

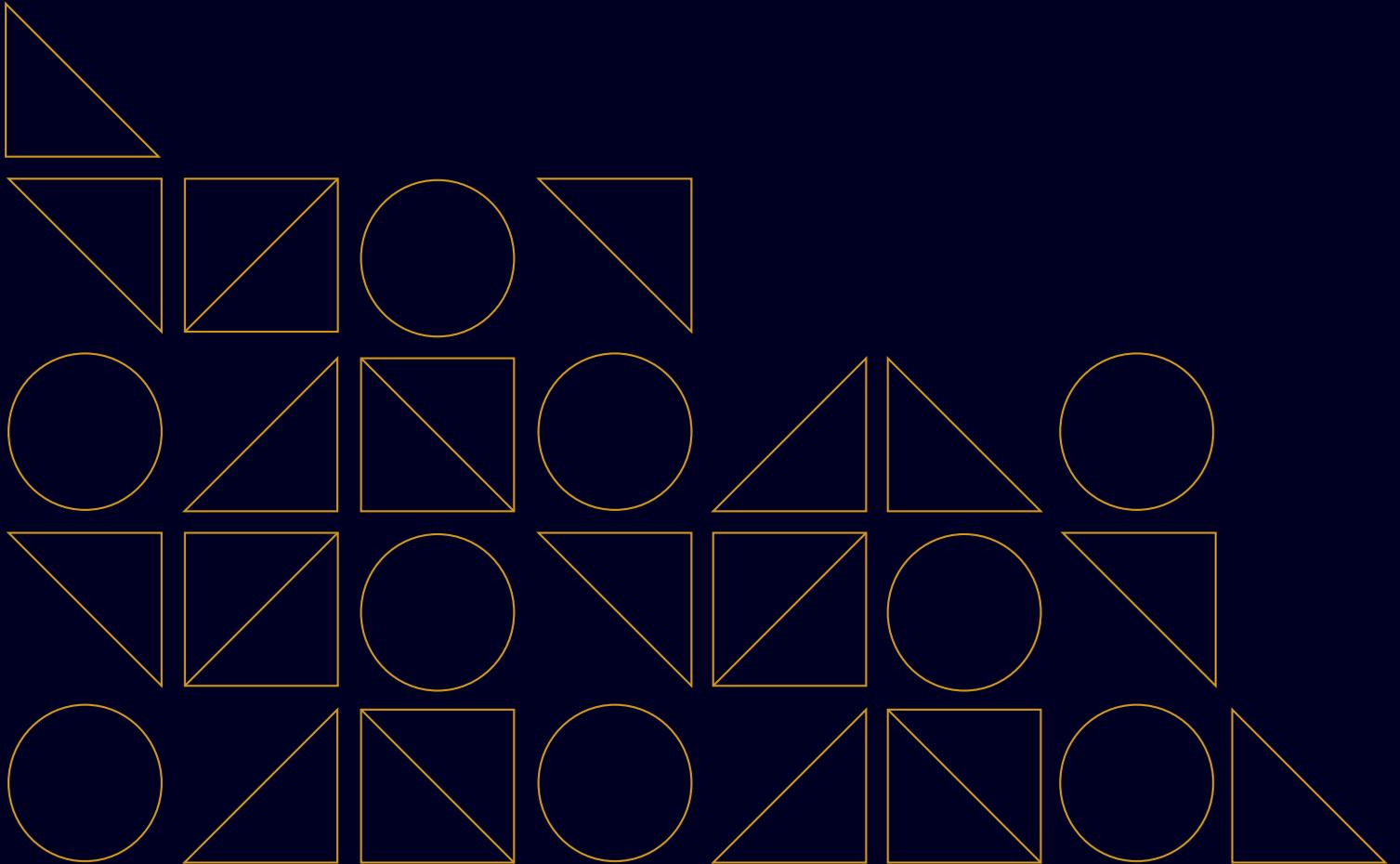


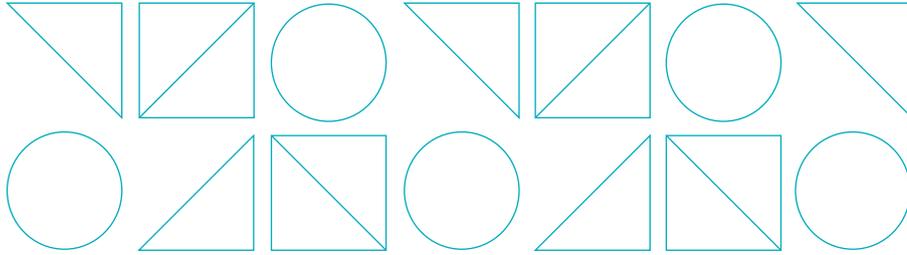
RANZCP  
Foundation

ANNUAL  
REVIEW

2020

Transforming mental health care,  
creating a world of potential





### Our vision

Transforming mental health care, creating a world of potential.

