait and based on her interviews and archival research

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Date 07 November 2006

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## Foundation Members

Mary Abrahams  
University of Queensland

Dr Lois Achimovich  
Darlington, WA

Professor K. S. Adam  
Christchurch Hospital, NZ

Dr J. G. Andrews  
University of NSW

Dr J. Antonio  
Adelaide University

Dr C. G. Barrow  
University of Adelaide  
Queen Elizabeth Hospital, SA

Dr Frank I. Bishop  
Heathmont, VIC

Dr G. D. Burrows  
University of Melbourne

Dr G. Burton-Bradly  
Mental Health Services  
Papua New Guinea

Joan Chappell  
Christchurch, NZ

Dr Edmond Chui  
Parkville, VIC

Dr P. Churven  
Balmain, NSW

Dr J. R. Clayer  
Headquarters, SA

H. M. Connell  
University of Queensland  
Royal Brisbane Children's Hospital

Dr E. Cunningham Dax  
John Edis Hospital, TAS

Professor Brian Davies  
Royal Melbourne Hospital

Dr Alys Donnan  
Monash University  
Alfred Hospital, VIC

Dr L. R. H. Drew  
Commonwealth Department of  
Health ACT

H. D. Eastwell  
Wolston Park Hospital, QLD

Dr Major D. Eilenberg  
Royal Children's Hospital, VIC

Dr Maurice Eisenbruch  
Royal Children's Hospital, VIC

Dr Larry Evans  
University of Queensland  
Royal Brisbane Hospital

Dr J. Friedman  
University of Melbourne  
Austin Hospital, VIC

Dr G. Geffen  
Flinders University, SA

Professor G. A. German  
University of Western Australia

R. D. Goldney  
University of Adelaide

W. B. Grant  
Rydalmere Hospital, NSW

Anne Hall  
Wellington Hospital, New Zealand

Scott Henderson,  
Australian National University

Professor Wallace Ironside  
Monash University  
Prince Henry's Hospital, VIC

Dr Helen Molony  
Health Commission of NSW

Dr L. Jones  
St Vincent's Hospital, VIC

Dr R Morrice  
Flinders University, SA

Dr G. Johnson  
University of Sydney

James J. Nichols  
Newcastle, NSW

Dr R. Kalucy  
Flinders University, SA

Susie Owen  
Prince of Wales Hospital, NSW

Professor Kay  
University of Hobart

Dr I. Pilowsky  
University of Adelaide

Dr L. P. Kiloh  
Prince of Wales Hospital

Dr G. Parker  
Professorial Unit, NSW

Dr Jerzy Krupinski  
Institute of Mental Health Research  
and Post-graduate Teaching

Dr J. Price  
Royal Brisbane Hospital

Dr Florence Levy  
Bronte, NSW

Dr D. Rampling  
University of Adelaide  
Royal Adelaide Hospital

Dr D. Lord  
University of Western Australia

Dr A. R. Robertson  
Parramatta Psychiatric Centre,  
NSW

Associate Professor Neil  
McConaghy  
Prince of Wales Hospital, NSW

Bruce J. Tonge  
Melbourne University  
Austin Hospital, VIC

Dr W. R. McLeod  
Royal Park Psychiatric Hospital,  
VIC

Professor J. S. Werry  
University of Auckland

Professor D. C. Maddison  
University of Newcastle

Professor Whitlock  
University of Queensland  
Royal Brisbane Hospital

Dr R. Meares  
University of Melbourne  
Austin Hospital, VIC

Dr Warwick Williams  
Northside Clinic, NSW

Professor R. W. Medlicott  
Department of Psychological  
Medicine, Dunedin, NZ

Dr Wright  
University of Auckland

Dr Graham Mellsop  
Parkville Psychiatric Unit, VIC

## **Past Presidents and Committee Members 1978-2004**

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T. Norman (Secretary)

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H. Christensen (ACT) P. Joyce/C. Bell (NZ) G. Mahli (NSW) B. Mowry (QLD)

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*2003 Early career researcher (co-opted)*

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B. Singh (VIC) G. Barrow (SA) P. Burvill (WA)

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Singh (NSW) H. Brodarty

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## **Summary of the annual scientific meeting – year, location, theme, plenary speakers 1979-2004**

### 1979

- ❖ 18<sup>th</sup> July
- ❖ Royal Prince Albert Hospital, Sydney
- ❖ Social and psychological issues
- ❖ To bring attention to problems encountered in undertaking research, new techniques they've developed, ongoing projects that are of interest to other researchers, and evaluative research
- ❖ 27<sup>th</sup>-28<sup>th</sup> September: University of Adelaide Department of Psychiatry "Workshop on the Psychoses"
- ❖ 24<sup>th</sup> October: University of Melbourne Department of Psychiatry "Advances in Affective Disorders"

### 1980

- ❖ 14<sup>th</sup> March
- ❖ University of Melbourne Department of Psychiatry: "Studies in Anxiety"
- ❖ University of Sydney Department of Psychiatry: "Psychopharmacology for the 1980s"

### 1981

- ❖ No documentation available

### 1982

- ❖ 7<sup>th</sup> May
- ❖ University of Sydney
- ❖ Professor S. Kety
- ❖ 13<sup>th</sup> December
- ❖ Royal Adelaide Hospital
- ❖ "The Assessment of Early Cognitive Impairment"

### 1983

- ❖ 17<sup>th</sup> December
- ❖ University of Sydney
- ❖ 17<sup>th</sup> October – University of Sydney "Endocrine Measures in Psychiatry"
- ❖ Professor B. Carroll, Duke University, North Carolina
- ❖ Professor H. Weiner, University of California, Los Angeles

### 1984

- ❖ 29<sup>th</sup>-30<sup>th</sup> November
- ❖ University of New South Wales

### 1985

- ❖ No documentation available

### 1986

- ❖ 4<sup>th</sup> - 5<sup>th</sup> December
- ❖ Royal Park Psychiatric Hospital, Melbourne

### 1987

- ❖ 3<sup>rd</sup> - 4<sup>th</sup> December
- ❖ Sydney

### 1988

- ❖ 1<sup>st</sup> – 2<sup>nd</sup> December
- ❖ University of Adelaide
- ❖ Dr. Michael Rugg, Senior Research Fellow, St. Andrews University, Scotland
- ❖ “Memory and Its Disorders”. *Then* “Ageing of Dementia”. *Then* “Clinical Psychiatry”. *Then* “Schizophrenia”. *Then* “Developmental Issues”. *Then* “Affective Disorders”. *Then* “NH&MRC Issues”

### 1989

- ❖ No documentation available

### 1990

- ❖ 29<sup>th</sup> - 30<sup>th</sup> November
- ❖ John Lindell Theatre, Austin Hospital, Melbourne
- ❖ “Current Psychiatric Research”
- ❖ Professor Brian Leonard, Professor of Pharmacology, University College, Galway, Ireland
- ❖ Professor Assen Jablensky, Professor of Psychiatry, Medical Academy, Sofia, Bulgaria
- ❖ 4<sup>th</sup>: “General Hospital Psychiatry”. *Then* “Schizophrenia” or “Psychogeriatrics”
- ❖ 5<sup>th</sup>: “Psychosocial Issues”. *Then* “Depression” or “Neurophysiology and Neuropsychiatry”. *Then* “Neurosis”. *Then* “Neurobiology”

