



Mastering Bipolar Disorder

An insider's guide to managing mood swings and finding balance

Allen & Unwin

Edited by Kerrie Eyers and Gordon Parker, 2008

Transcript of speech by Michael Costa, Treasurer of NSW, when launching the latest Black Dog Institute Book, Mastering Bipolar Disorder, on 23 July, 2008.

I'm just I'm not apologising, I'm just pointing out that my daughter, the young girl there, the one that keeps yelling out "daddy" is not from a previous dalliance I may have had and being exposed at this particular event, that is my daughter and that's also my wife whom I couldn't talk out of coming today. She is a psychologist by training and we often have debates about which is the right approach to dealing with some of these problems and I'm as is known very sceptical about institutionalised theoretical frameworks and I won't talk about global warming today, people know my views on that. But one of the issues that got me motivated to spend some time looking at the theoretical aspects of mental illness was in fact Deborah's interest in the field in her own studies. In terms of my personal background in this area, I come from a family that has had to deal with mental illness from inception as a family in this country. My sister is a Schizophrenic and my mother suffered from a bipolar disorder. Unfortunately, I don't think it was diagnosed as a bipolar disorder, it was much more treated as an emotional condition with the usual use of emotional based drugs to try and moderate the extreme edges rather than deal with the problem itself. And that's not unusual; I come from a migrant background. Reference was made to me being Greek Orthodox. I said to somebody, and this was before I was invited to this event, that I would only go to an event that was hosted by the Black Goat Institute, given my ethnic background. Given a more interesting history of Winston Churchill's basis of using the term of Black Dog to describe his own battles with depression, I thought it was more appropriate to have a Black Goat Institute for people of an ethnic background, but there is a serious point to it. The serious point that I was making, was that particularly in the migrant community that these mood disorder behavioural problems do come with a great degree of stigmatisation. Part of it based on ignorance of the alternatives and treatments that are available but a lot of it is based on the ignorances associated with essentially largely uneducated cultures that confront the modernised world and treatments regimes within that world that don't make any sense. One of the challenges in dealing with depression, and I largely suffer from depression, but I don't want to put a spin on this that somehow all of the stories I read in the book, I can relate to. I surely can't. Some of those were examples that I found interesting from a personal point of view but found very difficult to relate to. Depressive illnesses and mood disorders themselves I think are issues we do have to confront as a society. As a Government you'd be aware that the NSW Government under the leadership of the Premier has taken a very direct role in establishing as priorities in the NSW Government in the health area; we are investing 1 billion dollars this year in mental health facilities and I can tell you the Premier is very keen to see that money role in a timely way. I get a call every second day from him looking at an additional grant to another institute that's dealing with these particular issues. I tried to explain to him that we are already providing record

amounts and that we ought to be a bit more prudent about this. I sometimes wonder whether the Premier himself ought to take back on the role of Health Minister or Mental Health Minister. He has such a passion about the issue. But it is good that we do live in a society, and we do live in a State, that the Premier is able to take leadership on the issue because it does require leadership.

Why I decided to come along here and talk about this issue wasn't so much because of the book; as I said I only managed to read it last night. People can draw their own conclusions about getting through it last night. I actually got another book out last night just to compare some of the case studies with another book that I've been reading on bi polar II . And it's an interesting book in that in one sense it highlights what I think is the more important problem with mood disorders and that is that they are so different and that they manifest themselves so differently. And one of the jokes I have with Deborah, is about the DSM, and for those who are not familiar with the DSM it is the diagnostic tool that's used. I call it the Disturbingly Simple Methodology. Because when you read it, they try and put a range of things into these broad categories that I don't think are helpful to be honest. It may well be helpful for clinicians in terms of dealing with it but there is a tendency to try and fit individuals within a stereotype. I think part of the stigmatisation that is around, and I'm talking about the new wave of stigmatisation amongst allegedly educated people is I think due to the DSM, and the way it's utilised. Now I can have a debate about that later on but I'm sure Deborah will have a go at me and she often responds "It's one thing to talk about the DMS but what about economics - and try to explain to me how come you put interest rates up to lower prices – I can't understand that". So I often have to get into a discussion about what she regards as a pseudo science as well as the science of economics.

In terms of the book itself, as I said, it is important that people do come forward and articulate the various manifestations of mood disorders. I actually don't like the terminology of mood disorder or even manic depression or even depression. It seems to me that this would be much more acceptable illness if it was described in different terms. Perhaps a serotonin surge, I can imagine then taking something to then reduce then not having the stigmatism Or a dopamine deficiency or something of that nature – where people then take something to correct that. I think that is important, because there is a tendency for many people to mis-associate mood disorder with intellectual impairment. I find that incredibly frustrating, and I find it frustrating in terms of the process of ensuring that people who do suffer from mood disorder are up front about it and do provide the role model that Gordon mentioned that's important.