### Our mission

By promoting research and fostering innovation and partnerships, we will build knowledge and skills. We will support individuals, families

and their communities to achieve and maintain mental health and wellbeing throughout the lifespan.

**We do this by supporting and encouraging clinical work, research, partnerships, special projects and initiatives to improve the mental health and wellbeing of communities.**



Clinical work



Research



Partnerships



Special projects  
and initiatives

# The year in review

By now, it goes without saying that 2020 was a uniquely challenging year for all of us. I am pleased to report that, despite the hardships of the bushfires and the global coronavirus pandemic, the RANZCP Foundation has continued to grow.



**Dr Elizabeth O'Brien**  
Chair, RANZCP  
Foundation Committee

During 2020, we saw an encouraging uplift in both the number of members choosing to donate and the overall amount received. For this to happen during such a difficult period is a testament to our members' collective generosity and their commitment to improving the mental health of our communities. My sincere thanks to all who donated.

Throughout the pandemic, the RANZCP Foundation continued to direct its focus to supporting psychiatric researchers. We took significant steps toward establishing a new grants program that will enable members to translate their research ideas into action.

#### Some key highlights for 2020 included:

- › supporting nine College trainees and Fellows to undertake new research projects in psychiatry
- › using donated funds to facilitate an additional research project through our successful RANZCP Foundation Early Research Career Grant program

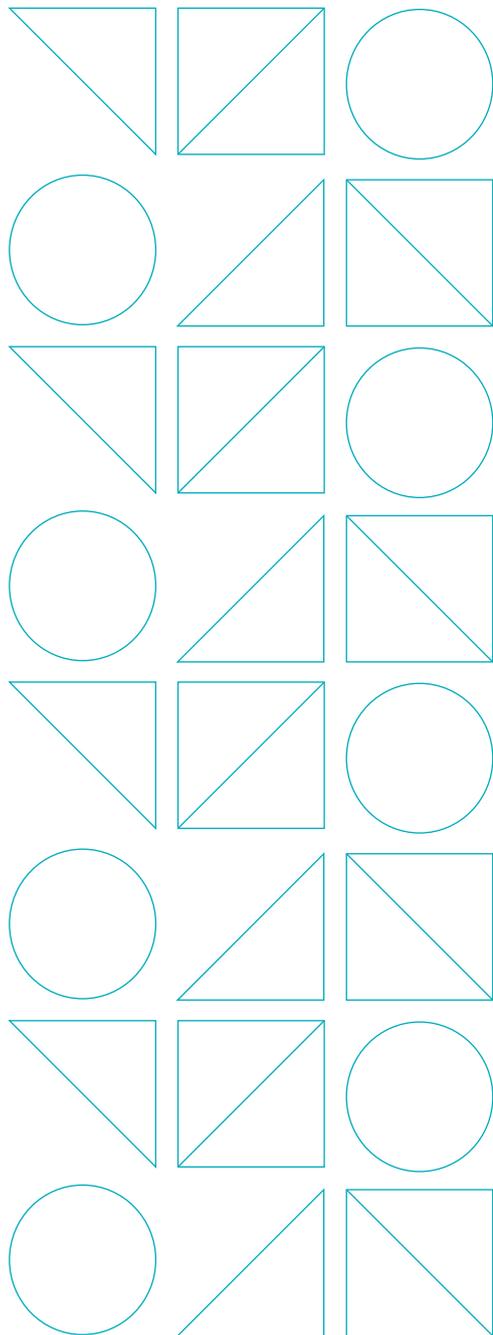
- › confirming a major future bequest to be named in honour of a past Fellow
- › deepening our understanding of donors' motivations and aspirations for the Foundation
- › expanding the matched dollar-for-dollar donation contribution from the College, increasing from \$5,000 to \$50,000 per annum
- › working towards securing tax-deductible status in New Zealand
- › continuing to build the Foundation's profile and reputation amongst members

Although the Foundation is making promising advances, we are still limited in how much impact we can have. To continue funding psychiatric research and other initiatives now and into the future, we depend on your support. The story of Catherine Kennedy honouring her father's memory and achievements through the *Alexander Wallace de Winton Murdoch*

*Legacy* featured in this Annual Review is a moving and inspiring example of the value of philanthropic endeavour.

