



Formal Opening and Keynote 1

[Her Excellency Marie Bashir](#), NSW Governor

Thank you, Julie, for that very wonderful and warm welcome. Well, I know he's not here yet but he will be along soon, the Honourable Tony Abbott, Minister for Health. Councillor Amanda Duncan-Strelec, thank you so much for your warm and generous welcome as well. Honourable Sussan Ley, Federal Member for Farrer; Senator Kate Lundy, Shadow Minister for Local Government and Sport, Recreation and Health Promotion; Councillor Denise Osborne, Mayor of the Shire of Hume; Mr John Wakeman, Chairman of the National Rural Health Alliance, many, many distinguished guests, dear colleagues and friends.

Well, it is the greatest pleasure to be back with you all at an important gathering to consider critical aspects of rural health in Australia as you take lessons from the past and formulate action for the future. First I want to thank Daryl for the welcome to country and the smoking ceremony, a wonderful way to start such proceedings as today. And Nancy for her warm welcome also to country, and those young performers on the didgeridoo and dance.

I'd like also to record my respect for the traditional owners of this land upon which we gather, their ancestors and descendants, indeed all Aboriginal Australians who have nurtured this great continent for tens of thousands of years. Well, yes, it's a particular pleasure to be with colleagues within the rural sector, and in the Riverina area which nurtured me so tenderly in my earlier years.

Indeed, I was born not so far away from here, like Nancy, in Narrandera, a beautiful town, the eldest of four children. The organisers asked me to say a little about this and how I found my way into medicine from Narrandera. My parents were sensitive, intelligent, educated people with wide-ranging community interests. Of Lebanese background, they were active and warmly regarded members of a district with a strong sense of identity, a district of which they were very proud, the Riverina.

And our community also included a significant Wiradjuri population. Through their enduring friendship across my childhood years and later into the present I've had the pleasure, the privilege I should say, the privilege of learning at close hand the meaning of lives affected by marginalisation, poverty and powerlessness, but also the capacity and the human spirit not only to survive but also to go on to achieve highly in the face of considerable disadvantage.

So for these and other reasons the decision to study medicine at the University of Sydney was I now realise pre-determined. My paternal grandfather and his brother had been doctors, graduates of the American University in Beirut, and general practitioners in the Christian rural north of Lebanon. Therefore, family attitudes were strongly encouraging.

I also wanted to work in a field which would provide a never-ending source of intellectual stimulation, so I'd like to interrupt here and tell all the students who are here today in the health sciences, you are the hope of the future and you are embarking on a most wonderful and rewarding pathway, and, of course, hopefully it can all be useful.

Well, early in our lives we children were also made aware of the wonderful work of the Royal Far West Children's Health Scheme and its life-sustaining interventions for countless country children. In addition, our town in those formative years was very fortunate to have three outstanding medical practices, competent, caring and skilled practitioners, no doubt another significant influence on my sister as well as myself to study medicine.

Well, despite the greater proportion of my medical years being spent in Sydney I have felt the continuing challenge and magnetism of rural medicine from early medical student days, joining the nursing team at Narrandera District Hospital during the long summer vacations. I soon learned that our nurses hold up half the sky at the very least.

In later years I was privileged to provide consultative services in child and adolescent mental health to several rural regions, including to Aboriginal medical services, and as Governor of New South Wales my frequent travels to rural areas and my meetings with the rural health services and medical schools, quite recently to Broken Hill and to Dubbo and then further outback with the incomparable Flying Doctor Service, enabled me hopefully to remain sensitive to issues of concern as well as appreciating the continuing achievements in rural health service delivery.

Certainly, amongst the more prominent current concerns is the recruitment and retention of professional health staff to rural areas. There have been new medical and allied health programs inaugurated in this state recently at the Universities of Western Sydney and also Wollongong, with a particular focus now emphasising medical – general practitioners, the training of general practitioners, to provide effective service in rural areas, and now the older universities are proceeding to emphasise that aspect of the training as well.