### 1991

- ❖ 28<sup>th</sup> – 29<sup>th</sup> November
- ❖ University of New South Wales

### 1992

- ❖ 3<sup>rd</sup> - 4<sup>th</sup> December
- ❖ Royal Adelaide Hospital
- ❖ Professor Jonathon Davidson
- ❖ Professor Lars Weisaeth
- ❖ Professor Otto Benkert
- ❖ Professor Brian Leonard
- ❖ 4<sup>th</sup>: “Schizophrenia” or “Depression”. *Then* Research Methodology Seminar: “Three Year Outcome for Maintenance Therapies in Recurrent Depression” or “Avoidance and Intrusion in Post Traumatic Stress Disorder”. *Then* “Consultation – Liaison Psychiatry” or “Anxiety Disorders”
- ❖ 5<sup>th</sup>: “Schizophrenia” or “Methodology”. *Then* “Social Psychiatry” or “Depression”

### 1993

- ❖ 2<sup>nd</sup>-3<sup>rd</sup> December
- ❖ Douglas Miller Lecture Theatre, St. Vincent’s Hospital, Sydney

- ❖ Biological, epidemiological, and social/transcultural aspects of schizophrenia
- ❖ Professor Gordon Parker and Dr Kerrie Eyers, MDU Research
- ❖ Dr Tony Jorm
- ❖ Dr Brian Dean
- ❖ Professor Peter Joyce, Wellington
- ❖ 2<sup>nd</sup>: “Depression”. *Then* “Methods”
- ❖ 3<sup>rd</sup>: “Schizophrenia”. *Then* “Other Important Disorders”

#### 1994

- ❖ 1<sup>st</sup>-2<sup>nd</sup> December
- ❖ Langley Quality Hotel, Perth
- ❖ Epidemiology of schizophrenia
- ❖ C. R. Cloninger, Washington University School of Medicine, St Louis, Missouri

#### 1995

- ❖ 30<sup>th</sup> November – 1<sup>st</sup> December
- ❖ Mental Health Institute, Royal Melbourne Hospital
- ❖ Professor Myrna M. Weissman, College of Physicians and Surgeons of Columbia University, New York
- ❖ Professor Carol Tamminga, Maryland Psychiatric Research Centre, University of Maryland, Baltimore, USA
- ❖ Professor John J. Mann, College of Physicians and Surgeons of Columbia University, New York
- ❖ 30<sup>th</sup>: “Interpersonal Psychotherapy: Current Status”. *Then* “Psychosocial Stream” *or* “Biological Stream”. *Then* “Depression: Current Understanding”
- ❖ 1<sup>st</sup>: “Psychosocial Stream” *or* “Biological Stream”. *Then* “Suicide Research – Further Directions”. *Then* “Psychosocial Stream” *or* “Biological Stream”

#### 1996

- ❖ 28<sup>th</sup> – 29<sup>th</sup> November
- ❖ David Maddison Building, Royal Newcastle Hospital
- ❖ Convenor: Vaughan Carr + ?
- ❖ Professor Maria Ron, Professor of Neuropsychiatry, Institute of Neurology, University of London, UK
- ❖ Professor Will Spaulding, Professor of Psychology at the University of Nebraska – Lincoln, USA
- ❖ Dr Steve Silverstein, Assistant Professor of Psychiatry at the University of Rochester, USA
- ❖ 28<sup>th</sup>: “The future of psychiatric rehabilitation of schizophrenia”. *Then* “The development and evaluation of a psychiatric rehabilitation programme for chronic schizophrenia patients”. *Then* “Service Provision and Evaluation” *or* “Laboratory Research: Schizophrenia”. *Then* “A Representative Selection”
- ❖ 29<sup>th</sup>: “Brain pathology and environmental factors in the causation of psychiatric symptoms”. *Then* “Clinical Research: Depression and Suicide” *or* “Clinical and Epidemiological Research: Major Mental Illness”. *Then* “Australian Developments in Psychiatric Research”. *Then* “Methodology and Other Topics” *or* “Clinical and Laboratory Research: Other Conditions”

## 1997

- ❖ 4<sup>th</sup> – 5<sup>th</sup> December
- ❖ Wellington School of Medicine, Wellington, New Zealand
- ❖ Professor Eve Johnstone
- ❖ 4<sup>th</sup>: “Predictive symptomatology: course and outcome in first episode schizophrenia”. *Then* “Early detection and intervention in schizophrenia” *or* “Prevalence, needs and providers”. *Then* “Directions for future researchers”. *Then* “Learning and memory in schizophrenia” *or* “Services and Planning”. *Then* “Affective disorders – biological aspects” *or* “Mental Health Issues for Women”
- ❖ 5<sup>th</sup>: “Neurology and neuropsychology of schizophrenia” *or* “Neurosis and personality disorder”. *Then* Workshops: “Evidence based medicine” *or* “Grants”. “Imaging” *or* “Measurement in research”. “Aspects of psychosis” *or* “The elderly and other topics”

## 1998

- ❖ 3<sup>rd</sup> – 4<sup>th</sup> December
- ❖ Hilton Hotel, Brisbane
- ❖ Convenor: John McGrath + ?
- ❖ Rachel Jenkins, WHO Collaborating Centre, Institute of Psychiatry, Department of Psychiatry, De Crespigny Park, Denmark Hill, London
- ❖ 3<sup>rd</sup>: “The role of mental health surveys in health planning and research and reflections on the UK experience”. *Then* “Mental Health Reform and Australia’s research community”. *Then* “Invited keynote speakers” *or* “Neuroimaging and related topics”. *Then* “Mental Health Survey 1” *or* “Neuropsychology and related topics”. *Then* “Mental Health Survey 2 and Epidemiology 1” *or* “Phenomenology, Diagnosis, Instruments”
- ❖ 4<sup>th</sup>: “Mental Health services research” *or* “Neurobiology and related topics”. *Then* “Genetics” *or* “Treatment 1”. *Then* “Epidemiology 2” *or* “Treatment 2”

## 1999

- ❖ 2<sup>nd</sup> – 3<sup>rd</sup> December
- ❖ The *Scientia*, University of New South Wales, Sydney
- ❖ Convenor: Philip Mitchell + ?
- ❖ Associate Professor Hussein Manji, Director of the Molecular Pathophysiology Programme of Medicine, Wayne State University, Detroit, USA
- ❖ Professor Frederick Goodwin, Center on Neuroscience, Medical Progress and Society, Department of Psychiatry, George Washington University, Washington, DC. Previously Director, National Institute of Mental Health (NIMH)
- ❖ 2<sup>nd</sup>: “Bipolar Disorder: leads from the molecular and cellular mechanism of action of mood stabilisers”. *Then* “Research Funding and the Australian Community”. *Then* “Schizophrenia” *or* “Epidemiology/Health Services” *or* “Diversity of Psychiatric Research”
- ❖ 3<sup>rd</sup>: “Design and Ethical Issues in Clinical Trials”. *Then* “Affective Disorders” *or* “Schizophrenia and Telemedicine” *or* “Child Psychiatry”. *Then* “The psychopharmacology revolution: shattering myths about mental illness”