This message marks my last as Chair of the Foundation Committee, as I will be stepping aside in May 2021. I wish to thank my colleagues on the RANZCP Foundation Committee for their vital work in helping to establish the Foundation. I am honoured to have been part of the RANZCP Foundation's early journey and I look forward to seeing it achieve its ambitious aims.

As we navigate a very changed world, the importance of mental health and wellbeing has never been clearer. We must nurture the next generation of psychiatrists so that in the years to come, our communities can be supported through evidence-based care backed by world-class research. With your support, the RANZCP Foundation will contribute to this aspiration.



# About the RANZCP Foundation

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The RANZCP Foundation is the College charity that raises funds and manages an annual grants, scholarships and awards program to provide RANZCP members with opportunities to apply for financial support to undertake world-class psychiatric research and projects.

The RANZCP Foundation is committed to advancing these areas:

- 1 PREVENTING AND TREATING MENTAL ILLNESS**
- 2 SUPPORTING THE MENTAL HEALTH OF DIVERSE COMMUNITIES**
- 3 MAINTAINING MENTAL HEALTH AND WELLBEING ACROSS THE LIFESPAN**

We work with donors and other stakeholders to translate donations and gifts received into research and initiatives that benefit the mental health and wellbeing of communities.

100% of donations made to us go to funding grants, and all operational costs of the Foundation are fully supported internally by the RANZCP.

Donations are an allowable tax-deduction in Australia only.

The RANZCP is a registered charity with the Australian Charities and Not-for-profits Commission.

# A message from the RANZCP President

As we all reflect on 2020, I want to firstly extend my sincere thanks to the inaugural Chair, Dr Elizabeth O'Brien as well as the RANZCP Foundation Committee for continuing the profoundly positive direction that the Foundation continues to take. I commend Dr O'Brien for her professionalism and stewardship of the College charity during this time. As she now steps away from this role, Dr O'Brien leaves the Foundation poised for future success.



Associate Professor  
John Allan  
RANZCP President

Now more than ever, safeguarding the mental health of populations sits high amongst the many public policy considerations for current leaders. In a year that commenced with the catastrophic bushfire disaster, and was soon followed by the global coronavirus pandemic, we could never have expected the significant mental health toll that these incredibly stressful events would bring with them.

We know that the mental health impact of the pandemic will cast a shadow for consumers and communities beyond 2020, and the long tail effect will continue to be endured for some years to come. Despite the comparative successes of Australia and New Zealand in responding to the immediate physical public health risk, the challenge of ensuring the mental health and wellbeing of our local populations continues to rise towards the top of our communities' collective concerns. For younger people especially, COVID has brought forward our obligation to seek out new treatments and discoveries in psychiatry to ensure good mental health across generations.

Whilst the social, economic, cultural and health recovery process will continue to take years, it will also be a catalyst for innovative approaches to clinical treatments. The changed charitable and philanthropic landscape undoubtedly places several extra hurdles on the road for the foreseeable future. Having said that, with the emergence of the RANZCP Foundation as the charitable arm of the College, we have increased our capacity to encourage greater investment back into the mental health of our communities.

As the RANZCP Foundation now enters its third year, it is my hope that the Foundation can be one of several guiding lights we have in the College to take us towards a brighter horizon. Let us not lose our collective focus on the potential we all have within ourselves and our colleagues to be a positive force for all that psychiatry can become now, and for the future.

Thank you for your continued support.

# RANZCP Foundation leadership

The RANZCP Foundation is overseen by a senior advisory committee reporting directly to the RANZCP's Board of Directors.

The RANZCP Foundation Committee provides overarching advice and direction for the Foundation, and is responsible for advancing its strategic objectives. These include the promotion of scholarship, research and training in psychiatry in Australia, New Zealand and neighbouring regions.

The RANZCP Foundation Committee members between May 2019 and May 2021 were:

- › Dr Elizabeth O'Brien (Chair)
- › Associate Professor John Allan
- › Dr Peggy Brown AO
- › Professor Gerard Byrne
- › Dr David Chaplow QSO
- › Professor Malcolm Hopwood
- › Dr Nick Kowalenko
- › Professor Gin Malhi
- › Professor Helen Milroy
- › Dr Murray Patton
- › Professor Dan Siskind.



