



# think News

Newsletter from  
Think Psychology Solutions

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## Thought Bubbles

### Welcome to our Newsletter!

Welcome to the February 2012 Edition of Think News. This is our first ever edition of a regular newsletter filled with information about mental health assessment and treatment that we hope will be useful to our referrers and also any information about happenings at Think Psychology Solutions.

### Government Announces Reinstatement of Better Access

The Federal Government has announced the re-instatement of an additional six sessions of Better Access treatment (previously known as Exceptional Circumstances) for a transitional period from 1 March 2012 to 31 December 2012. Under the new arrangements the standard number of Better Access rebateable schemes will remain at 10 (6+4 sessions) however during this 'interim' period clients/patients with 'exceptional circumstances' will be eligible for another 6 sessions per calendar year, making a total of 16 (6+4+6).

For further information please see the Dept. of Health and Ageing website, [www.health.gov.au](http://www.health.gov.au)



## thinkNews February 2012

Welcome to our Newsletter-1  
When to Really Worry About  
Adolescents -1  
Better Access Reinstated -1  
The Perinatal Period -2  
Child Psych Added to ATAPS  
List - 2

## When to Really Worry About Adolescents....

Mental health disorders are now the leading cause of disability amongst young Australians and account for almost 50% of the burden of disease in the 15 to 24 year age group. Statistics indicate that in Australia there is typically 5 to 15 years between the onset of psychological problems in young people and their diagnosis and treatment. That represents a huge amount of human suffering that is largely preventable!

### A teenagers world

There are 4 key tasks of adolescence:

- identity formation
- independence
- making strong friendships
- find a place in the world

Trouble with one task is not necessarily cause for concern but trouble with two or more, warrants attention and follow up.

Teenager's these days live in five separate but overlapping worlds; their inner world, their peer group, their family, their school and the internet (or outside) world. If there are too many risk factors and not enough protective factors in any of these world's, the young person is vulnerable to emotional and behavioural problems.

### Signs that warrant concern:

- continual sadness, tearfulness or being 'out of sorts' for two weeks or more
- loss of interest in life and no longer enjoying things that use to give pleasure
- sleep difficulty
- apathetic or excessive tiredness
- trouble thinking or concentrating

- extreme obsessions with appearance or food
- significant weight change
- repeats seemingly pointless behaviour
- unexplained headaches, stomach aches or other somatic complaints
- persistent and uncharacteristic irritability
- uncharacteristic delinquent, thrill seeking or promiscuous behaviour

### Conclusions

GPs are the backbone of adolescent mental health in Australia and are perceived as one of the most credible sources of health care information. If you have a young person who is experiencing difficulty with more than one task of adolescence, is having marked problems in one of their worlds or presents with any of the above signs of concern, please consider referring them for psychological input.

*Vanessa Hamilton*  
Clinical Psychologist

Source: When to Really Worry, Carr-Gregg, 2010

FYI – ACT Medicare Local is hosting a Black Dog Mental Health Skills training course "Dealing with Adolescent Depression" on Saturday the 17th of March. For more details see [www.actml.com.au](http://www.actml.com.au)



# The Perinatal Period

The perinatal period is the time from conception and pregnancy through to the first year following pregnancy or birth. Management of perinatal mental health is crucial to the ongoing wellbeing of a woman and her child, as well as the functioning of a woman's family, wider interests and career. The perinatal period is a time of great change so it is normal that women and their partner should experience a range and intensity of emotions.

The impact of pregnancy and especially parenthood is often underestimated. While stress and worry are expected during this time, for some women pregnancy and early parenthood can trigger symptoms of more serious mental health issues, such as mood disorder, anxiety, post-traumatic stress disorder and sometimes psychosis.

Some women will attempt to present as coping better than they are, for fear of judgement as a Mother and in some cases fear of losing their child.