## 2000

- ❖ 7<sup>th</sup> – 8<sup>th</sup> December
- ❖ Royal Adelaide Hospital
- ❖ Convenor: Philippa Hay +?
- ❖ “The Nature of Consciousness: Contributions from recent developments in neuroimaging, cognitive neuroscience and neuroendocrinology”
- ❖ Dr Philip McGuire, Institute of Psychiatry and GKT School of Medicine, London
- ❖ Professor Janet Treasure, Institute of Psychiatry
- ❖ Professor Alexander McFarlane
- ❖ 7<sup>th</sup>: “Functional neuroimaging of auditory hallucinations”. *Then* “What sort of illness is Anorexia Nervosa?”. *Then* “Mapping the environment in order to generate candidate non genetic risk factors for Schizophrenia”. *Then* “Research priorities in mental health”. *Then* “Schizophrenia and Neuroscience” or “Free Papers (including debut presentations)” or “Free Papers (including student presentations)”
- ❖ 8<sup>th</sup>: “Beyond blue: the National Depression Initiative: An opportunity to develop a national agenda for depression-related research”. *Then* “Cultural Studies and Child and Adolescent Mental Health” or “Consultation Liaison Psychiatry, Depression and Personality Disorders” or “Schizophrenia and Psychosis Research”

## 2001

- ❖ 6<sup>th</sup> – 7<sup>th</sup> December
- ❖ Dandenong Psychiatry Research Centre, Monash University
- ❖ Convenor: Jayashri Kulkarni +?
- ❖ Professor Ralph Hoffman, Yale University School of Medicine
- ❖ Professor Jim Van Os
- ❖ Professor Shon Lewis
- ❖ Professor Ian Hickie, Professor of Community Psychiatry at the University of New South Wales, Director Academic Department of Psychiatry at St George Hospital, Sydney
- ❖ 6<sup>th</sup>: “Computer models of neurocognition in schizophrenia and bipolar disorder: evolutionary by-products of cortical network optimisation?”. *Then* “Neuroimaging and Psychiatry (Polaroids of the brain)” or “Epidemiology and Health Economics (Dollars and Sense)” or “Cognition and Mental Illness (Think about it!)” or “Child and Adolescent Psychiatry (Junior Burger)”. *Then* “Stigmatisation, Stereotypes, and Mental Health”. *Then* “The timing and functional consequences of structural brain abnormalities in schizophrenia”. *Then* “Gender Differences and Mental Health (Lipstick and Jockstraps)” or “Genetics and Neurophysiology (Dolly and her Levi’s)” or “Mood Disorders (The Roller Coaster)” or “Prodrome and First Onset Psychosis (Nip it in the bud)”
- ❖ 7<sup>th</sup>: “Psychosis in Unusual Places – The Search for the Psychosis Phenotype”. *Then* “Improving Outcomes In Schizophrenia in the 21<sup>st</sup> Century”. *Then* “Schizophrenia (The Big ‘S’)” or “Neurophysiology/EEG/ECG (Squiggly Lines) or “Psychopharmacology and ECT (Pills and Thrills)” or “Dual Diagnosis (A Joint Problem)”. *Then* “The Recognition and Management of Emerging Psychiatric Disorder”.

*Then* “Beyond Blue – The National Depression Initiative”. *Then* “Personality Disorders (Yours, Mine and Ours)”, or “Consultation/Liaison Orals (In Sickness and in Health)” or “Free Papers (But not cheap) or “Service Related Issues (With a Smile)

### 2002

- ❖ Theme: “Mental Health from a Lifespan Perspective”
- ❖ Centre for Mental Health Research, ANU
- ❖ Convenor: Helen Christenson +?

### 2003

- ❖ 4<sup>th</sup> – 5<sup>th</sup> December
- ❖ Department of Psychological Medicine, Christchurch School of Medicine and Health Sciences
- ❖ Convenor: Peter Joyce
- ❖ “Origins of Psychopathology”

### 2004

- ❖ 1-3 December 2004, Fremantle WA
- ❖ The University of Western Australia School of Psychiatry and Clinical Neurosciences
- ❖ Convenor: Assen Jablensky and Vera Morgan
- ❖ ASPR theme: “Developmental Dimensions in Mental Health: From Womb to Tomb”
- ❖ ASBP theme: “Brain meets Behaviour: Cognitive Models of Psychopathology”
- ❖ Workshop 1: “Everything you wanted to know about Neurogenetics and were afraid to ask!”
- ❖ Workshop 2: “Cultural and Ethical Issues in Indigenous Mental Health Research”
- ❖ ASPR keynote speakers: Gavin Andrews (Aust), Tyrone Cannon (US), Peter Jones (UK), Laurence Kirmayer (Canada), Tom McNeil (Sweden)
- ❖ ASBP keynote speakers: Dorothy Bishop (UK), Max Coltheart (Aust), John Morton (UK), Pat Rabbitt (UK)

## Summaries of the Annual General Meetings – Issues Covered 1978-2004

### 1978

18<sup>th</sup> May, University of Queensland

- Society is formed
- The AGM would be convened the day before the Geigy meeting
- Membership confined to people actively involved in psychiatric research
- Forum for discussion of issues
- It is multi-disciplinary
- Need to formalise foundation of society – constitution, aims, membership, future role and so on
- Members of academic psychiatric departments and government psychiatric research units to be invited to join as foundation members
- New members would be proposed and seconded
- Should ASPR be a committee/sub-committee/section of RANZCP or not?

### 1979

18<sup>th</sup> July

- Subscription of \$10
- Membership confined to persons actively involved in psychiatric research
- Is an independent body which may relate to other societies and organisations from time to time
- Whether a formal constitution specifying policies, objectives, procedures, rules of membership and subscriptions should be adopted.  
Undesirable/unnecessary because it was an impediment to fulfilled the purpose of ASPR that is to function as a group of interested people who meet at an informal forum at appropriate intervals? Informality in procedures but more formal structure?
- At the conference: should be ten-minute presentations which are crisp to the point. It should be informal discussion. An exchange of ideas. Social and psychiatric issues. Problems in research, new techniques, ongoing projects, be evaluative
- Preferably be day before Geigy symposia
- Should ASPR have affiliation with RANZCP?
- 27<sup>th</sup>-28<sup>th</sup> September: ASPR and Department of Psychiatry University of Adelaide “Workshop on the Psychoses”
- 24<sup>th</sup> October: ASPR and Department of Psychiatry University of Melbourne “Advances in Affective Disorders”

### 1980

13<sup>th</sup> August, University of Melbourne

- Constitution adopted
- Subscription of \$10
- 14<sup>th</sup> April, University of Melbourne: “Studies in Anxiety”

### 1981

5<sup>th</sup> November, University of Adelaide

- Need for structure and organisation – publication of proceedings in form of booklet was necessary and desirable to members and interested others
- Need to increase fees - subscription of \$15

- Secretary to circulate membership forms
- Where possible, a public address by a prominent person in academia would occur at each meeting
- The society could help in collating the Australian and New Zealand research but *not* necessarily function of society to set up a data bank. Will encourage NH&MRC or RANZCP to set up. Will collect abstracts
- Lack of funding in research. Discuss current research and who is doing what and short list and sent to NH&MRC, and identify priority areas and promote them
- Should ASPR develop a Research Fellowship (maybe with support from NH&MRC) for psychiatrists in training? Fund research or sponsor an elective, or support a half-time research assistant?
- Research needed to be published in local journals (especially ANZ Journal of Psychiatry). ASPR should promote/publish summaries of research and distribute to members
- Improving current research situation: support RANZCP electives in research and emphasise need for career opportunities in psychiatric research

### 1982

3<sup>rd</sup> December, Prince Henry's Hospital, Little Bay, NSW (157 members)