*Members of the RANZCP Foundation Committee (left to right): Professor Dan Siskind, Professor Gerard Byrne, Professor Malcolm Hopwood, Dr Elizabeth O'Brien (Chair), Dr Peggy Brown, Dr David Chaplow, Dr Murray Patton.*

*Not pictured: Associate Professor John Allan, Professor Gin Malhi, Professor Helen Milroy, Dr Nick Kowalenko.*

The work of the RANZCP Foundation is supported by its patrons, Professor The Hon Dame Marie Bashir AD CVO (Australia) and Emeritus Professor Sir Mason Durie ONZ KNZM (New Zealand).



# 2020 financial summary

**\$281,044** balance of Foundation funds  
(as at 31 December 2020)

<b>\$234,582.47</b> balance carried forward from 2019	<b>\$23,855.81</b> total new donations received in 2020	<b>\$22,519.81</b> matched donations from RANZCP Board (dollar-for-dollar up to \$50,000 annually) <sup>1</sup>	<b>\$85.92</b> bank interest accrued on total RANZCP Foundation funds in 2020	<b>\$281,044</b> balance of Foundation funds (as at 31 December 2020)	<b>(\$442,790.22)</b> Balance of Kinsman Family Bequest Fund as at 31 December 2020 <sup>2</sup>
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## Donations received

**136**

number of individual donations received from members in Australia, New Zealand and overseas

**+17%**

increase in average donation amount from 2019

**+57%**

increase in total amount received from 2019

**+22**

increase in number of members who donated from 2019.

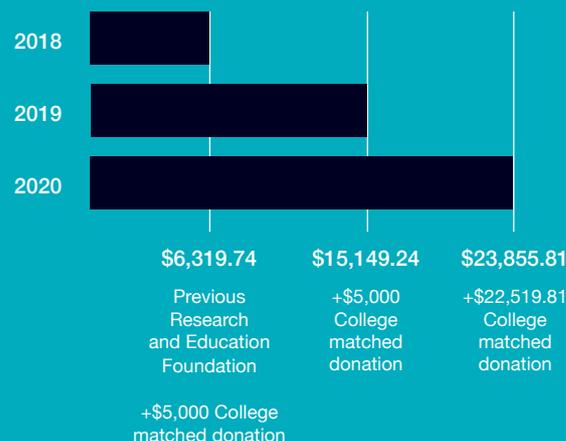
**\$155.53**

the average amount given by each donor

**\$2,500**

the highest individual donation received

## Donations growth



- › All figures stated are in \$A.
- › In 2019, all grants were funded from RANZCP operational budgets, the Trisno family donated funds, and the Kinsman Family Bequest Fund.

1. The College has provided the final matched donation contribution to the Foundation of \$1,336 in early 2021.
2. The Kinsman Family Bequest Fund has been consolidated into Foundation funds balance in 2020 and will continue to only be used in line with the bequest's purposes.

# The Alexander Wallace de Winton Murdoch Legacy

Upon reflecting on his extraordinary life and career as a psychiatrist, Catherine Kennedy decided to commemorate her father with a bequest to the RANZCP Foundation. She knew that he needed to be remembered and recognised not only by family and friends, but also by the College, which was only in its formative stages at the time he practiced psychiatry.

While she was only thirteen when he passed away, Ms Kennedy vividly recalls that at his funeral, the chapel was so full that people were spilling into the gardens and street. His life and career had been cut short, but his impact was profound. This was especially remarkable given some of the perceptions of psychiatry at the time.

Throughout her own career working in healthcare, the value of her father's contributions to psychiatry became even clearer to Ms Kennedy, giving her the motivation to commemorate his life:

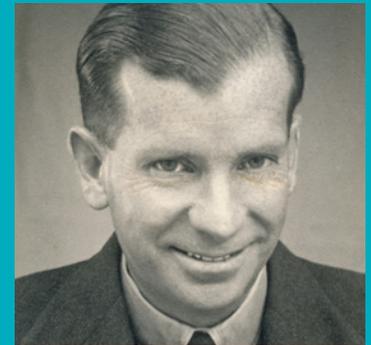
**'I believe it is important for today's consultants to understand where it all started and how it evolved, and to know a little about the pioneers that made it all happen.'**

With this, Ms Kennedy established The Alexander Wallace de Winton Murdoch Legacy, which will focus on two distinct sub-specialty areas: forensic psychiatry, and military and veterans' mental health. She remembers that:

'In his early days of being a consultant, Dad was an on-call psychiatrist to the police and prison services. As I recall, anyone "nicked" was allowed to ask for psychiatric assessment. Hence my familiarity with the Victorian prison system.'

Ms Kennedy also recalls her family's strong connection with military service in major global conflicts, and that her father was a commissioned officer in the Melbourne University Regiment, however he never saw service due to his disease that interrupted his medical degree by nine years.