But only this week reports emerged of a reluctance within the ranks of some students to fulfil their rural scholarship obligations, a wish to buy themselves out of their contract, but wanting still to continue their medical training. This situation requires careful and immediate analysis, including an appraisal of morale, how to sustain morale amongst our students. Their justifiable expectations of collegiate support, continuing education, access to expensive scientific journals and books, and to ongoing mentoring.

As governor one of my most inspiring duties is to welcome regularly throughout the year young Australian student leaders in their final year of secondary education from high school, and also young people in tertiary education; you are all the hope, your generation, of our nation, I believe.

They come from schools of considerable diversity and achievement, public and independent, of every religion and denomination. Following a formal presentation regarding aspects of the role, including constitutional requirements of a governor, a stimulating question and answer dialogue follows. This provides me with an opportunity to hear their aspirations and goals, both personal and for the nation.

Whether from the farthest areas of our state or from the cities, and I'm sure our other states have exactly young people such as this, most of these young Australians seem to share idealist aspirations for a more equitable society, for social justice, for improved health and opportunity and advancement of our Indigenous Australians, for greater care of the environment. Indeed, they would be glad to note a section of your conference is allocated to social justice.

Predictably, law, commerce and information technology rate highly with some as career preferences, possibly taking the place of medicine and the health sciences in former years. For those still examining options I raise discussion of the endless challenge and inspiration in the health professional services, including nursing, allied health and related areas.

It's encouraging indeed to note that your conference has included in its program – and Julie tells me she was involved today – a most important forum for 220 health students from rural health clubs around Australia, staying strong, thriving in the bush. This is an initiative which hopefully will eventually produce rich dividends for and from our young people. Again, I say our nation's greatest resource. And perhaps also provide some antidote to the dismal media reports which generate some uncertainty and deteriorating morale amongst health service professionals.

Perhaps your session on regional and local success stories will also be worthy of wide dissemination. However, we know that there is much to be done and that this will always be the case in distances as vast as our land, our continent, presents. In particular, we are constantly reminded of the burden of chronic diseases, even in such an affluent country as ours, especially challenging they are in remote Australia.

The association of poor nutrition, smoking, obesity, diabetes and advanced renal disease, cancer, and certainly mental health, my own field. I'm very much aware that rural health professionals have had considerable concern for the high levels of major depression, including suicide risk, in country men, young and old, across the severely drought affected areas of our nation.



Intermittent campaigns of health promotion, no matter how eloquent or seemingly initially effective, have limited value. Such programs must not be intermittent, they must remain constantly on the agenda with regular multi-impact exposure, certainly addressing depression, heart health, nutrition, anti-smoking, blood pressure control, and safe sex.

Programs targeting the early years of childhood and adolescence, involving trusting and informed inter-sectoral collaboration, can be creative, exciting, non-stigmatising and preventative upon a wide front. Such prevention and early intervention programs, which can enhance resilience, must be available in rural as well as urban regions and seek with sensitivity to involve the parents in those early years when they are likely to be more accessible.

Evidence exists that early intervention strategies are capable of delivering improved outcomes over a wide range of problems, not only those which eventually may fall under definitive mental health classifications such as anxiety and depression – as high as one in five young people at any one time – but also earlier identification of learning difficulties, often pre-cursors of behavioural disorders, substance abuse, delinquency and the acquisition of significant risk factors for subsequent physical ill-health associated with alcohol and substance misuse, eating disorders, and too early sexual involvement.

A paper in the most recent *Australian Journal of Paediatrics* makes a strong case for the integrated training of health workers, both in paediatrics and child development and mental health. It's important to remember that the mind-brain connection to the body's biological process interacts within and is responsive to its ecological environment, the most important component of which is the social environment.

This conference admirably includes a number of sessions on Indigenous health. There is no need to enunciate to this audience yet again the unacceptable statistics which reveal the morbidity and mortality differences which exist between Indigenous and non-Indigenous Australians. It is indeed gratifying to see this most important area of Australian health, of rural and remote health, now commanding an important area in medical education.