- Happy to collaborate with the RANZCP on further development of psychiatric research in Australia. Workshop will be scheduled on 26<sup>th</sup> May 1983
- Need for workshop format, not completed papers. Many papers too good and too complete. ASPR involved non-medical members, and served different functions than the RANZCP. Informal meetings with least expense possible is the most preferred option
- Annual dues increased to \$20
- Less than 1% of NH&MRC funding went to psychiatry 5-6 years ago. Has increased to 1.5% in 1981, and 2.5% in 1982. Still far too small an amount than is needed. Ongoing discussion needed with funding bodies
- Funding for research in the five-year psychiatry trainee programme? Write to Directors of Health regarding registrar posting and need for research positions
- Will negotiate Organon award to be ASPR annual research award. Up to \$1 000 to encourage young researchers. Conditions will be formalised and circulated

### 1983

27<sup>th</sup> May, Florey Lecture Theatre, John Curtin School of Medical Research, Canberra, (157 members)

- Workshop with RANZCP. "Research in Psychiatry – The Next Decade" aims to ensure everyone with an aptitude for research has opportunity and adequate funding for their work. Quality and volume of research has increased in past decade. Good ideas flounder because time for research is not available in busy clinical and teaching centres; inadequate training in research methods leads to unsuccessful grant applications. Improve capability in research methods and data analysis. Improve own capability in research methods and data analysis

- Themes: ‘Current Status of Psychiatric Research in Australia’, ‘Psychiatric Research Needs of the Next Decade’, ‘Funds and Funding Bodies’ and ‘Education for Psychiatric Research’

December 8<sup>th</sup>, Austin Hospital, Heidelberg, Victoria

- Should link closely with Board of Research of RANZCP
- Should formalise report to members about how ASPR all began
- President will write to the President of RANZCP inviting all College members to attend as guests to ASPR meeting in Adelaide
- Organon will support an Annual Research Award in neuropsychoneuroendocrinology and related areas for \$1 000 and a plaque. Will encourage young researchers in psychiatry. Conditions yet to formalised and will be circulated well in advance of nominations
- Establishment funds given to academic departments for an open research fellowship on a rolling basis? Discretion left to the Heads of Departments when appointing young trainees and amount of funds allocated. Will allow for experimental and innovative work and the training of inexperienced researchers in full-time research. Policy could be reviewed every five to six years on basis of work produced

#### 1984

29<sup>th</sup> November, Prince Henry Hospital, Little Bay, Sydney (166 members)

- Society should promote opportunities for mental health related research, particularly those of the young researcher. In connection with RANZCP and NH&MRC
- There is a disadvantaged position of the young researcher, especially those recently completed training and obtained MRANZCP
- Slight increase in membership. Annual dues increased to \$25 because of need to accumulate funds needed to cover costs incurred by individual members and departments of psychiatry involved in administrative aspects of society
- Funds used to produce a publication including history, aims, and objectives of ASPR. Constitution, list of members, summary of abstracts presented at meetings over last couple of years. Maybe updated every 5 years?
- Lack of NHMRC funding. Currently conducting internal audit looking at assessors’ comments and ratings given following interviews. Need to nominate appropriate assessors and nominate individuals not considered appropriate as assessors were highlighted. Lack of funds available to NHMRC. ASPR will submit a letter of complaint about funding. Will further investigate appropriate means of approaching NHMRC
- Future of Research and Development Grants Advisory Council (RADGAC) is uncertain. At its last meeting no grants were considered. Will not hold another until July 1985. Has limited funding available. Concern about RADGAC’s support of psychiatric research and RADGAC itself would be lost if incorporated into the future Australian Institute of Health. ASPR will write to Federal Director of Health Service supporting RADGAC and its role as a valuable resource in research

#### 1985

5<sup>th</sup> December, Adelaide University (172 members)

- Continuing problems in receiving NH&MRC funding. Concern that the scoring for clinical disciplines is in a narrower range than that for laboratory based studies
- I. Pilowsky wrote to NH&MRC on consistently low success rate on support for projects from members of ASPR. Says that: either not simply not good enough, but he thinks it has improved by percentage of grants remained the same. There may be prejudice against psychiatrists and clinician research. The people on the board may be unfamiliar with clinical psychiatry or psychiatric research and so would have to use their intuition on the worthiness of the grant without a person with relevant research background being there. The grants should not be disadvantaged by factors beyond their control
- Few NH&MRC fellowships are received by psychiatrists
- Successful clinicians most likely to be those who have been involved in research very early in their career
- NH&MRC project ratings and regional grants interview committee ratings compared for psych and other disciplines. Project ratings were similar but psych scores dropped at interviews
- 4<sup>th</sup> December an informal meeting for those individuals interested in formation of society of Biological Psychiatry. To be linked with Australian Neurosciences Society or ASPR. Might deplete membership of ASPR and reduce the changes of exchange between biological scientists and others. Place in ASPR as a special interest group? Issues raised: back to back meetings, review from a neuroscientist/neuroendocrinologist to provide update knowledge in basic sciences, parallel sessions run
- Accumulated funds maybe spent on Annual Young Researchers Award (<35) for best paper/sponsoring undergraduates or postgraduate research/sponsoring overseas researchers to visit Australia
- How done? Winner decided at time papers are submitted? Following presentation of all papers by any eligible individuals? How many awards should be made: Research ideas/design or finished research?
- Any member not paid their dues for two years would be removed from the membership list and not able to go to the conference

## 1986

4<sup>th</sup> December, Royal Park Hospital, Melbourne (130 members)

- Biological Section: second meeting on 5<sup>th</sup> December discussed: whether it should form, whether it would affiliate with the world body, whether it would affiliate with RANZCP (advantageous because it would obtain support but disadvantageous because RANZCP hasn't a strong research background and affiliation with it would create a two tiered system between psychiatrists and non-psychiatrists), also would potentially devitalise ASPR. ASPR agreed to an association with ASBP
- ASPR has contributed to establishing research conventions and reporting of data between research groups
- ASPR members should support trainees in applying for grants-in-aid offered by RANZCP
- Concern over how few applications for NH&MRC Fellowships for Research Training and been received from psychiatrists or related behavioural disciplines. Psychiatry had increased in project grants since

the early 80s but none of them had nominated psychiatrists as senior research officers/research fellows

- It was approved up to six grants in aid of up to \$150 to get young researchers to attend meetings, they would be awarded on the basis of abstracts submitted to the convener of the annual meeting
- Papers not considered as oral communications would be presented as posters. What about having shorter presentations? Running concurrent sessions? A combination of poster and oral presentations? One session most of the time and running concurrent sessions for one or two half days?
- Maybe one-day meetings could be held locally in home states?

