



MARCH 2009

SENTIENS
36 PARLIAMENT PLACE
WEST PERTH 6005

Day Hospital

Welcome to the March issue of our newsletter. A lot has happened over the past couple of months, with further increases in patient numbers leading us to recruit further staff.

The group programs are now well established with a couple of sessions almost reaching capacity. It is timely to provide an overview of these groups and suggest some of the kinds of patients that may benefit from these groups.

Mindfulness

Mindfulness as a concept is a very old, if not ancient idea that has gained momentum in contemporary therapy. It has some roots in Buddhist ideology and has more recently been applied to psychotherapy. Mindfulness tries to create a sense of awareness of thought. Many people have trouble releasing thoughts of suffering and misery, especially in long-term depression and chronic conditions. Mindfulness is a mechanism to manage this pattern of thinking and encourage a more positive sense of self.

Connecting with others

We started offering this group because we were being asked directly by patients to offer something in this area. For many people with more persistent and difficult conditions, social contact and social skills in general may be compromised as people withdraw from others. This is a practical group aimed at helping people reestablish social contact and learn some skills and increase connectedness.

Self-esteem

Self-esteem is one area that can be fairly low for many people with mental health conditions. It is common for so many people, even those without clinical problems. This group approaches the delicate subject with people in a non-confrontational manner and helps people talk about their own self-defeating thinking patterns and self-esteem. There are some practical components which help people build their self-esteem.

Creative Expressions

This group is facilitated by the OTs and has gained a lot of popularity. For many people that have been unwell for some time, this group helps them to express some of the more difficult ideas in their mind with non-verbal means.

Due to the nature of this group, people have some time to work on their projects, whilst also having time to discuss personal issues with the clinician. It's a good way for people to engage with others, without the same pressure that a CBT group may place on people.

Cognitive Behaviour Therapy

This group focuses upon managing mood and emotion through looking at patterns of thinking and behaviour.

The group empowers the individual with the knowledge and skills to strengthen their ability to manage day to day difficulties associated with depression, anxiety and stress.

Outpatient Consulting

There are a number of psychiatrists practising here with particular interests in a range of areas. If you have a complex problem, you might like to see the back page for a more comprehensive explanation of our clinicians' specialist areas. For example, Dr Clea Louw deals with Schizophrenia and Dr Sergio Starkstein deals with a lot of neurological problems and he sees patients with autism.

Other clinicians see more generalised adult psychiatric problems. Dr Russel Hoyle and Dr Dennis Tannenbaum can often take new patients quite rapidly and can make a quick referral into day hospital.

We would like to thank you for your continued support and hope to be of service to you in the near future. Please feel free to send me any feedback via email - jamest@sentiens.com

Phone: 08 9481 1950

Fax: 08 9481 1952

POSITIONS AVAILABLE

CLINICAL PSYCHOLOGIST MANAGER

An exciting position has become available for a Clinical Psychologist Manager at Sentiens Clinic...

The purpose for this position is to work in collaboration with Mental Health Consultants and Allied Health Professionals to implement therapeutic programs based on best practice guidelines.

This position would suit a dynamic individual with management experience.

Criteria

- Registration with the Psychologists Board of WA.
- Demonstrated ability to lead and manage the Mental Health Team. Demonstrated ability to function independently at a senior level in a variety of roles including clinician, consultant, teacher, change agent.
- Demonstrated extensive knowledge of psychological theories; models and practices, particularly in the area of adult Mental Health.
- Demonstrated well-developed supervision skills.
- Excellent communication and leadership skills.

The diversity of this position is what will make it appealing to some one who could champion the development of clinical pathways and implementation for rapidly expanding services. Salary to be negotiated with level of experience.

Please forward your CV or queries to belindam@sentiens.com or contact Belinda Marmion on 9481 1950

Mental Health Nurse Manager

An exciting position has become available for a Mental Health Nurse Manager at Sentiens Clinic in West Perth.

The purpose for this position is to work in collaboration with Mental Health Consultants and allied health professionals to implement therapeutic programs based on best practice guidelines.

Sentiens Clinic is a private mental health facility seeking an experienced mental health nurse to develop and enlarge our current services. This position would suit a dynamic individual with significant management experience.