Gifts like Ms Kennedy's honour her father's memory and achievements, while helping to break new ground for psychiatry. By establishing bequests, we can preserve our history while transforming the future of mental health. The RANZCP Foundation is deeply grateful to Ms Kennedy for choosing to establish this future legacy.



# About Alexander Wallace de Winton Murdoch

14 May 1910 – 29 April 1961

**Alexander Wallace de Winton Murdoch was born in Kalgoorlie, the only child of Myra Alice Murdoch and Henry Murdoch. The family moved to Melbourne in 1921 where Winton continued his education at Haileybury College, Camberwell Grammar School, and from 1924, Melbourne Grammar School.**

Leaving school in 1927, he obtained a position with Commonwealth Fertilizers & Chemicals Ltd but was appalled by the monotony and what he regarded as the uselessness of clerical work. He enrolled as a medical student at the University of Melbourne in 1932. He also joined the Melbourne University Regiment, gaining his commission in 1934. The following year he sustained a serious knee injury whilst playing hockey for the University, causing a break of nearly a year from his studies.

He resumed and passed pathology, but after completion of that fourth year, Winton was diagnosed with ankylosing spondylitis. The disease affected virtually every joint in his body, and condemned him to nine pain-filled years in hospital. At first his hospitalisation was in the dry warmth of Mildura, and then later in Sydney where he underwent radiotherapy in an attempt to slow the progress of the disease. It was during these years that he realised he had to plan for a life on crutches. His orthopaedic surgeon offered him the choice of being a 'straight man' or a 'bent man'. Fortiter et recte, he chose the former. Although he was often in pain, the courage he displayed then and for the rest of his life became evident to those who knew him. Ever cheerful and full of humour, fun,

and loving a game of poker, he was never known to bemoan his fate or complain of his illness.

By 1946 the disease had burnt itself out leaving the former first-class tennis player and athlete rigidly immobilised from head to foot. Fortunately, his arms and hands were spared.

Winton returned to Melbourne in 1946, and married his childhood sweetheart, Enid. Their daughter Catherine was born in 1947.

1947 also saw Winton resuming his final year of medical school. He stood erect on his crutches through clinics and lectures writing his notes on a stool placed on the top of his desk. In later years, Winton would joke about his endeavours to keep up with the physical progression of ward round, or a visit to a special hospital. His good humour and lack of bitterness were a source of delight and wonder to all who knew him.

Following his graduation in 1948, Winton was appointed as a Medical Advisor to the Sigma Company and 'dabbled' in General Practice. With encouragement of others including the eminent Dr Ainslie Meares, who was to become his mentor, Winton found his professional niche in the newly emerging speciality of psychiatry. His first appointment was as a clinical assistant at the Royal Melbourne Hospital. In 1950, he commenced in private practice. Two years later he was appointed as an Honorary Medical Officer at the Alfred Hospital, and in 1955 he was appointed as a Specialist Psychiatrist to the Repatriation Department.

His innate wisdom and common sense, his shrewd judgement of people and their

problems, and his avid reading of a wide field of psychiatric literature served to underscore the appropriateness of his career choice. After early struggles with the sceptics of psychiatry, he eventually gained a reputation both among the many general practitioners who referred patients to him, and among his peers. Winton was recognised as having the qualities that make a first class consultant – sympathy, understanding, and knowledge of diagnostic pitfalls coupled with a tolerance and humility that come only from awareness and the ability to help people overcome their problems. In this, his own victory over disability was an inspiration to his patients, and colleagues alike.

In 1959 Winton and Enid travelled to the United Kingdom where Winton visited the leading psychiatric hospitals and did some postgraduate work. Unfortunately, it was during this trip he developed angina and his condition worsened upon return to Australia. However, his courage, humour and love of his work remained until the end. Incredibly he worked until the day before his death, and would have been seeing patients on his final day, had it not been a Saturday. He died aged 50, a 'straight man' to the end.

**Bequests such as The Alexander Wallace de Winton Murdoch Legacy will enable and support important future psychiatric work. Please contact us if you are interested in developing a gift or future bequest.**

## The Beverley Raphael New Investigator Grants

### DETECTING AND MANAGING PTSD AMONGST NEW MOTHERS

Pregnancy and childbirth are complex life events. For some, childbirth is perceived as a traumatic experience. Post-traumatic stress disorder (PTSD) is generally reported to affect 3-4% of women following birth, and 15-19% of women who have had complications associated with their birth, such as requiring an emergency caesarean section. Post-natal PTSD can have a negative impact on a woman's quality of life, the relationship with their infant, and their future reproductive choices.

