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What's ahead for 2010?

Happy New Year. This year has lots in store for us. We would like to welcome everyone back. For the start of this year, we are going to be focusing on our core groups that have been the mainstay of our clinical program for some time now.

Mindfulness is one of the most popular programs so far, closely followed by Cognitive Behavioural Therapy. Mindfulness is run by Emma Taylor (Occupational Therapist) and CBT is run by Tristen Hindley (Clinical Psychologist).

One of our other core groups is Building Self-Esteem, which is also run by Emma. "Self-esteem affects people's mood and it's very common with depression and anxiety. Self-esteem has a huge impact on the way we relate to other people, even impulsive behaviour like suicide, and the loss of will to live. It's involved with borderline personality as well. It's affected across the board. Sometimes people look fine on the outside, but they're struggling with their self-esteem."



We are also going to be focusing on the introduction to the treatment process, making sure we induct patients into the program more efficiently. Frank, our senior mental health nurse is quite particular about explaining the stages of treatment so that people know the process is actually a journey and that there are critical events along the way. Treatment attrition is a problem in most treatment systems and we have implemented strategies to reduce that as much as possible and keep people moving towards recovery.

One of our other goals is to enrol as many patients as possible onto our own HealthSteps online monitoring and treatment program. We offer this to patients and request their email address and subsequently enrol them onto the system. Most patients are on HealthSteps to ensure medication compliance and recovery.

Overseas Insights

We are pleased to welcome back Mr Frank Parrett from 6 weeks in the USA where he attended the Evolution of Psychotherapy Conference in Anaheim California, with appearances from some high profile speakers such as Deepak Chopra. Frank arrived back with a lot of inspiration and ideas.

Frank has a particular interest in drug and alcohol treatment, being sober for over 20 years and following his interest, completing a Masters in Psychotherapy.

One of the more interesting recounts of his experience in America was being engaged with the Professionals In Residence program at the Betty Ford Center. Frank spent a whole week being immersed in the whole inpatient program with highly structured approaches. The program included meditation, lectures, small group therapy, and spiritual care. This is an individually structured approach delivered by a multidisciplinary team of counsellors, psychologists, psychiatrists and pastoral counsellors. Team members also include nutritionists and exercise physiologists within the holistic approach.

Frank says "People who have problems with their drinking often have a sense of fragmented identity as their alcoholism has been active for years and it's chronic. They can be brittle and vulnerable in early recovery, with nil sense of self and a very limited capacity to self soothe anxiety."

At the Betty Ford Center, clients are followed up through alumni services whereby they are contacted by support people and encouraged to actively attend meetings and be involved in twelve step support processes.

We can help with people's difficulties here at Sentiens and offer a strong approach to the management of alcohol problems in an outpatient setting, with day hospital support where necessary. "I still actively encourage people to get involved with the Twelve Step Process locally so people can get that support in the community," Frank Parrett.

Referrals

We do our best to accept referrals as rapidly as possible. Please phone for any advice regarding urgent assessments or management for any of the psychiatric disorders. See page 4 for more information on each clinician's interests and expertise.

If you would like to refer a patient to the day hospital, as a GP please complete a standard referral letter to the psychiatrist with a request or suggestion that the patient may be suitable for the program.

As a psychiatrist, you can refer the patient directly to triage. If you have any further questions about the day programs or group content, please contact Jayne Haberfield (jayneh@sentiens.com).

Written by James Tannenbaum

If you have any questions or comments, please do not hesitate to send an email to at jamest@sentiens.com

Bipolar Update

Bipolar disorder is one of the more complicated mental disorders to treat. There are different phases of treatment and there are also different types of the condition that have different responses to treatment.

One of the primary issues is that certain medications can either make the condition better or worse. An antidepressant by itself can precipitate a manic episode.

Typically, a mood stabiliser has been the pharmacologic option of choice, with Lithium probably being the best known mood stabiliser. There is still no single ideal agent for the treatment of bipolar disorder and most often, effective treatment requires the use of a number of drugs concurrently.