And increasingly each year we see increasing numbers of Indigenous scholars graduating in the health sciences, in nursing, allied health and medicine, including that most critical area of public health, epidemiology. These scholars are poised to make a considerable difference in our nation and they have no shortage of colleagues behind them in support. I have every expectation that this will be a most valuable and memorable conference with a great array of highly committed, highly experienced professionals involved.

May I express my deep appreciation to all who have brought this conference to fruition and wish each of you well in your deliberations and ongoing activities on your return to your work or your studies. It is with much pleasure that I now declare this conference officially open. Thank you.

Presenter

Her Excellency Professor Marie Bashir AC CVO was born in Narrandera, New South Wales and is a medical graduate of the University of Sydney, a former medical resident officer of St Vincent's Hospital and of The Children's Hospital. She is a Fellow of the Royal Australian and New Zealand College of Psychiatrists.

After completion of her postgraduate studies in psychiatry, she was appointed to establish the Rivendell Child, Adolescent and Family Service to provide comprehensive specialist consultative services for young people with emotional and psychiatric problems. Her key interests have included child and adolescent depression, mental health issues affecting refugee and immigrant children, juvenile justice and Aboriginal health.



In 1987, she was appointed Director of the Community Health Services in the Central Sydney Area, which enabled closer access to primary health care links with an emphasis on early childhood services, migrant and Indigenous health, the health needs of elderly people, and communicable illness. Health promotion and health education strategies through a population health model were also key responsibilities.

In 1993, she was appointed Clinical Professor of Psychiatry at the University of Sydney, and in 1994 the Clinical Director of Mental Health Services for the Central Sydney Area. This was a time of major reform in mental health service delivery, which contributed to substantial change in the provision of public sector mental health services.

Professor Bashir served on the Examinations Committee of the Royal Australian and New Zealand College of Psychiatrists and also on the Regional Issues Committee. She has established professional links with psychiatry departments in South East Asia, enabling educational exchange and placement of Asian colleagues for postgraduate experience in University of Sydney teaching hospital facilities. She has developed collaborative teaching programs between colleagues in Vietnam and Australian psychiatrists, and also with medical and nursing colleagues in Thailand.

Having had a special interest over many years in Indigenous health, Professor Bashir has travelled extensively to visit remote communities in central Australia, the Kimberley and Arnhem Land to gain a closer understanding of issues of culture and history that impact significantly on health. In 1995, in a partnership with the Aboriginal Medical Service, Redfern, she established the Aboriginal Mental Health Unit, which provides regular clinics and counselling at both the Aboriginal Medical Service in Sydney and mainstream centres. Links to some Indigenous rural communities have also been developed through the availability of telemedicine technology.

She was appointed by the Hon Craig Knowles MP, Minister for Health, to chair the Implementation Group on Mental Health to oversee the development of further mental health services in New South Wales as part of the overall health reform process.

In March 2001, Professor Bashir was appointed Governor of New South Wales.

Her awards include Mother of the Year in 1971, and in 1988 she was appointed an Officer, and in 2001 a Companion in the Order of Australia. She was awarded the Centenary Medal in 2003.

In 2003 Professor Bashir received the Mental Health Princess Award, awarded by HRH Princess Galyani Vadhana of Thailand, for contribution to collaborative mental health programs between Australia and Thailand.

In 2004 she was made an Honorary Member of the United Nations Development Fund for Women (UNIFEM), and also elected as one of Australia's Living National Treasures. In addition, in March she received The Writers' Council Award in Beirut, Lebanon, and was invested as a Commander of the Order of the Cedars by His Excellency General Emile Lahoud, President of the Republic of Lebanon.

In 2006 she was invested by Her Majesty Queen Elizabeth II as a Commander of the Royal Victorian Order (CVO), and received the Paul Harris Fellow Award from the Rotary Club of Sydney.

Professor Bashir is married to Sir Nicholas Shehadie. They have two daughters and a son, and six grandchildren.