### 1987

14<sup>th</sup> December, Royal Prince Albert Hospital (143 members)

- November: It would be preferable to form a Biological Section of ASPR and not an autonomous body because that would require detailed separate machinery to establish itself. Membership of the WFSBP (World Federation of Societies of Biological Psychiatry) is possible as a special interest section, as long as it has a constitution and at least 20 members
- Formally accepted the section of Biological Psychiatry. What about the meetings? Back-to-back workshops/meetings? Workshop session within the ASPR? The workshops were to have an educational update function. ASPR convening committee responsible for selection of the biological psychiatry scientific papers. It is not to be divisive. Was to provide an updated list of biological psychiatry research interests and activities, therefore a newsletter would be circulated. Need for proper planning and a need for flexibility because difficulties of balancing pure neuroscience and clinical biological psychiatry. Prerequisite of joining ASBP is membership of ASPR. The subscriptions of ASBP are collected by the treasurer of the ASPR. Does the ASBP need to be linked to the Geigy meeting?
- Younger people encouraged to seek funds from RANZCP as there were a few thousand dollars available. Older members should encourage nomination of younger people occurred
- 15 minute timeslot for the presentations at the conference maintained a good input
- Fees increased to \$30
- RANZCP Board of Research and ASPR combining to document research. Forms would be sent to all researchers

### 1988

1<sup>st</sup> December, Flinders Medical Centre, Adelaide

- Biological Section topic: "Neurotransmitters" (80 members) \$10 membership fee (\$5 annual for WFSBP). Having ASBP meeting a day before ASPR meeting may contribute to the large number of registrations for the annual conference
- In the 10 years since ASPR was formed: had influenced thinking within RANZCP and trainees. Research is now a natural activity within the college. Many fifth yr trainees are undertaking research projects towards the second part of their FRANZCP. Large numbers of trainees are presenting papers at the ASPR meeting. The theme of the RANZCP annual conference is "Psychiatric Research and Clinical Practice"

- Lack of knowledge about the availability of funds to support the travel of young colleagues to the meeting. Could be included in the flier for the next meeting?
- Poster session done for the first time and very successful. A large number of papers were presented about issues in child and adolescent psychiatry
- The presidential term was for 2 years and the president-elect would be decided a year before taking office

### 1989

30<sup>th</sup> November, Barden Professional Development Centre, Brisbane

- Biological Section (86 members). Full member of the World Federation of Biological Psychiatrists. Theme of meeting: "Recent Advances in Neurochemistry, the Major Psychiatric Disorders"
- Funding for 9 junior researchers awarded
- Possibility of a fellowship to travel overseas
- Endeavour to increase attendance of psychiatrists and psychologists in training.
- Decided to spend interest earned on investment account to encourage young investigators to attend meetings. It decided this in favour of funding overseas experts to visit Oz at other times than AGM or establishing a headquarters
- Availability of profit/loss statement for the year? Cost of circulating research register?
- Review process undertaken concerning money allocation: application for assistance, actual amount and numbers of travel grants

### 1990

29<sup>th</sup> November, Austin Hospital, Melbourne (168 members)

- Biological Section theme of meeting "The Genetics of Psychiatric Disorders". Dues: \$10 (108 members)
- 8 junior researchers had been awarded funding of \$200 to help attendance at ASPR
- More psychologists had attended the meeting than ever before
- Decided that all members should receive a copy of the book of abstracts and the proceedings of the meeting
- Dues: an increase to \$25
- Ciba-Geigy had indicated they might hold meeting at another time other than when the ASPR meeting is held. It had attracted interstate registrants, and international speakers funded for the Geigy meeting could also speak at the ASPR meeting. Would try to maintain the link if possible
- ASPR has tax exemption conditional to a particular phase being placed in Articles of Association
- Concurrent events introduced. Should try to be limited so members can attend a variety of papers
- Possibility of holding a mock NH&MRC interview  $\approx$  3 years/annually? Other sessions like preparation of grants and management of funds and working on early development stages/new ideas could be included. Poster sessions? Papers run without tea breaks? (Local convenor to decide)
- Abstracts could be printed as supplement to the ANZ Journal of Psychiatry. Establish an affiliation with it?

## 1991

3<sup>rd</sup> December, Adelaide

- Biological Section meeting theme: "Brain Imaging" (123 members)
- Geigy meeting should have a clinical focus. ASPR's goal would be to hold ASPR and Geigy meetings continuously
- ASPR put in a submission to Medical Research Committee of NHMRC regarding inclusion of specific psychiatric research initiatives in their Case for Funds for the next triennium. Second submission was forwarded the chairman by psychiatrists and neuroscientists for Sydney Uni, Uni of NSW, CSIRO and Trade Union movement. Meetings held to merge the two. Resulted in Proposal to Establish a Network of Brain Research into Mental Disorders. Up to \$4 000 will be available from ASPR. Submitted to the Minister for Health, Housing and Community Services and a delegation from the National Coordinating Committee will meet him on December 4<sup>th</sup>
- ASPR sought closer links with ASMR. Supported by ASMR directors
- Discussions have happened with the Australian Bureau of Statistics to include questions that may give an indication of the extend of psychological dysfunction in the community
- Suggestions of concurrent meetings was a good idea
- The primary goal for the meetings was for younger researchers to report their research
- Organon Research Award's scope had been broadened from psychoneuroendocrinology to general biological psychiatric research
- Will invite the media to liase more closely ie invite to interview speakers at the next congress. It has been involved in the past in this role but will not be present at the meetings

## 1992

3<sup>rd</sup> December, Royal Adelaide Hospital (152 members)

- Biological Section theme: "Recent Advances in Psychopharmacology" (130 members)
- NH&MRC will increase psychiatric research funding by 30% due to the ASPR and the ACTU work to establish a Network of Brain Research into Mental Disorders. \$1 million/year for the next 5 years
- Funding is primarily for multidisciplinary work focussed especially on neurobiology. A setting up of a consortia of a network of researchers. The money will be for salaries/consumables but not capital works/infrastructure. Applications need to emphasise management and scientific committee structures
- NH&MRC will select appropriate proposals. If no appropriate proposals are lodged, the funds would be given to individual research centres
- ASPR would be the facilitating body for preparation of submissions: whether coordinating a meeting concerning interested persons, an e-mail link-up to a notice board for exchange of information etc
- The executive of the ASPR lends money to the local organising committee for the annual conference but it SHOULD be self-funding so money loaned has to be returned
- Increasing popularity of conference leads to an increase of number of abstracts which to necessity of concurrent sessions. There is a 'local rule'

which is that one paper/dept accepted or younger researchers given preference. Poster sessions should be encouraged. Should papers be presented in themes? Work in progress sessions? Completed work sessions? Longer time periods for more substantial completed work?

- Increasing costs for meeting – Geigy funds are insufficient to cover costs for two international speakers. Need to minimise costs as much as possible and get funds from other sources
- CINP meeting in Melbourne in 1996, ASPR members encouraged to join and support it

### 1993

2<sup>nd</sup> December, St. Vincent's Hospital, Sydney (146 members)

- Biological Section: "Biological research in psychiatry and clinically useful measures – past, present and future". Name changed to *Australian Society for Biological Psychiatry* to bring in line with other international organisation, but still a section of ASPR. Cost of belonging to WFBSOP is US\$15 so subscription increased to \$20. Need to have a separate account from the general ASPR one
- Geigy meeting – new statewide forensic service in WA. Social aspects of schizophrenia – embrace two fields
- Suggestions on how to disperse accumulation of funds: to promote ASPR and recruitment of new junior researchers; availability of funds for registrars to attend meetings; RANZCP trainees encouraged to attend/present dissertations with award available for best paper presented in respect to dissertation; graduates could be included 1<sup>st</sup>/2<sup>nd</sup> year after obtaining fellowship; reduced membership for junior staff earning >\$40 000; departments supporting young researchers to attend reimbursed by ASPR; bursaries to encourage RANZCP dissertation presentations/trainee psychologists; regular number of travel scholarships for young people to attend well advertised beforehand via flier and so on
- Debut presentation prize accompanies some of this. Decided on in preference to young researchers award because the latter may disadvantage women
- Procedures of meetings sent to all members
- Bank drafts cost \$10 to organise for the NZ members – a new way was needed.
- Excess of 110 registrations, so is self-funding
- Name change to *Australasian Society for Psychiatric Research*? Cost approx. \$1000. Decision put off until opinions of the New Zealand members is sought.

