



# think News

Newsletter from  
Think Psychology Solutions

Psychologists, Clinical Psychologists  
and a Psychiatrist

## Thought Bubbles

### New Starters – Robin Wood and Daniel Troy

In the past few months we have had two more Psychologists start at Think.

Daniel Troy has been working in the Mental Health field since 2008 including working at Therapy ACT and both the ACT and NSW Care and Protection system. Currently he works Greater Southern Area Health's inpatient unit in Goulburn 4-days per week. Like all Think's Psychologists he has good general clinical psychology skills however has particular experience working with Aspergers Disorder and working with children, adolescents and their families. Daniel has completed his Masters degree in Clinical Psychology and is undertaking the final period of training for Clinical Psychology specialisation under the supervision of Vanessa Hamilton.

Clinical Psychologist Robin Wood has joined us doing evening appointments two nights per week. Robin has a wide background being a Registered Nurse, having worked as a Psychologist at a RAAF base and more recently as a Psychologist at the Older Persons Mental Health service. She has excellent general clinical psychology skills with particular interest in working with older persons. She has written the article in this newsletter regarding treating older persons. Robin's background also makes her well suited to working with those with a Defence forces or Department of Defence background. Additionally Robin currently works at Mental Health ACT's Child and Adolescent Mental Health (CAMHS) service.

### Think Holiday Season Opening Hours

Think Psychology Solutions will close for the festive season at lunchtime Monday 24 December 2012. We will reopen taking new referrals on Monday January 14, 2013. During the holiday period the Mental Health Crisis and Assessment Team can be called 24 hours a day on 1 800 629 354.



## thinkNews

December 2012

**New Starters – Daniel Troy & Robin Wood-1**

**Think Xmas Opening Hours -1**

**Typical Mental Health Issues with Ageing- 1-2**

**MHCP Exceptional Circumstances Update-2**

**Obesity & Binge Eating – 2**

**Latest Staff Summary Table- 2**

## Typical Mental Health Issues with Ageing

Australians are living longer. Consequently health professionals and more specifically psychologists need to be aware and experienced in typical issues that older people encounter.

In 1901 the average life expectancy for an Australian male was 56 and 55 for an Australian female. For the period 2008-2010, the ABS cited that the average life expectancy for an Australian male was 79.5 years and 84.0 for an Australian female. In 2007, ABS statistics reported there were 2.4 million people aged 65-84. Clearly not only are we living longer, there are going to be more of us! This means that ageing issues such as physical, psychosocial health and wellbeing will become very prominent and as psychologists we have knowledge and expertise about how to assist older persons.

Many issues associated with getting older are related to **LOSS** namely:

- **Physical loss,**
- **mental loss**
- **loss of sensory abilities,**
- **psychosocial loss: life partner, friends, job, finances, housing, independence**

### Common Mental Health Issues in Aging

- Depression
- Suicide: one of the highest suicide rates is in the male 80+ age group
- Elder abuse: increasingly dependency on a carer or relative which generate frustration, anger and subsequent abuse
- Misuse of medications resulting in confusion, multiple reactions, delirium
- Late onset schizophrenia
- Anxiety : often caused by excess alcohol use or medication side-effect.

- Alcohol abuse: estimated 4-23% of older adults have an alcohol problem. Alcohol problems are more common in males: around 1 in 6 older men and 1 in 15 older females are drinking ETOH at levels that harm their health. About 1 in 3 older people with alcohol problems only start drinking excessively in later life. Additionally as the kidneys and liver become less efficient ability to breakdown and metabolise alcohol reduces so older persons are more adversely affected by smaller amounts. Approx 10-30% of older adults who abuse alcohol become depressed: they are also at greater risk of suicide. Retirement and loss of partner can provide additional triggers for excessive drinking.