This project aims to improve the way we detect and manage post-natal PTSD in women. It involves two distinct but related components.

**1. Early detection of post-natal PTSD through implementation of a self-report screening tool:**

We evaluated an adapted version of the City Birth Trauma Scale in order to identify women at risk of developing post-natal PTSD. Data analysis is underway, and we anticipate this will contribute to the expanding body of literature which suggests that the City Birth Trauma Scale is a reliable and valid measure of post-partum PTSD.

**2. Development of an innovative, operationalised psychotherapeutic treatment method:**

There is no consensus regarding the most appropriate treatment modality for PTSD which develops following childbirth. We have additionally developed a brief, structured therapy titled Narrative Behaviour Therapy (NBT) to manage post-natal PTSD. NBT draws upon principles of cognitive behavioural therapy, prolonged exposure, and narrative exposure therapy; methods which have evidence supporting their use in the treatment of PTSD.



**Dr Hannah Dobson**  
RANZCP Trainee

The Beverley Raphael New Investigator Grants provide a number of small grants up to a combined total of \$20,000 annually to RANZCP trainees or recent Fellows to facilitate research projects.

### ESTABLISHING A LINK BETWEEN SCHIZOPHRENIA AND DEMENTIA FOR IMPROVED LONGEVITY

Schizophrenia and dementia are both characterised by significant cognitive decline, functional impairment, and early mortality. Many individuals who experience these conditions require supported care and are at risk of a range of physical co-morbidities.

While advancement in psychiatric treatment and management has resulted in an increasing lifespan in schizophrenia, it is expected that there may be more individuals with schizophrenia being diagnosed with dementia. However, the association between schizophrenia and the risk of subsequent dementia remain unclear and is an area of limited study. Given the significant impact of a dementia process in individuals with established schizophrenia, research into this area is important.

The aim of this study is to explore characteristics and risk factors for a dementia diagnosis in schizophrenia, along with the impact that a dementia diagnosis has on mortality. It will incorporate information obtained from AIHW mortality records and the clinical database of the Neuropsychiatry Unit at Royal Melbourne Hospital.



**Dr Anthony Hew**  
RANZCP Trainee

## INVESTIGATING MANAGING ANXIETY IN OLDER PEOPLE WITH PSYCHOTIC DISORDERS

Although anxiety symptoms in people with schizophrenia have long been described, the concept of anxiety in this population is not well understood. Despite comorbid anxiety symptoms being a source of considerable suffering, they are often not identified and clinical emphasis is directed towards management of delusions and hallucinations using antipsychotic medication.

Our study will measure the prevalence and correlates of clinically significant anxiety in older people with a psychotic disorder, with focus on the associations between psychotic symptoms, anxiety, and cognitive function. We will then determine whether this anxiety is part of an anxiety disorder, which then can be treated according to consensus guidelines that are currently based on recommendations for people without a psychotic disorder. If the anxiety is not part of an anxiety disorder, and as such occurring as an epiphenomenon, we will aim to develop a draft management protocol ready for field-testing with consumers, carers, and clinicians.



**Dr Magdalena Hagn**  
RANZCP Trainee

## USING PATIENT PERSPECTIVES TO IMPROVE ADDICTION TREATMENT PROGRAM OUTCOMES

Addiction treatment programs are effective in reducing substance use and improving the health and social function of patients with substance use disorder, as well as reducing public health and safety risks. Acute withdrawal management in detox facilities usually cannot suffice as stand-alone treatment but can be crucial points of entry for further treatment.

Previous studies show that addiction treatment programs including detoxification admissions often face high treatment dropout rates with subsequent high risk of substance use relapse. Studies into the factors that influence treatment outcomes have usually focused on patient psychosocial factors, patterns of drug use and health service characteristics. These studies have been limited, particularly in the Australian context. Results are inconsistent, particularly due to the heterogeneity of sample populations, treatment settings and the varying definitions of treatment 'drop-out' or 'discharge against medical advice'.

This study will aim to obtain a patient-centred perspective of the themes behind reasons for early discharges against medical advice, and to provide some insight into barriers for treatment completion. Ideally the themes explored may contribute to a better understanding of these barriers and hopefully contribute to optimising addiction treatment programs outcomes for our patients.



**Dr Daniel Pham**  
RANZCP Trainee

## The RANZCP Foundation Early Research Career Grants

The Early Career Research Grants are designed to encourage innovative research in psychiatry and to encourage those who might be new to research or intend to have a career in research, by providing up to \$10,000 in funding.