Current evidence based practice would suggest that combination therapy produces a better result than monotherapy. Most commonly, a mood stabilising drug or antiepileptic is used in combination with an atypical antipsychotic, of which there are a number of effective options.

ECT is also sometimes used in the treatment of bipolar disorder, although this is not necessarily ideal. Psychotherapy, in the acute phase should especially focus on containment and building the therapeutic alliance for follow-up. Further education and self-management training is essential with bipolar to ensure treatment compliance and long-term success.

Often with bipolar disorder, the characteristics can either change over time, or new issues rise to the surface that can change the diagnosis or nature of the cycling. Careful attention to this and monitoring must lead treatment choices (Keck et al. 2009).

Bipolar is a tricky condition to manage effectively in the long-term and patients can really benefit from a long-term approach with psychoeducation, self-management approaches as well as a carefully considered medication plan. Please contact us for any help with patient management.

Prescriptions and Follow-up

After prescribing an antidepressant, we know it's very important to follow-up with the patient as it is with most prescription drugs. A recent study with 4,102 patients in the US found that only 31% received follow-up visits within the guidelines (Chen et al 2010).

"After starting an antidepressant, I ask the patient to come in to check in a week if tolerating for a 15-minute review, then 2 weeks later to see if progressing, then in week 3 and then in a month to ensure a response, then close at full remission," said Dr Dennis Tannenbaum (Consultant Psychiatrist).

STAR*D Update

The STAR*D or Sequenced Treatment Alternatives to Relieve Depression was a landmark study into the effectiveness of treatments. The best case scenario is close to 70% remission for depressive illness. For many patients to make it to remission, a medication switch or addition is necessary. There are a wide range of effective treatments for depression, and these need to be made available for patients and be known to policy makers (Shern & Moran 2009). Treatment attrition rates are very high and a concerted effort must be directed towards keeping patients in treatment until full remission is achieved.

Nurse-Assisted Care in Mental Health Crises

A recent Australian study showed the importance of the nurse practitioner role in psychiatric crisis care. The nurse can initiate effective mental health care and treatment that is well accepted by the patient (Happell et al 2009).

We recognise how important nursing staff is to our day hospital service. The nurses have such an integral role both in therapy and case management, that we couldn't run the day hospital without their input.

SPECT Imaging and Suicidality

The SPECT scan is one of the more promising scanning technologies in psychiatry with a lot of potential. A recent study in the US compared the cerebral blood flow in the brains of psychiatric patients who had completed suicide with group of healthy and non-suicidal depressed patients. The results showed that in those who had completed suicide that there was evidence of impaired impulse control and limbic dysregulation along with a series of other complex metabolic problems (Amen et al. 2009). With results like these, the future of scanning in psychiatry looks to be fraught with economic and ethical debates.

Mentalization Therapy for Borderline Personality

Borderline personality disorder is one of the more common personality types that come into contact with mental health services. It's characterised by unstable and intense relationships, and people may exploit and manipulate others. These people often do not recognise their own behaviour and how it affects others. "Strict Cognitive Behaviour Therapy (evidence-based therapy for depression and anxiety) can be 'invalidating' and interpreted the wrong way in session, so we have to try other strategies for people with these personality characteristics". Says Tristen Hindley (Clinical Psychologist).

The main type of therapy used for helping people with borderline personality is DBT or dialectical behaviour therapy. This is a modality that combines elements of CBT with concepts of mindfulness, distress tolerance and acceptance. DBT is also skill-based with elements of psychotherapy. Whilst borderline personality disorder can be very difficult to manage for services and clinicians, recent research shows that both DBT and other interventions can reduce suicidal behaviour and self harm as well as symptoms (McMain et al 2009). DBT is a very rigorous program, rarely offered in full, however it can still be effective.

Mushrooms: Magic?

