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**Launch of the Black Dog Institute**

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### **Speaking Points**

- The Mood Disorders Unit (MDU) was opened at Prince Henry Hospital in 1985, transferring to Prince of Wales Hospital in 1999. It was - and remains - the only research, treatment and referral service in the NSW public health system for those with depressive disorders.
- As a research unit it has been extremely successful, consistently funded by the National Health and Medical Research Council, and with its research recognized internationally.
- The MDU Clinic has focused on assessing those with severe and treatment resistant depression - now more than 3,000 people from all over the State, and indeed Australia. Many have received limited treatment – because of the prevailing Zeitgeist held by many professionals – that depression is an ‘it’, that ‘it’ is a disease varying only in severity, is due to a chemical imbalance and that it therefore requires physical treatment – a ‘one size fits all model’. Our research has established that depression is – like ‘pain’ – a symptom that can reflect a number of differing disorders, with quite varying causes, many benefiting from quite differing approaches and treatments. Thus, many of the people that have come to our clinic have neither received the right diagnosis nor the appropriate treatment.
- We elected then to move beyond our clinic-based approach and to aim for a higher standard of care for depression by diffusing our clinical and research experience into a set of state-wide services. The formation of an Institute – superbly chaired by Peter Joseph and supported by an extremely distinguished Board – has been an exciting event and indicative of community support. The State government’s establishment of a new Institute building at POW Hospital – including a Consumer Resource Centre – and the commencement of a number of new clinical programs represents a major step forward in addressing depressive disorders in this state. We are indebted to the Premier, the Minister of Health and to the Centre of Mental Health for supporting our set of strategies.

- What strategies? We move to expand our clinical services – with satellite clinics attached to Sydney hospitals and via a telepsychiatry service to rural areas – so that people will not have to commute long distances; we will establish a clinic for first-onset and early-onset depression and, once bedded down, create satellite clinics also. We will run educational programs for professionals and the public, and continue to evaluate new treatments. We will set up an ‘incubator’ – a ‘think tank’ for addressing public health strategies and turning an Elvis on ‘hot spot’ break outs.
- In recent years, the media has become well aware of the statistics – that depression is the most disabling public health disorder in the community. The mood effects are obvious –but can reach a stage of mental torture, or a state beyond despair. World War II exhausted Churchill, but it was depression that made him feel that he was finished – that Victory had “turned to sackcloth and ashes”. Its disabling effects are both direct – stopping people from getting to work and – even more importantly – stopping people from being able to work when they get there. Depression is also discriminating – selecting some 15% of the population to develop ‘clinical depression’ over their lifetime. And discriminatory. The inequity faced by those with depression is as important to recognize as the disability. Once inequity equated to cruelty – now it is often expressed by ignoring the issue - with depression a good example until recent times.
- For those who develop disorders such as diabetes, there are skilled professionals, increasingly sophisticated treatments and superb educational programs. While the genes for depression affect more individuals than the genes for diabetes, possess the first and you risk facing inequity, stigma and discrimination – whether from family, friends, employers, insurance companies – in addition to depression itself.
- The Black Dog Institute will auspice a state-wide program to bring the clinical management up to a similar level. Such management needs to be more informed, more sophisticated and more available. To attempt to deal with people who are depressed is not depressing – as depression is generally very responsive to treatment. That optimistic message requires organizational back up. Churchill fought against his own black dog as he fought other great fights. We hope that the Institute will deliver on some of the victories that are achievable.