### 1994

1<sup>st</sup> December, Perth (160 members)

- ASBP has 115 members, 90 out of 115 members attended the meeting. Theme: "Brain modelling. Neurochemistry".
- ASPR sought closer relationship with ASMR and RANZCP. No response has been received
- Name change from Australian to Australasian Society of Psychiatric Research would cost \$1500 – was passed

- Content of scientific meeting should be general, not focused on a particular disorder or treatment
- ASPR sponsored symposium and special event of 19994 Australian Neuroscience meeting in Sydney called “Biology of Brain Disorders”. It involved advanced research into biology of psychiatric illnesses like schizophrenia, mood disorders, alzheimers, brain imaging, and molecular genetics. There are few collaborations between neuroscientists and psychiatry – the two groups rarely meet. ASPR and ANS should have meetings during the same week in the same city every 4-5 years. ASPR and ANS should attend a discussion group with informal presentations of data interesting to both groups. ANS and ASPR should sponsor a nominated speaker each year to do a plenary lecture and both the ASPR and ANS meetings and it will alternate between psychiatry and neuroscience.
- National Mental Health Service (NMHS) conference was very successful. Proceedings should be incorporated into a journal – maybe once a month. Start up cost is very expensive but after 3 years should be self-sufficient. Similar to Hospital and Community Psychiatry Journal and carry ASPR and NHMS papers. Content should be broad mental health issues not specifically health service or psychiatric research. Cost, potential publishers, and content all issues to be taken into consideration
- Will award 10 grants in aid per year. Eligibility: have to submit a paper, be aged less than 35, and earn less than \$40 000. Applications judged by Convener of scientific meeting. Prize awarded: economy airfare to attend meeting.
- This meeting is glossier to attract more members. A PR firm has been hired to help with ASPR
- Office Bearers: at least one per state and one from New Zealand; a 3 year term with option of a 2<sup>nd</sup> term renewal; Executive positions – President, Secretary/Treasurer are 2 years each
- ASPR should be broad ranging programme
- Database: to produce membership booklet. T. Lambert would maintain.

### 1995

30<sup>th</sup> November, Melbourne (237 members)

- Biological Section theme of meeting is “Brain Modelling and Neurochemistry”.
- Awaiting further communication on obtaining affiliate society membership with the ASMR (27 other societies are affiliated with it). It represents as many members in its medical committee as possible.
- Development of an application for funding to establish a National Mental Health Services Journal between ASPR and Mental Health Services Conference Inc of Australia and New Zealand. (THEMES). Up to \$5 000 allocated to support this
- In 1994/95 budget an increase of \$58 million over 4 yrs for NH&MRC research - \$10 million for 1996, \$20 million for the years after this. This should continue project grant success rates at ≈ 25%, maintain total number of programme grants, continued growth in Career Fellowships, and current levels of training awards

- Advantages for members of ASPR other than networking and research collaboration? Any financial rewards?
- There is no reason the journal should be exclusively Australian. It should be determined in detail by the editorial board. There is \$23 500 in an investment account – should it be used to set up a journal?
- Data base still being updated
- The problem with running a conference over three days (with ASBP) is being away from home and work. Maybe running the days longer?

## 1996

28<sup>th</sup> November, Newcastle (217 members)

- The submission for the journal was for \$293 000 between THEMES and ASPR. Six issues per year. Five general issues incorporating papers from conferences and one special issue. First issue to be July 1996 on “Service Delivery to the Community”. First three issues free to circulate. An advisory committee to be set up: elect four people for management and four people from ASPR. Editor is under direction of the Advisory Committee. G. Andrews will probably be the first editor
- Journal hasn't been funded by Commonwealth``
- There may be a database being started – members will be canvassed if they are agreeable to this
- Homepage developed for ASPR. Could be used for a database of membership, to publish abstracts from ASPR, notify members of relevant conferences, jobs available, medical student electives, hot links to interesting psychiatric research and academic sites
- ASPR is an affiliate of ASMR
- A symposium in 1997 will be convened by ASPR to showcase achievements of Australian psychiatric research overviews of biological, social and clinical psych research. Discussion of research institutions and networks developed in Australia eg NHMRC Network for Brain Research into Mental Disorders, NISAD, and MHRI
- There is an increasing cost of organising AGMs and a huge burden is placed on university/hospital departments
- Not enough emphasis upon grants-in-aid via ASPR publicity. Funds will be capped at \$5000
- No Organon award because only two applications received
- Only three applications for 10 grants-in-aid. It is capped at \$5 000

## 1997

4<sup>th</sup>-5<sup>th</sup> December

New Zealand

- Theme of ASBP is “Animal Models in Psychiatry”

## 1998

Brisbane (258 members)

- ASBP theme: “Genetics”.
- 20<sup>th</sup> anniversary of founding of ASPR
- First meeting without the Geigy Symposium attached
- Novartis has put \$5 000 towards research with \$3 000 on expenses
- ASPR is part of the Mental Health Council of Australia

- The website: need to improve communication between members. Regular e-mail community will be attempted
- The duration of the executive term needs to be questioned – how long it will be, how people are elected and selection criteria
- Rotary will make \$400 000 - \$500 000 available for research, which is about \$3 000 per project
- ASPR annual review publication – a publisher with a relatively high profile (perhaps with some international impact) ought to be found so it is more than something handed out by company reps. Issue #1 theme: Psychiatry and General Practice? G. Andrews to edit? The amalgamation of conference in Newcastle on “Psychiatry in primary care” and presentations at Geigy in Wellington? Should be first rate and set a high standard for others to follow
- Founders Medal - best debut presentation? A senior researcher who has had substantial contribution/especially effective in research promotion? Decided that it is a major lifetime contribution to psychiatric research
- Should ASPR make a submission to the ‘Health and Medical Research Strategic Review’? (is a Commonwealth review to focus on health and medical research up to year 2010)

1999

2<sup>nd</sup> December, Sydney

- ASBP theme: “Mood stabilisers and treatment of depression”
- G. Burrows wrote the constitution and it is not always adhered to, need a new constitution that will work, including ASBP
- Nominations need to be in at least one month before the election. Wait for nominations through the ASPR e-mail address
- Change of the name of society needs to be voted on and approved of by four fifths of the society (not just members at the AGM) as specified by the Constitutional rule
- E-mails should notify for job vacancies in research
- MHCA is a peak body set up by the Commonwealth, including consumers and carers. ASPR is a member because it is represented by President
- Next year: need to detail direct relationship between ASPR and ASBP
- Need to have position statement: consumer involvement in research eg. Consensus award to attend
- P. Hay agreed to represent ASPR in the organisation of the 2002 ASMR Health and Medical Research Congress
- Membership increased to \$50 if salary is >\$50 000, and \$30 if <\$50 000
- Problem about lack of ASPR administration and executive support
- There has been a gradual but steady increase in secretary’s role
- Next executive: there will have to be one individual who is secretary and one who is treasurer, because now such big jobs
- There is recruitment costs
- More communication between members
- Needs to encourage younger researchers