Essential

- Registered with the Nurses Board of Western Australia
- Post graduate qualifications in Mental Health or pursuing further studies in Mental Health
- Demonstrated ability to work in a dynamic environment
- Ability to work independently and collaboratively as a member of a team
- Intermediate proficiency with Microsoft Office
- Demonstrated management skills
- Excellent communication and interpersonal skills
- Experience managing accreditation under Equip

Desirable

- Member of College of mental health nurses or actively seeking membership
- Ability to liaise with Government departments at a State and Commonwealth level
- Experience in the development of clinical pathways and implementation for rapidly expanding services

If this sounds like the position you have been waiting for then forward your CV or queries to Belindam@sentiens.com or contact Belinda Marmion on 9481 1950.



Telepsychiatry in the Private Sector

Over the last few years, there has been fairly major progress in telepsychiatry and telemedicine in general. It began with groups of consultants testing technologies and now it has become a viable option for service delivery.

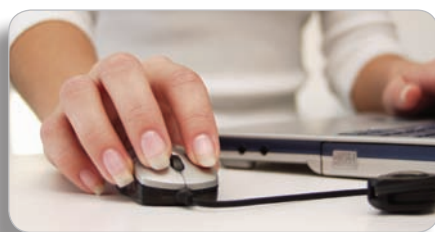
As a consultant, we may see patients face to face whilst they are physically in WA, even if they may have to travel some distance. In today's work-life balance, people frequently have to travel and may be working overseas.

Strangely enough, from a telemedical infrastructure point of view, it has been easier to see somebody who might be drilling for oil in Siberia, or working in Vietnam or Indonesia, than it is to deliver the service to people with satellite access in rural WA.

The satellite access in general is not able to produce suitable video transmission because of the latency. If people live in or close to country towns, then the access is very much better.

There is very little doubt that these services will be expanded in the future. Initially, the telepsychiatry items only applied for patients who were out of the local city post codes, but it has now been more widely extended, which has meant that we have seen a new group of patients. Recently, I commenced treatment with a patient who has agoraphobia (fear of public spaces) and has been restricted to her home for 5 years. It was a pleasure seeing her and her husband at home.

We can also prepare other family members to increase the level of treatment and manage the patient. It is easy enough to prescribe the medication and arrange for it to be posted to the patient.



Some of the hurdles

The video picture is still a bit small with current technology and the infrastructure limitations. There is hope in the future that bandwidth and some of the other limitations are less intrusive to the experience. The VOIP and video systems have also improved quite rapidly over the last year or two, and it is quite rare that the sound or video breaks down once it is set up. Strangely enough, we still can't deliver these services to all Australians.

There is a reasonable demand from people in north Queensland, but we cannot consult to these people because the jurisdiction of the patient from a medico-legal perspective is based on states and territories. Universal medical registration would make quite a difference. The other difficulty is that our clinical psychologists and occupational therapist cannot use tele-health services under Medicare, which is a major limitation in the delivery of treatment to rural areas, unless those patients are covered by workers compensation.

Outlook

It is taking a little while for people to get used to new technologies, but they are very convenient and reasonably accessible on desktop and laptop computers. It has changed so much since the clunky older telemedical systems; a great big television and a huge old video camera with cables going everywhere, located in some distant service centre. It has consolidated into single devices, a lot like many other types of hardware and peripheral devices.

The limitation we still have is that the picture size and quality remains a challenge for certain issues, particularly when relying on visuals to make an assessment. But with such rapid improvements, the outlook is very positive.

Refer to Tele Psychiatry

If you have a patient that you think might benefit, you could to refer them to me directly. We can assist patients to set up their web cams and microphones to some extent. The systems are fairly basic but we have been doing this for some time now. If we are unable to provide the service, we can consider some other options.

HealthSteps Programs

The HealthSteps online programs provide an excellent adjunctive service that helps monitor patients remotely in between consultations. The can be purchased online at HealthSteps.net.au

Written by Dr Dennis Tannenbaum

Mental Health and Disasters

With the current economic situation still moving backwards and the environmental outlook similarly bleak, it's no wonder the burden of depression has become so out of hand.

The recent and continuing fires in Victoria are likely to present major economic and environmental problems for the State and Nation as a whole. It is pleasing to see the depth of humanity in terms of the support offered during the crises of the past month.

Whether you believe in global warming and climate change as a phenomenon or conspiracy is no longer relevant as we see the impact of REAL change now all the time and consistently.

The environmental issues and economics are now more intertwined than ever before in the public debate. A sense of global consciousness is creating some coherence about the trials and tribulations of the future.

How does this all relate to mental health?