Magic mushrooms contain an interesting hallucinogenic substance called psilocybin which is molecularly very similar to the neurotransmitter serotonin. Researchers at Johns Hopkins Medicine conducted a rigorous study with healthy participants and found that under carefully controlled circumstances and preparation, consumption of the mushrooms can lead to a primary mystical state which can lead to positive changes in the person. At a two month follow-up, 79 percent of subjects reported moderately or greatly increased well-being or life satisfaction compared with those given a placebo at the same test session. The study has a number of implications for understanding the biological basis of emotion. The Johns Hopkins Study is widely recognised as being a pioneering study, given the lack of research into entheogenic hallucinogens over the last 40-50 years. The toxicity of mushrooms compared to synthetic designer drugs is very low, especially compared with MDMA (ecstasy) and other amphetamines. Further research is planned to test the effects of psilocybin for cancer patients suffering depression and anxiety as well as in the treatment of drug abuse (Johns Hopkins Medicine 2006).

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Most of what we see here at Sentiens involves depression, anxiety, bipolar, relationship problems and some alcohol use problems. Nearly everyone who comes in the door has a least some or a lot of nutritional problems. Sometimes it's very obvious that people aren't eating properly, let alone exercising. In fact the number of people that are actually involved in exercise routines on their own accord are few and far between. Many people could make some dietary improvements and they know this. Sometimes it takes some encouragement to reinforce positive attitudes towards healthy eating.

Lately I've noticed a lot of those 'superfood' and 'powerfood' lists for women, men, children and everybody else. But there's always something missing or some non-food that creeps its way into a list. Whether or not there really are 'superfoods' or 'powerfoods' is beside the point. We've decided to create a list of simply great healthy foods, herbs or supplements that have a strong evidence base and may be beneficial for people with mental health conditions. This will continue over the year.

The list might serve to remind us of some of the great foods that are available, but we may have forgotten about them or just don't think to recommend them as dietary options. I also hoped to provide some more information about some of the products patients may be taking and could ask about in relation to treatment.

Fish Oil

Lots of people don't eat anywhere near enough fish. We know about this Omega 3 fish thing but meat also used to contain lots of Omega 3 as well. Even grass fed beef is much higher in Omega 3 than grain fed beef which tends to be very high in Omega 6. When was the last time you asked your butcher about whether the cow ate grass or not. Sceptical? The ratio of Omega 6 to Omega 3 has become unbalanced and people simply don't ingest much Omega 3 unless they can load up on fish and oil. Add the benefit of brain function from EPA and DHA in fish oil and it makes a really valuable supplement for mental health.

Quinoa

Have you ever tried Quinoa (pronounced Kin-wah)? Apparently, it's called a 'pseudocereal' or 'pseudograin', which becomes obvious the first time you cook it, because it looks more like a tiny bean. Quinoa is getting a good reputation as a good novel food because it's high in vitamins and minerals as well as polyphenols, phytochemicals and flavonoids with some benefits. It's also very low on the glycemic index, so it is an excellent alternative to rice at night.

This would mean it's probably also a very good option for diabetics and people on their way with insulin insensitivity.

Sweet Potato

This vegetable is actually related to potato but it is often a much better option for people than standard potatoes because it is much lower on the glycemic index. Sweet potatoes or yams as they are sometimes called cause a less dramatic rise in blood sugar because they have about double the amount of fibre. It's also a good source of vitamin C, copper, vitamin B6 and potassium and iron as well as antioxidants. Sweet potato is commonly eaten by Japanese Okinawans who can live up to 100+ years.



Cinnamon & Vinegar?

Adding this spice to what you eat can reduce the insulin response to glucose, which makes it a particularly useful addition to sweet foods. A recent study showed that it also increased satiety following a meal. Interestingly combining cinnamon and vinegar had an additive effect, although it's difficult to think of when one would willingly eat something that contained both together (Samuel, Schwarz & Colombani 2009). Having said that, the acetic acid in vinegar is also recognised as having fat mobilising properties, so the good old olive oil and balsamic vinegar salad dressing makes a great dietary choice for health and weight loss.