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### SEEKING CLARITY: HOW TO TREAT HALLUCINATIONS WITHIN DIFFERENT PATIENT GROUPS

Mental health professionals and the general community commonly believe that 'hearing voices' or 'seeing visions' is a sign of a psychotic disorder. However, diagnosing a psychotic disorder in these individuals is not always justified. In fact, many people who seek treatment for chronic and distressing auditory hallucinations have no other psychotic symptoms, preserved reality-testing capacity, and will never develop a schizophrenia spectrum disorder. Antipsychotic medications should be discouraged in individuals without psychosis, as their action on striatal dopaminergic mechanisms will not have the desired clinical outcomes and the side-effects can be disabling.

In this research we intend to examine the experience of hearing voices and dissociation, in three groups: those with PTSD, those with schizophrenia and those who fulfill both diagnostic criteria. We have found in previous research, a significant link between dissociative amnesia and hallucinations in trauma-exposed individuals but not those with schizophrenia, supporting a potential clinical strategy to differentiate the groups. We intend to continue this research in an effort to recruit more participants to improve our statistical power and further explore the phenomenology.

We will also develop our research in two areas. Firstly, we will examine cognitive beliefs about voices, in order to further clarify the experience of hearing voices in the three diagnostic groups. Secondly, given the lack of available literature on visual hallucinations, we would like to extend this study to examine this area in schizophrenia and PTSD. Despite visual hallucinations being recognised in people with schizophrenia and with PTSD, auditory hallucinations are often the only symptoms that clinicians commonly inquire about. This extension will provide more information about the phenomenology of this experience in individuals with varying diagnoses.

In summary, we look to explore important and clinically significant differences in the experience of hallucinations in three patient groups. The hypothesis is that there are significant differences in the phenomenology between the groups, particularly in the area of dissociation. Clarifying these differences will be helpful clinically in the management of hallucinations.



**Dr Deborah Wearne**  
RANZCP Fellow

## The Pat, Toni and Peter Kinsman Research Scholarship

The Pat, Toni and Peter Kinsman Research Scholarship, supported by a bequest from the Kinsman family, was established in 1996 to encourage research into post-natal depression in women in Australia and New Zealand. The Scholarship comprises a sum of up to \$50,000 over a two-year period.

### IMPROVING DEPRESSION IN INDIGENOUS MOTHERS USING ART AND HEALTH EDUCATION

During 2020, research funds were used to employ an Aboriginal research assistant who successfully completed a five-week pilot program in three Aboriginal organisations in the Taree-Forster area (despite the bushfires, and then the pandemic). Women were engaged into the program by use of art. Traditionally, Aboriginal toys were items made from carved wood, shells, grasses, wood, leaves, bark and other organic materials such as clay, animal bones and manure. This traditional art form was chosen for cultural relevance and for simplicity to allow women to focus upon the health component of the intervention. This consisted of yarning (psychoeducation) about the following topics: social and emotional wellbeing, self-care, post-natal depression, attachment, infant feeding, infant behaviour and domestic violence.

Twenty-three women participated in the pilot. Initial analyses indicate significant improvement immediately after each session in the domains of mood, confidence and calmness. There was also a significant improvement in the connectedness subscale of the Growth and Empowerment Scale from baseline to after completion of the five-week intervention. A non-significant but improving trend existed for the total scores of both the Aboriginal Resilience and Recovery Questionnaire and the Social Support Survey.

ArtsHealth participants commented that:

**‘I really enjoy spending time with everyone – sharing my story with others allows me to feel strong within myself, and being around an understanding group really helps me feel normal. Thank you so much’**

**‘Was great and was very soothing therapy – would love to be here every week’**

**‘Today was awesome, it was relaxed, I came out of my shell and spoke a lot more and it was good to talk and laugh with people out of my friend circle’**

The research team are now planning a longer intervention which will be provided to a larger group of Aboriginal mothers struggling with depression.



**Dr Beth Mah**  
RANZCP Fellow

## The Trisno Family Research Grant in Old Age Psychiatry

Supported by an ongoing donation from Dr Roth Trisno and family, this grant works to address the need for more research in the prevention, diagnosis, management and continuing care strategies for mental health conditions in older people. Two grants of up to \$5,000 can be awarded each year.

### A PATIENT AND CARER-FRIENDLY TOOL TO ASSESS FRAILITY

Frailty is the state of increased vulnerability to adverse outcomes among people of the same chronological age. It is a dynamic process, where improvement is possible. It is essential that frailty is identified and treated early to suggest appropriate preventative and rehabilitative actions to be taken to slow, prevent, or even reverse decline associated with frailty.