The obvious impact on mental health can be seen straight away. Terms like the 'Great Depression' are thrown around all the time, leading us to believe the worst is yet to come.

There are a number of impacts we can see already in relation to the economic situation as well as the environment. People are losing their jobs and their livelihood. Stress levels in the whole population are increasing. Add to this, a fairly significant toxic burden in terms of food, drugs, alcohol and general addictions.

The newest societal addiction is consumerism.

I recently watched a presentation on TED.com called What Makes Us Happy? The conclusion to a fairly interesting talk was that people with low expectations are happier.

Is that our sensational media and other modern day exposure to all things exciting, that the expectations of people in general have become higher in terms of personal achievement and accumulation of 'stuff'.

New cars, new clothes, better houses, more money, less time, less sleep, more medication, more unconsciousness - the list goes on.

This 'global crisis' threatens the continued existence of our way of life. We know we have to change. Everyone knows it, but some people remain in a state of denial and maybe *ignorance is bliss*.

What is depression?

In complex terms, the medical community has an increasingly broad, yet differentiating view of depression and common comorbidities such as diabetes. In simple terms, we have a fairly good understanding of why people are getting sicker.

Illness and disease

Most of this depression is fairly explainable in the circumstances of peoples' modern lifestyles. We have forgotten what's important to maintain our health.

Unfortunately, we can't trick the body into thinking it's healthy. This is especially true in those with diabetes, cardiovascular disease and depression. These disorders are lifestyle symptoms at a macro level.

"... life is stressful at the best of times but your home is your security blanket, your safety net and that's gone and you've nothing left to catch you, nothing to help you cope with the stress of life and work."¹

With such an abundance of stress to the mind and body, we are leading ourselves into a state of disease.

There is an underlying energy and process that can explain the changing health dynamic in populations all over the world. These lifestyle conditions can almost certainly be prevented through a number of strategies, but what do we do before and after disasters when the problem is acute?

Even the media now is sensationalising disasters. If for one moment, we forget our long-term issues for the sake of the present, do we change our minds?

Strength during adversity

One of the interesting aspects of viewing the impact of disasters (which is almost something we can do in real time with modern technology) is that people display such behaviours which are so characteristically human. The social cohesion and sense of community is so strong and so quick.

The question is, how do we plan for this in terms of mental health care?

Mental health promotion interventions themselves are controversial, although the basis of enhancing resiliency at a community level are fairly

well established.

In 2005, Sentiens was approached to become involved with the Hurricane Choir Mental Health Project. To cut a long story short, following Hurricane's Katrina and Rita, there was extensive devastation to communities in Mississippi and Louisiana.

A number of voluntary groups in America were involved with the recovery efforts on the ground. At this stage, Sentiens' involvement was on the implementation and research side of the mental health intervention.

At that time, the RecoveryRoad programs (now known as HealthSteps) were used to provide online measurement tools and mental health treatment. Volunteers in US would use our website to implement questionnaires and the online programs for people following the disaster.

We have barely scratched the surface of analysing the extensive dataset from this collection. Dr Robin Harvey (Sentiens Research Manager at that time) went to the US to work with Volunteers of America and the Abraham group to implement the Hurricane Choir Mental Health Project. At least 3 years later, the choir still performs regularly. It's almost obvious that a choir could have positive effects on mental health.

Pictures of hope

Our understanding of illness, disease and disaster is ever increasing, especially at the rate we are having to find solutions. The recent disaster shows that humanity still comes together in a fairly primal manner to deal with grief and loss. The music, the singing and joy of cohesion is an almost immediate reaction to the trauma. In our fast-paced contemporary existence, we've left these tribal festivals and trance-like dances or ceremonies for bombarding sensational media and technologies that reduce our integration with each other. If we see the power of cohesion, why don't we use it more often to be proactive instead of reactive?

References

1. Carroll, B., Morbey, H., Balogh, R., & Araoz, G. (2009). Flooded homes, broken bonds, the meaning of home, psychological processes and their impact on psychological health in a disaster. *Health & Place*. Vol 15, pages 540-547.



Sentiens Clinical Team *(updated)*

Below is an introduction to practicing health professionals at Sentiens Clinic.

Dr Dennis Tannenbaum

(Consultant Psychiatrist)

Dr Tannenbaum has been practicing in WA for the duration of his professional career. He has extensive experience with depression and longer-term conditions. He emphasizes a monitoring approach to treatment and is skilled in dealing with persistent difficult conditions.