Coffee

The caffeine in Coffee is probably the most widely consumed legal drug on the planet. Some people are clearly quite sensitive to the effects of the stimulant, but at least there seem to be some genuine health benefits associated with drinking coffee. A recent study explains the mechanisms by which coffee has a favourable effect on liver function and disease. Additionally, the authors provide supportive epidemiological evidence that about 3 cups of coffee per day can reduce the risk or severity of liver damage caused by a variety of agents including alcohol (Muriel & Arauz 2009). Although, I'm not quite sure how one might go about consuming the recommended 5 cups of green tea, 3 cups of coffee and 8 glasses of water in one day.



Green Tea

In Japan, green tea is widely acknowledged as being preventative against cancer. The 'catechin' compounds seem to behave like some kind of chemical 'chaperone' as the authors of a recent study put it (Kuzuhara et al 2008). Green tea inhibits tumor promotion, is anti-mutagenic and it also has antioxidant activity. There is also growing evidence that green tea can help with weight management, glucose control and cardiovascular risk factors. Interestingly, many of the most successful fat loss/weight loss products have green tea extracts.

Nuts

Most nuts are a very good source of healthy dietary fats. Brazil nuts in particular, have the highest known food source of selenium (Yang 2009). Consumption of nuts has been linked to a lowered risk of cardiovascular disease. Some nuts are regarded as being better than others, especially pecans, walnuts and brazil nuts (Yang 2009²). Some nuts get a bad wrap, but eating a wide variety is probably the best way to go. Unfortunately, the allergy risk for some people is a major problem, but for others, nuts are one of the best snacks for nutrition. You only have to look at a walnut kernel to see how much it resembles a human brain. It has a higher Omega 3 concentration than most other nuts, and as we know, brain levels of Omega 3 are high.



Next Issue

In the March Issue, I will cover some of the commonly used herbs for the nervous system as well as some of the supplements gaining a lot more evidence for their benefits for the cardiovascular system and general metabolic function.

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For more information, go to HealthSteps.net.au to see the complete list of programs, covering depression, anxiety, bipolar, managing conflict, relationships and a range of others.



SENTIENS TEAM (UPDATED)

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

Dr Dennis Tannenbaum

(Consultant Psychiatrist)

Dennis 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 interests in the treatment of affective disorders, anxiety, post-traumatic stress disorder and the interplay between physical and mental health. He 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. Jane is currently in private practice and divides her time between medico-legal work, psychotherapy and general psychiatry.

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.

Dr Meta Schenk

(Consultant Psychiatrist)

Meta's 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.

Assoc. Prof Dr Sean Hood

(Consultant Psychiatrist)

Sean's specific area of interest lies in his considerable expertise in the neurobiology of anxiety and mood disorders. 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.

Jayne Haberfield

(Nurse Manager)

Jayne is a Registered Mental Health Nurse and 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.

Yvonne Harvey

(Clinical Psychologist)

Yvonne's main areas of expertise are with trauma, relationships, anxiety, depression and health issues. Clients may also be referred as a result of a motor vehicle accident or work-related issues. Yvonne works towards enabling clients to gain more insight into their behaviour, and to empower them to change patterns that no longer work. Techniques include CBT, Thought Field Therapy, hypnotherapy and behavioural strategies.

Annabel Poulsen

(Senior Occupational Therapist)

Annabel 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.

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 since 2005. 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.

Frank Parrett

(Senior Mental Nurse)

Frank has a Masters in counselling and has a particular interest psychotherapy as well as drug and alcohol problems, spirituality and men's issues. He uses a range of approaches and has extensive knowledge around many therapeutic issues.

Emma Taylor

(Occupational Therapist)

Emma completed her training at Curtin University of Technology. Emma uses a variety of techniques, and is skilled in both individual and group therapy. Her interests include working with clients with depression, anxiety, early psychosis and low self-esteem.

James Tannenbaum

(Health Promotion / Fitness Instructor)

James has had a broad involvement with the development of the HealthSteps programs and working with psychologists, psychiatrists and occupational therapists. The role extends to psychoeducation and face to face health promotion which includes education around diet and exercise.