### Changes in Mental Processes

- Cognitive changes such as sensation and perception, memory, intelligence, problem solving abilities, language, thinking patterns (can be increased inflexible, rigid thinking patterns)
- Decrease in speed with which information is encoded, stored and received
- Wisdom and creativity often continue to the very end of life (Picasso)

### Common Psychosocial Challenges in Older Persons

- Again **Loss** issues: increasing association with death (peers, life partner, colleagues)
- loss of identity, due to retirement
- loss of mobility, arthritis, independence i.e. driving
- **social isolation: loss of life partner, friends and resides far away from family/relatives**

Continued Page 2

# Typical Mental Health Issues Associated with Ageing (cont.)

## Psychosocial Challenges continued

- loss of home due to reduced capabilities, or even homelessness
- relocation to assisted living arrangements
- intergenerational issues: unresolved disputes etc.
- Therapists should speak more slowly, enunciate clearly
- Remember that elders do not learn at the same rate so material should be presented in 'chunks' with frequent repetition so key points can be learned
- Use several different sensory modalities to compensate for sensory deficits (use whiteboard, pictures, cartoons, handouts, written feedback)
- Short, succinct and sweet!
- Patience, persistence and flexibility critical to therapeutic engagement!

## Tips on psychotherapeutic delivery with older people

- Bereavement and grief issues are common and need to be worked through
- Reflection about coming to the end of one's life and acceptance of lost opportunities, life goals that will not now be met
- CBT can be done but needs to be modified: e.g., therapist needs to be **active** with salient issues (not allowing digressions) and maintaining structure of sessions
- Use clinical judgement to redirect client **focus on 'here and now' issues**
- Therapy may need to go at a **slower pace** sensory issues eg. hearing loss will impact on therapy

Robin Wood, Clinical Psychologist  
Think Psychology Solutions

### References:

Zarit, S.H. & Knight, B, G.(1996) (Eds.) A Guide to Psychotherapy and Aging. American Psychology Association. Washington: DC.

## Mental Health Care Plan – Exceptional Circumstances update

The Department of Health and Ageing has advised all Psychologists that sessions referred under an Exceptional Circumstances Plan (appointments 11-16 in a calendar year that began as a Mental Health Plan and Mental Health Plan Review) will cease at the end of 2012. The advice states that from 1 January 2013 the maximum number of rebated sessions a client can have in a year is 10. The Australian Psychological Society continues to lobby on behalf of Psychologists and clients to have the Exceptional Circumstances Plan re-introduced as the APS believes, and the evidence they have gathered supports this, that many clients require 10-16 appointments for effective psychological treatment.

## Staff Summary:

Psychologist	Clinical Psych?	Children (Under 12)	Adolescent (12-18)	Adult	Older Persons	Specialities/Interests/Experience
Kate Carnall			✓	✓		Perinatal mental health, personality disorders and work place issues.
Vanessa Hamilton	✓	✓	✓	✓		Anxiety, Depression, Bipolar, parenting issues and stress.
Terese Hutchison		✓	✓	✓	✓	Children (primary school age and under), adolescents, anxiety in kids, older persons
Lisa Knipe			✓	✓		Obesity and weight issues, eating disorders (esp. bulimia), anxiety, stress and depression.
Jason McCrae	✓		✓ (Males)	✓	✓	Anxiety and adjustment disorders, bipolar disorder, men, alcohol and gambling, workplace issues.
Brigid Ryan	✓		✓	✓		Perinatal mental health, adolescents, stress, and anxiety related disorders, depression.
Daniel Troy		✓	✓	✓		Depression, anxiety, Aspergers Disorder, working with children and families
Robin Wood	✓		✓	✓	✓	Older persons, clients with defence/military backgrounds, depression, stress and anxiety

## Referrals:

Referrals can be made directly to an individual psychologist or a general referral to the practice. Our reception staff will take a brief intake assessment with the patient over the telephone, to ensure an appointment is booked with an appropriate psychologist and within a suitable time-frame.

## Obesity and Binge Eating

Think's Lisa Knipe continues to develop and grow her work with client's facing binge eating and obesity-related health issues. If you have clients with eating or weight issues then please consider a referral to Lisa as part of the patients overall treatment plan. We would welcome such referrals as Lisa looks to expand her work in the area while completing her PhD on binge eating and obesity-related issues and treatment.