Dr Russell Hoyle

(Consultant Psychiatrist)

Russell has recently commenced full time practice with Sentiens. He has interests in the treatment of affective disorders, anxiety, post-traumatic stress disorder and the interplay between physical and mental health. Dr Hoyle maintains an interest in military medicine and psychiatry and is keen to receive referrals for current and past serving defence force members.

Dr Jane Fitch

(Consultant Psychiatrist)

Jane grew up in Perth, trained at UWA, and has extensive experience in both public and private spheres of mental health. She is familiar with the WA traditions, vernacular, and sound understanding of local public systems and their operation. Jane is currently in private practice and divides her time between medico-legal work, psychotherapy and general psychiatry. Jane adopts a holistic approach to her work and others well being.

Dr Clea Louw

(Consultant Psychiatrist)

Dr Louw is a general adult psychiatrist with a special focus on schizophrenia. Clea has a particular interest in the assessment of specific difficulties, ongoing medication and psychosocial management of complex

psychiatric conditions. Clea prefers to adopt a shared-care-with-GP's approach to clinical management. Clea's interests also extend to diagnostic aspects, the early intervention of psychotic spectrum disorders and the role of psycho-education in patient recovery.

Dr Meta Schenk

(Consultant Psychiatrist)

Meta Schenk is practising on Tuesdays and Thursdays at Sentiens. Meta trained at UWA and has many years of experience in both public mental health services and her own private practice. Her areas of special interest are in mood and anxiety disorders and psychotherapy. Meta is also an accredited supervisor and has lectured registrars and medical students.

Dr Sean Hood

(Assoc. Prof./Consultant Psychiatrist)

Sean's specific area of interest lies in his considerable expertise in the neurobiology of anxiety and mood disorders. He has a wealth of professional knowledge across a wide range of areas from his work in both public, private practice and academic involvement. Sean actively publishes research and is involved with writing and publishing Sentiens online Anxiety Programs. Sean is also a senior lecturer in psychopharmacology in the School of Psychiatry and Clinical Neurosciences at UWA.

Dr Sergio Starkstein

(Prof./Consultant Psychiatrist)

Sergio's main interest is neuropsychiatry. Sergio specializes in patients who have depression or anxiety as a result of Parkinson's, dementia, stroke and traumatic brain injury. Sergio attained his degree from the University of Buenos Aires in Argentina.

Jayne Haberfield

(Triage Officer)

Jayne is a Registered Mental Health Nurse, obtaining her Bachelor of Nursing degree from Deakin University in Victoria. Jayne has had the opportunity to work in a

number of areas within Australia and the UK, including, forensic mental health (adult and juvenile), acute adult inpatients and as a community MHN in rural Victoria.

Nerita Smith

(Senior Occupational Therapist)

Nerita has worked with both children and adults in mental health settings over the past 6 years. She is passionate about assisting others to overcome barriers and to lead more meaningful lives. To do so Nerita utilizes a range of therapeutic techniques, both structured and creative. Nerita works both individually and with groups of patients.

Annabel Poulsen

(Senior Occupational Therapist)

Annabel began her career in the UK and has practiced in Australia for 10 years. She has worked in a wide range of mental health settings, in both acute and primary care. She is particularly interested in addressing physical and social determinates of mental health that can create barriers to client's life goals. She has qualifications in counseling and the arts and integrates these approaches into her role at Sentiens. Annabel also enjoys a mentoring role with new therapists, and has taught at both Curtin and ECU Schools of Occupational Therapy.

Tristen Hindley

(Clinical Psychologist)

Tristen completed her Master's degree, B Psych M Psych (Clinical), at Edith Cowan University in Perth and has been part of Sentiens' clinical team for three years. Tristen has gained considerable experience working with adults presenting at both public and private community-based mental health clinics as well as community and in-patient environments. Tristen's strength lies in developing rapport with a number of clients presenting with a range of clinical and personal difficulties including depression and anxiety and has a particular interest in adult eating disorders.

Quick Referral Form

Patient Details:

Name:

Date of birth:

Address:

Phone:

Reason for referral:

Refer to: Psychiatry Psychology OT

Clinician Preference:

Day Hospital OR Outpatient Services

GP name:

Have you billed a GP mental health plan? Y or N

Please fax to: 08 9481 1952

Sentiens Pty Ltd

36 Parliament Place
West Perth | 6005

PO Box 842
West Perth | 6872

Phone: 08 9481 1950
Fax: 08 9481 1952

Sentiens.com