2000

7<sup>th</sup> December, Adelaide

- MHCA: ASPR to be represented by P. Mitchell. Will communicate via e-mail
- New website: [www.anu.edu.au/aspr/](http://www.anu.edu.au/aspr/). There will be regular updates
- The by-line: 'Australasia's society for multi-disciplinary mental health research' to show it is not just exclusively for psychiatrists
- Prohibitive: publication of ASPR abstracts in ANZ Journal of Psychiatry. What about a joint series of articles on research methods as collaboration between ASPR and RANZCP Board of Research?
- Gave free membership to 160 people last meeting so encourage long-term membership
- Have increased in fees, but no drop off in membership numbers. Made a profit from Sydney meeting
- V. Carr does not want to be ASPR representative to RANZCP Board of Psychiatrists anymore. It should be a psychiatrist and a fellow

## 2001

- 6<sup>th</sup> December, Carlton Crest Hotel (264 members)
- ASBP: 270 members. No support for disaffiliating from ASPR. Should keep link to clinicians and other societies
  - ASPR not elected to the board of MHCA. It allows access to senior government and opposition politicians
  - Free one year trial to delegates
  - Need to expand membership. Broaden horizons
  - Legal issues: association or community? Tax and GST reasons: standards for auditing
  - Expense of changing name of ASPR to 'Australasia's Society for Multi-disciplinary Mental Health Research' (ASMMHR). E-mail vote/written argument
  - Should assist registrars to attend meeting
  - P. Hay now ASPR representative to RANZCP
  - Series of articles on research methodology has been commissioned by RANZCP journal
  - Need for more poster sessions
  - Should travel grants be increased to include travel, registration and accommodation?
  - Should be a publication – even if it's only on the internet
  - Criteria of awards to be revised
  - Database still being updated

## 2002

- Centre for Mental Health Research (272 members)
- ASBP: World Federation of Societies of Biological Psychiatrists had their congress in Sydney without consultation with ASBP. Local society should be the host. Should ASBP boycott? The dues paid are without influence over symposia. ASPR is not formally associated with ASBP. Will formalise when legal status is confirmed. WFSBP trying to stabilise the societies across the world
  - Can give abstracts on CDROM or put on to website
  - Have a project officer
  - ASPR back on board of MHCA and represents research community

- NO name change
- No legal status as an association, less onerous reporting responsibility. Rules need to conform to minimum standards under law for association. Need for constitution to be revised to reflect this

### 2003

#### Christchurch

- Documentation on website, and new constitution done
- MHCA: NGOs competitive role on this group. ASPR needs to maintain a role because of advice to Minister regarding research. V. Morgan chairs research commission. Increase in funding but less opportunity for direct access to ministers
- Permanent secretariat is necessary. More powerful as a lobby group
- Recruitment – need to emphasis multi-disciplinary nature
- Need a larger differential in registration fee? Cross-fertilisation – psychology
- No formal status, because of tax liability for members of executive
- It is cost effective to be an association but can be changed. Public officer needed. Registered in Victoria because executive lives there.
- How should society support methodology? Research days, forums?
- Early career researchers discussion group?

### 2004

#### The Esplanade, Fremantle WA

- The incorporation of ASPR was completed.
- Some of ASPR funds have been placed in a higher interest investment account
- A history of the Society has been started
- There is now a monthly email bulletin
- There have been a number of early career researcher initiatives: Early Career Research Scholar Award; mentoring program to start in 2005; website for early career researchers.
- New funding has been negotiated for the Oration award: from 2005 to 2009 ASPR Eli Lilly Oration Award will replace Novatis Oration
- ASPR has had a strong presences within Mental Health Council of Australia (MHCA), especially Research Sub-committee chaired by Vera Morgan and including Tony Jorm and Ian Hickie
- First Rotary media workshop held in conjunction with current meeting and open to ASPR members
- ASBP members voted during the year to dis-affiliate from the world federation society due mainly to concerns about governance within the WFSBP.

## Original aims, circa 1984

Copy of an undated document that had been written by Scott Henderson circa 1984. In the document it outlined some of the targets of the ASPR in the future.

The objectives listed in the document are as follows...

- (1) There should be continued growth in the number of psychiatrists and others who *think* in the research manner in the course of their daily contact with patients. This should include those engaged in private practice. After all, Sigmund Freud was both a private practitioner and a contributor to theory.
- (2) The ASPR with the RANZCP will have succeeded in promoting research opportunities and training conditions for young psychiatrists.
- (3) It will have made a sizeable contribution towards the advancement of knowledge. These words are deliberately chosen. It is quite possible for us to do this, provided as a small community we do not overdiversify. The ASPR can greatly help to strengthen certain areas in psychiatry, in which Australia already has good manpower resources.
- (4) We should have succeeded in harnessing the considerable resources within Australia for behavioural and social scientists to contribute to the crucial area of human behaviour and health. Here I refer to work required in an area wider than the traditional confines of mental disorder, but one in which ASPR members have so much to offer. The bulk of the mortality and morbidity in the world is now recognised to have major behavioural components. Advances in biomedical research are often of little use unless people choose to alter their behaviour. This holds for such important issues as fertility control, malaria eradication, coronary heart disease, lung and other cancers, alcohol and drug abuse and road accidents. But we know how exceedingly difficult it is to have people change their behaviour, at least in ways that are ethically and personally acceptable. I am glad to report that the Academy of Social Sciences in Australia, conscious of these issues, has now adopted the subject for rigorous action. It is a tough but deserving field. The ASPR should contribute wherever it can over the next two decades. It is a rich field for research and many would benefit.
- (5) ASPR should have helped establish an effective career structure for young research workers in Australia. In my own view, it is a national embracement that a young psychiatrist, having just obtained the membership, is offered \$11 150 (tax-free) on an NH&MRC scholarship if he or she is motivated enough to work for a PhD or MD. This sacrifice, in a very affluent country, bespeaks some distortion of what is thought at a national level to be worthwhile as an investment in the future.
- (6) We should have found ways to offer advanced research training for young psychiatrists and behavioural scientists from other countries in the Asian

region. At present, it is almost impossible to find funding for such applicants for more than a few weeks, yet I believe we have a responsibility to help in such training and would ourselves benefit from the interchange.

- (7) Most of us conduct our research in hospitals. A few have ventured into field studies in the general population. A very few have conducted research in the general practice setting. By 2000 AD, we should have tried to make a real assault on the psychiatry of general practice. It is a very deserving area, both for service-orientated studies and for fundamental research on illness behaviour and the management of mental disorders in the community.

Pervading all of these objectives is the need to nurture a spirit of inquiry. The rest will follow.

## **Australian Society for Psychiatric Research – Original constitution and Rules 1981**

### Constitutional Rules

1. The society shall be called “Australian Society for Psychiatric Research”.
2. The object of the Society shall be to promote research and psychiatry by disseminating information on psychiatric research carried out in Australia, providing methodological help to those involved in psychiatric research, and assisting in organisation of collaborative research of Australian research workers within and outside the country.

To achieve this object the Society will organise scientific conferences, workshops and other meetings, be instrumental in publication of reports on contemplated, progressing and completed psychiatric research in Australia, and use any other means as may from time to time be deemed appropriate.

3. The society shall consist chiefly of, and be governed exclusively by, Ordinary Members who alone shall have power to elect members and officers and to change the constitutional or the ordinary rules as is deemed appropriate or necessary.
4. Membership shall be open to professionally qualified persons with an interest in this field, at the discretion of the Executive Committee.
5. The constitutional rules of the Society shall not be altered or added to, either directly or indirectly by changes in the ordinary rules, unless more than four fifths of all the Ordinary Members of the Society shall vote in favour of such change.