I know in Politics for example that – and the background for my particular circumstances is that I didn't decide to come public with the fact that I suffered depression, a journalist decided to do some so-called investigative journalism and spoke to a range of people. And I've got to say some of those people were a bit too generous with knowledge that they had. And there was an article, I remember the headline 'The Mind of Michael Costa' - frightening prospect that was! And it was full of these unsourced quotes about how I dealt with a particular depressive incident. You know, I didn't contribute to that: I didn't participate in that interview because, firstly, I thought it was an invasion of privacy at the time, and, secondly I thought that the process of doing that within the context of policy debates again comes back down to this issue of intellectual impairment versus

mood disturbances. People can function quite well particularly under management regimes and operate at very high levels of competence with a mood disorder, provided they seek the appropriate management regimes and do all of those management regimes. The reason as I said that I decided to get involved, was that once that particular article was written, I had people come up to me, independent to the article, politicians and I won't name them, because I respect their right to make their own judgements about how they deal with mood disorders, and say to me 'look I read that article, I've got such and such a problem what do you think I should do?' and I quite often gave them advice to seek professional guidance and that the problems were manageable. But I did find that within that context that people were very reluctant, in political life and I'm only talking about political life, to come forward with their issues relating to mood disorders and the reason for that is that politics is a contact sport, and I notice you had sportspeople, Andrew Johns being one of them and I'm the patron of the Newcastle Knights for those of you that don't know and Andrew was our star player and I wish he was still there. We'd be doing a lot better than we are at the moment, but clearly it is a contact sport: it is a sport where aggression and ad hominem arguments are par for the course, and the temptation is too great for people in politics to use any weakness as part of an argument around what I think is an illegitimate way of dealing with a policy issue.

Now I'm big enough and ugly enough, to take that, and I can take more than has been dished out. In fact, one of my children, my son, actually said to me on the weekend that I was a 'hate sponge' and I actually like that analogy because I can take as much as people can dish out: it really doesn't affect me. And that really does come down to the issue of professional life and the challenges that are associated with that and the environment that you're in, versus what I see as essentially a chemical deficiency that needs to be treated with appropriate intervention and professional help and with that treatment people can lead very productive lives and operate at high levels of achievement. But politics being what it is, the temptation for people, particularly those with very weak arguments, to attack people for conditions they have is overwhelming in many cases. I just know that we've got a couple of debates going on at the moment in NSW, a very challenging one in terms of electricity supplies and I know that my views on this were characterised as being a function of my manic depression. You talk about stigmatisation, and you talk about an enlightening environment, well let me read you this that was in a major newspaper – "A senior labour figure has questioned the mental health of the NSW Treasurer, Michael Costa, over his handling of the electricity privatisation debate warning that his self-declared problems with manic depression have scuffled a deal". Now if you think you're living in an enlightened world and then you read something like that you realise how far we've got to go, particularly in the realm of politics. There is absolutely no question that people will continue to be very, very cautious about taking not only steps in terms of publicly providing that leadership role from the political sense, but also in a personal sense xxxxxx (tape malfunction) Now for somebody like me it doesn't bother me because I give as good as I get, some say I give better than I get, and I intend to continue to do that, but for others that are out there that ought to come forward. I think the book itself is very important because it does provide case studies and personal examples of people who still have to function in the world but with appropriate intervention, appropriate support, they're able to do that.

The final point I want to make is the one I did make in that maiden speech. My interest in this area again, came from the fact that I came from a background where I had a sister that was a schizophrenic, two parents that were not well educated and my mother is now deceased but she finished school, and this is a very common migrant experience, she finished school I think in third or fourth class, had a manic depressive illness

herself, had to cope with a schizophrenic daughter at a time when her own condition wasn't particularly well managed itself. All of that leads to complications in terms of how these things are managed. I think that the more we can bring to light, particularly through some of our migrant communities, the problems associated with these particular conditions and the fact that there are appropriate treatments and the stigmatism is a stigmatism that belongs to a different world and a different state of knowledge. We do ourselves a great service as a community to promote that. I wish I could say we've come a long way. My example, and I could give you other examples of similar attempts to use illegitimate methods of debate to deal with issues that ought to be debated on their merits, indicates to me that we've still got a long way to go. So I'm quite happy to be here today to say that people with mood disorders, be they depression, be they the bipolar extreme, there is government support through the money we're putting in, the services we're putting in, there are professionals that are prepared to provide the institutional and medical support that's required to do all of these things and there are people that recognise that these issues are part of the human condition.

The other book I was reading last night and I won't mention that because we're here to launch this one, pointed out that the condition bipolar II, and I think there's a subset called bipolar II B, which is beneficial, up to 6% of the population may actually have that and that section of the population tend to be our political leaders, our corporate leaders, our academic leaders and our broad leadership of our society. So if you've got that sort of prevalence of these conditions, these mood disorders, within the leading strata, and I don't mean in the value sense I mean it in a leadership sense, you can clearly see that even on the record those people are out there making it obvious that they've had to deal with these conditions is a small proportion of the people out there who are likely to have a mood disorder that needs to be dealt with.

I'll thank you for asking me to come along. We look forward as a government to ongoing support, certainly under this premier you will find the resources are there, the resources and the commitment to make the changes that are required to remove not only stigmatisation, but also to ensure that the financial and material support that's required to deal with mood disorders is dealt with. I think there's a long way to go. I'd like to see a position where when my kids are my age this is commonly accepted as a condition, as I said I'd rather see the terminology changed a bit so that people realise that it is by and large a chemical issue that can be dealt with through medication and appropriate support with that medication. And on that basis that we recognise the value that people with a mood disorder can have on a society and that that value is also recognised in a way that's constructive to them and the community they live with.

So with those few words I'm very please to officially launch 'Mastering Bipolar Disorder'. I think it will add to the armoury of literature that's out there that helps people not so much with self-diagnosis but with an understanding that conditions they think are intrinsic to their personality may well be conditions that require some support and assistance, and I congratulate the authors and all involved.