The Pictorial Fit-Frail Scale (PFFS) was designed to allow rapid assessment of frailty. It was developed in 2012 and it takes about 3-4 minutes to administer. Previous frailty scales mainly take into account the clinician's viewpoint. However, this scale allows us to involve patients and their carers' perspectives along with that of the clinician.

Dr Vivek Phutane is an advanced trainee in old age psychiatry in Shepparton, Victoria. He was awarded the Trisno Family Research Grant in Old Age Psychiatry to carry out his research project 'Testing the Pictorial Fit-Frail Scale (PFFS) at the Aged Persons Mental Health Service (APMHS) in Rural Australia', which will test the feasibility, reliability, and validity of the PFFS. In doing so, Dr Phutane aims to improve the frailty assessment by using a test which is simpler, easier to administer, more sensitive to cultural differences, and more practical in approach for identifying frailty compared with previous frailty scales. By validating a patient and caregiver-friendly scale, this project might contribute to early detection and management of frailty, which will ultimately help reduce mortality and morbidity associated with frailty and improve quality of life of older people.



**Dr Vivek Phutane**  
RANZCP Fellow

## The RANZCP Psychotherapy Research Award

This grant encourages research in psychotherapy among RANZCP trainees and recent Fellows in Australia and New Zealand.

### WORKING WITH PATIENTS TO MORE EFFECTIVELY TREAT MAJOR DEPRESSIVE DISORDER

Major depressive disorder (MDD) is one of the most prevalent of all psychiatric disorders and as a medical condition, is one of the most disabling. The lifetime prevalence of MDD is approximately 17% of the population and it results in immense personal and secondary costs to society.

Given the individual and societal consequences of undiagnosed or sub-optimally treated MDD, it makes intuitive sense to develop ways of relating with depressed individuals that heighten their chances of recovery and promote treatment adherence, while improving their quality of life. Most evidence-based treatment approaches to MDD endorse combining psychopharmacologic and psychological therapies; however, a critical and often neglected component of any treatment effort is the person with the illness. Within this patient-centric paradigm, psychoeducation is endorsed as a means of empowering patients to increase self-understanding of their illness so as to effect their own change.

This study aims to obtain preliminary evidence of the feasibility and effectiveness of a brief training module designed to enhance the quality of the working alliance between patients with MDD and psychiatric registrars. It also aims to better understand the perceptions of the barriers and facilitators to delivering psychoeducation, and establishing a therapeutic alliance with depressed patients, from the perspective of psychiatric registrars.



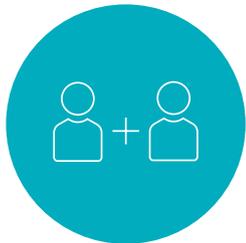
**Dr Dwain Burridge**  
RANZCP Trainee

**Dr Eliot Frickey**  
RANZCP Trainee

# Support the RANZCP Foundation today

Your donation will fund research and initiatives in psychiatry that will make a positive change to the mental health of our communities.

Please talk with us about:



## Building new grant programs

We can design new grant programs and projects that align with your aspirations and our vision and mission.



## Bequests and gifts

Whether for general or specific purposes, your bequest or gift can have a lasting impact. We will ensure that your gift is co-designed with you and applied to reflect your wishes.



## Strategic partnerships

We welcome new strategic partnership opportunities with philanthropy, business, government and healthcare.

The Foundation acknowledges the generous support of the following major benefactors:

- › The Trisno Family, for The Trisno Family Research Grant in Old Age Psychiatry
- › The Kinsman family, for The Pat, Toni and Peter Kinsman Research Scholarship into post-natal depression in women

Donation options are available on our website: [ranzcp.org/ranzcp-foundation](http://ranzcp.org/ranzcp-foundation)



# 100%

**of your donation will go directly to funding grants.**

All operational costs of the Foundation are fully supported internally by the RANZCP.

RANZCP members who are approaching retirement or who are eligible to apply for fee exemptions can elect to donate their subscription fees back to the RANZCP Foundation and support the next generation of psychiatrists.

Gifts made to RANZCP are an allowable income tax deduction in Australia. Receipts will be provided for all donations made. The RANZCP Foundation is not currently a registered gift recipient in New Zealand.

**The Royal Australian and New Zealand  
College of Psychiatrists (RANZCP)**

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**Office hours**

Monday–Friday, 9am–5pm

ABN 68 000 439 047



# RANZCP Foundation

The RANZCP is a  
registered charity  
with the Australian  
Charities and  
Not-for-profits  
Commission.