### Ordinary Rules

#### General

1. The ordinary rules of the Society shall not be changed unless a majority of all the Ordinary Members voting at the Annual or a Special General Meeting shall vote in favour of such a change. Notice of the suggested change shall be given to the Secretary at least one month before such Annual or Special General Meeting and he shall notify all Ordinary Members of any suggested change at least one week before the Meeting. Any Ordinary Member unable to attend shall be allowed to vote by sending to the Secretary a voting paper, duly completed, five days before the meeting. The Chairman of the meeting shall add such written votes to those recorded by members attending in person.
2. The Officers of the Society shall consist of President, Treasurer, Secretary, and/or an Editor of any of the Society’s Proceedings, and Committee of up to five members.

3. The business of the Society shall be conducted by a Committee of Ordinary Members of the Society consisting of the Officer and five other Members. The Chairman of the Society shall preside at meeting of the Committee, at which four members shall constitute a quorum. The Committee shall have power to coopt.
4. The Officers of the Society and other member of the Committee shall be elected annually by a ballot of the Ordinary Members at the Annual General Meeting of the Society. The Officers and Ordinary Members of the Committee shall be eligible for re-election. Any vacancy occurring in the Committee during the year may be filled by the Committee until the next Annual General Meeting.
5. Nominations for the Officers of the Society and other members of the Committee may be put forward by the Committee or by any two Ordinary Members with the written consent of the candidates; nominations shall be sent to the Secretary at least one month before the Annual General Meeting.
6. The Officers shall present their reports at the Annual General Meeting.

#### Membership

7. The Society shall consist of Ordinary Members and Honorary Members.
8. Any Ordinary Member may propose candidates for membership of the Society by sending to the Secretary at least one month before the Annual General Meeting, their names and a statement of their qualification for election.
9. The Committee shall nominate, from the names proposed by Ordinary Members, candidates for election to the Society.
10. The candidates shall be elected by Members at the Annual General Meeting, or at a Special General Meeting.
11. One adverse vote to four favourable votes shall exclude a candidate.
12. The Committee shall be empowered to recommend the removal of a member of the Society if it is considered that the interests of the Society require it. Any such recommendation shall be submitted to a general meeting of the Society. If two thirds of the members present vote by ballot in support of the recommendation, the member in question shall thereupon cease to be a member of the Society.

#### Finance

13. An Annual Ordinary Subscription shall be due. Annual Subscriptions compounding membership with the right to receive any publication of the

Society which may be published. Subscriptions shall become due of 1<sup>st</sup> July each year.

14. Any member whose subscription is six months in arrears shall not receive further copies of any Journal or any printed proceeding in his capacity as a member of the Society.
15. Any member whose subscription is one year in arrears and who has been duly notified of the fact by the Treasurer shall cease to be a member of the Society, but shall be eligible for re-election upon becoming financial.
16. The Treasurer shall collect the annual subscription and he shall submit an audited account of the finances of the Society to the Annual General Meeting.

### Meetings

17. An Annual General Meeting shall be held at which the annual business of the Society shall be transacted. A Special General Meeting may be summoned at any time by the Secretary on the written request of ten Ordinary Members. At least six weeks notice of the Annual or any Special Meeting and one week's notice of the business to be transacted thereat, shall be given.
18. An affiliation with the appropriate professional organisations shall be obtained.

## **Australasian Society for Psychiatric Research - Revised Constitution and Rules (pre-2004 constitution)**

### Constitutional Rules

1. The Society shall be called "Australasian Society for Psychiatric Research".
2. The object of the Society shall be to promote research and psychiatry by disseminating information on psychiatric research carried out in Australasia, providing methodological help to those involved in psychiatric research, and assisting in organisation or collaborative research of Australasian research workers within and outside the region. To achieve this object the Society will organise scientific conferences, workshops and other meetings, be instrumental in publication of reports on contemplated, progressing and completed psychiatric research in Australasia, and use any other means as may from time to time be deemed appropriate.
3. The Society shall consist chiefly of, and be governed exclusively by, Ordinary Members who alone shall have power to elect members and officers and to change the constitutional or the ordinary rules as is deemed appropriate or necessary.
4. Membership shall be open to professionally qualified persons with interest in this field, at the discretion of the Executive Committee.
5. The constitutional rules of the Society shall not be altered or added to, either directly, or indirectly by changes in the ordinary rules, unless more than four-fifths of all the Ordinary Members of the society shall vote in favour of such change.

### Ordinary Rules General

6. The ordinary rules of the society shall not be changed unless a majority of all the Ordinary Members voting at the Annual or a Special General Meeting shall vote in favour of such a change. Notice of the suggested change shall be given to the Secretary at least one month before such Annual or Special General Meeting and he shall notify all Ordinary Members of any suggested change at least one week before the Meeting. Any Ordinary Member unable to attend shall be allowed to vote by sending to the Secretary a voting paper, duly completed, five days before the meeting. The Chairman of the meeting shall add such written votes to those recorded by members attending in person.
7. The Officers of the Society shall consist of President, Treasurer and Secretary.
8. A person elected as President, Treasurer or Secretary of the Society shall hold that position for a maximum of three years. The President shall be

elected one year prior to commencing office. During that year, he or she will be designated President Elect of the Society.

9. The business of the Society shall be conducted by a Committee of Ordinary Members of the Society consisting of the Officers, the President-Elect, six other members from Australia, and one from New Zealand. The Committee shall include a representative from each Australian state/territory in which there are Society members. The Committee may decide prior to an election that there are insufficient members in a particular state or territory to warrant representation from that state or territory on the Committee. The President of the Society shall preside at meetings of the Committee, at which five members shall constitute a quorum. The Committee shall have power to co-opt. The President of the Australasian Society for Biological Psychiatry shall be an additional ex officio member of the Committee.
10. The Officers of the Society and other members of the Committee shall be elected by a ballot of the Ordinary Members at the Annual General Meeting of the Society. The term for all members of the Committee is three years. The maximum time any Member can be on the Committee is nine consecutive years. Any vacancy occurring in the Committee during the year may be filled by the Committee until the next Annual General Meeting.
11. Nominations for the Officers of the Society and other members of the Committee may be put forward by the Committee or by any two Ordinary Members with the written consent of the candidate; nominations shall be received by the Secretary at least one month before the Annual General Meeting.
12. The Officers shall present their reports at the Annual General Meeting.

### Membership

13. Membership is open to any person engaged in psychiatric research.
14. Membership is subject to the approval of a simple majority of members of the Committee.
15. The Committee shall be empowered to recommend the removal of a member of the Society if it is considered that the interests of the Society require it. Any such recommendation shall be submitted to a general meeting of the Society. If two-thirds of the members present vote by ballot in support of the recommendation, the member in question shall thereupon cease to be a member of the Society.

### Finances

16. An Annual Subscription shall be due. Annual Subscriptions entitle members to receive any publication of the Society. Subscriptions shall become due on 1st July of each year.
17. Any member whose subscription is one year in arrears shall not receive further printed or electronic material in his/her capacity as a member of the Society
18. Any member whose subscription is one year in arrears and who has been duly notified of the fact by the Treasurer shall cease to be a member of the Society, but shall be eligible for re-election upon becoming financial.
19. The Treasurer shall collect the annual subscription and he shall submit an audited account of the finances of the Society to the Annual General Meeting.

#### Meeting

20. An Annual General Meeting shall be held at which the annual business of the Society shall be transacted. A Special General Meeting may be summoned at any time by the Secretary on the written request of ten Ordinary Members. At least six weeks notice of the Annual or any Special Meeting and one week's notice of the business to be transacted thereat, shall be given.