It is also important to enquire about the mental wellbeing of the partner who may also be feeling overwhelmed and potentially experiencing mental health issues

## Warning Signs

Things to look out for in women in the perinatal period that indicate more serious mental health issues:

- Increase in intensity and severity of anxiety over a sustained period
- Depressed or irritable mood that lasts longer than a few days, more seriously longer than two weeks
- Excessive fear about the safety and health of baby
- Obsessive thoughts and/or images (e.g. the baby dying, people contaminating the baby) and compulsive behaviours (e.g. excessive checking, washing, rituals)
- Can't rest even when the baby is sleeping
- Are unable to enjoy activities they used to enjoy prior to the pregnancy or baby's birth
- Can't concentrate, make decisions or get things done
- Have physical symptoms such as heart palpitations, hyperventilation, constant headaches, sweaty hands, loss of appetite
- Feel numb and remote from family members and friends
- Feel disconnected from baby (in utero and/or when born)
- Feel out of control or "crazy"
- Have thoughts of harming themselves or the baby
- Have constant feelings of guilt or shame
- Feel trapped or in a hole or tunnel with no escape, wanting

- Experience feelings of grief, loss, tearfulness
- In puerperal psychosis the onset is often unexpected and rapid, usually occurs within 48 hours to two weeks from giving birth (but may occur up to three months post the birth) and presents as mood swings, confusion, strange beliefs and hallucinations.

In the context of the demands of pregnancy and parenthood, these symptoms need to be evaluated as excessive and interfering to a high degree with the Mother's functioning. Taking a personal and family history of mental illness is important in gauging the likelihood of mental illness and risk. You can also use the Edinburgh Postnatal Depression Scale (copy available at [http://www.beyondblue.org.au/index.aspx?link\\_id=103.885](http://www.beyondblue.org.au/index.aspx?link_id=103.885)) as a screen for possible postnatal depression, which can then be followed up with further assessment.

Treatments for managing perinatal mental health are psychological treatment or therapy and where appropriate psychotropic medications.

Doctors choosing to prescribe antidepressants, mood stabilisers, antipsychotics or benzodiazepines in breastfeeding Mothers and during pregnancy need to be guided by knowledge of the effects of such drugs on the baby and Mother weighed up against the risk of untreated mental illness in the Mother.

Brigid Ryan  
Clinical Psychologist

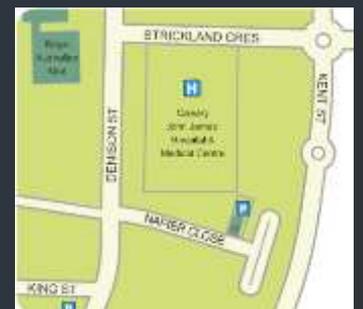
**Article Sources:** Clinical Practice Guidelines: Depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period. A guideline for primary care health professionals. February 2011. NHMRC approved guidelines; *The Pregnancy and Postpartum Anxiety Workbook* by Wiegartz and Gyoerkoe (2009)

**Useful Perinatal Resources:**  
Perinatal Mental Health Consultation Service - 62051469  
[PerinatalMHCS@act.gov.au](mailto:PerinatalMHCS@act.gov.au)  
[www.beyondblue.org.au](http://www.beyondblue.org.au)  
[www.qidgetfoundation.com.au](http://www.qidgetfoundation.com.au)  
[www.motherisk.org](http://www.motherisk.org)

## More Thoughts

### Child Psychologist added to ATAPS referral list

Terese Hutchison from our practice has been added to the list of eligible referrers under the Medicare Local ATAPS referral scheme. Terese is a registered Psychologist and is completing her final months of specialist Clinical Psychology training. She has worked previously at CAMHS, as a Primary School counsellor and at the Office for Children, Youth and Family Support. She works with children, adolescents and adults but is particularly skilled with children, adolescents and their families. Terese is also able to be referred to under a Better Access GP Mental Health Plan.



## Staff Summary:

Psychologist	Clinical Psych?	Children (Under 12)	Adolescent (12 – 18)	Adult	Specialities/Interests/ Experience
Vanessa Hamilton	✓	✓	✓	✓	Anxiety, Depression, Bipolar, parenting issues and stress.
Terese Hutchison		✓	✓	✓	Children (primary school age and under), adolescents, anxiety in kids, disabilities.
Jason McCrae	✓		✓ (Males)	✓	Anxiety and adjustment disorders, men, alcohol and substance use, relationships.
Brigid Ryan	✓		✓	✓	Perinatal mental health, adolescents, stress and anxiety related disorders, depression

## 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.