

**MHPN  
WEBINAR**


Thursday, 24 June 2021

**Is it depression or adjustment disorder?**




1


**Tonight's panel**




**Dr Monica Moore**  
General Practitioner




**Professor Maria Kangas**  
Psychologist



**Dr Curtis Gray**  
Psychiatrist



**Facilitator:**  
**Dr Mary Emeleus**  
Psychiatric Registrar



2

## The webinar platform

To interact with the webinar platform and to access resources, select the following options:



**Information:** To access presentation information, links for live chat, resources and webcast support click on this icon located in the lower right corner of your screen.



**Ask a question:** To ask the speakers a question, click on the speech bubble icon in the lower right corner of your screen.



**Chat:** To open the audience chat box, click on this icon located in the top right hand side corner of your screen.



**Change slide and video layout:** To change the layout, e.g. make the video larger and the slides smaller, click on this icon in the top right corner of the slide window.



**View:** To change your view to slide only or video only, click on this icon in the bottom right corner of the slide or video window.



**Survey:** To access the survey before the webinar ends click on this icon, which is in the lower right corner of your screen.



3

## Learning outcomes

Through an exploration of adjustment disorder the webinar will provide participants with the opportunity to:

- Describe the symptoms of adjustment disorder.
- Identify associations, comorbidities and patterns of treatment-seeking behaviour of people experiencing adjustment disorder.
- Describe tips and strategies that can improve the mental health and wellbeing of a person experiencing adjustment disorder.
- Demonstrate the importance of collaboration and appropriate referrals when providing care for people experiencing adjustment disorder.



4

## A General Practitioner's perspective

Depression- despair; loss of hope



Dr Monica Moore

Howard Scott, flickr



5

## A General Practitioner's perspective

Adjustment disorder: lack of skills, resources



Dr Monica Moore

Inside out - Pixar - figurines MM



6

## A General Practitioner's perspective

### Pathology or life transition?



counselling flickr Cushing Memorial Library



Rabbi Twerski



Play group Janine Mellouk Flickr



Dr Monica Moore



7

## A General Practitioner's perspective

### Biology and environment

### Therapeutic reframing



3 boxes pixabay 3D Animation Production Company



Dr Monica Moore



8

## A General Practitioner's perspective

### Well-managed adjustment



Self-knowledge and growth



Dr Monica Moore



9

## A Psychologist's perspective

### Melissa Case Study - 45-year-old female living with her 2 teenage offspring (17 & 15 years)

#### Recent Key Stressor Nodal Points

- 8 months ago – separated from husband - affair with a best friend
- Recently increased financial pressure – school fees in arrears (~\$20K)
- Pending sale of family home -> rental uncertainty
- Social awkwardness in friendship circle

#### Symptoms reported thus far:

- Depressed/low mood
- Fatigue/exhaustion
- Loss of interest in socialising/withdrawal/loneliness
- Sleep disturbances
- Guilt ('impact on children')
- Frequent crying/ loss of pleasure



Professor Maria Kangas



10

## A Psychologist's perspective

### Diagnostic Considerations

DSM - 5	Adjustment Disorder (with Depressed Mood)	Major Depressive Disorder (MDD) –Episode/s
Triggers	Traumatic or situational life stressors	Significant life stressors (e.g. financial ruin)
Criterion A	Emotional/Behavioral symptoms (Sx) to an identifiable stressor/s occurring within 3 months of stressor onset	5 or more of 9 Sx present within same 2 week period: 1) Depressed mood* 2) Loss of interest/pleasure* 3) Weight & appetite changes 4) Sleep problems 5) Fatigue/ ↓ energy 6) Psychomotor changes/irritability 7) Worthlessness/ guilt/self-reproach 8) Concentration difficulties 9) Recurrent suicidal ideation
Criterion B	Meet one or both Sx: 1) Marked distress – 'out of proportion' to stressor 2) Sig. impairment in functioning	Sx. Cause clinically significant distress or impairment in functioning
Criterion C	Stress-Sx does NOT meet criteria for another disorder & not mere ↑ of pre-existing disorder	Sx. NOT due to effects of substances or medical conditions
Criterion D	Sx do NOT represent normal bereavement	Not better explained by Psychotic disorders inc. Schizophrenia
Criterion E	Once stressor or its consequences end, Sx do <u>not</u> persist > 6 mths	Never been a manic or hypomanic episode
Specifiers	<b>Depressed Mood:</b> low mood, crying, hopelessness	Inc. mild/moderate/severe and single v recurrent episodes



Professor Maria Kangas



11

## A Psychologist's perspective

### Diagnostic Considerations - Melissa

DSM - 5	Adjustment Disorder (with Depressed Mood)	Major Depressive Disorder (MDD) –Episode/s
Triggers	Traumatic or situational life stressors	Significant life stressors (e.g. financial ruin)
Criterion A	Emotional/Behavioral symptoms (Sx) to an identifiable stressor/s occurring <u>within 3 months</u> of stressor onset	5 or more of 9 Sx present within <u>same 2 week</u> period: 1) Depressed mood 2) Loss of interest/pleasure 3) Weight & appetite changes 4) Sleep problems 5) Fatigue/ ↓ energy 6) Psychomotor changes/irritable or retardation 7) Worthlessness/ guilt/self-reproach 8) Concentration difficulties 9) Recurrent suicidal ideation
Criterion B	Meet one or both Sx: 1) Marked distress – out of proportion to stressor 2) Sig. impairment in functioning	Sx. Cause clinically significant distress or impairment in functioning
Criterion C	<b>Stress-Sx does NOT meet criteria for another disorder &amp; not mere ↑ of pre-existing disorder</b>	Sx. NOT due to effects of substances or medical conditions
Criterion D	Sx do NOT represent normal bereavement	Not better explained by Psychotic disorders inc. Schizophrenia
Criterion E	Once stressor or its consequences end, Sx do <u>not</u> persist > 6 mths	Never been a manic or hypomanic episode
Specifiers	<b>Depressed Mood:</b> low mood, crying, hopelessness	Inc. mild/moderate/severe and single v recurrent episodes



Professor Maria Kangas



12

## A Psychologist's perspective

### Further Considerations

#### Previous psychiatric history

- Including experience with mental health services/therapy (& outcomes)
- Screening for suicidal risk
- Social supports and willingness to reach out

#### Willingness to receive psychotherapy (informed consent)

- Financial constraints – gap cover cost (Medicare/MHP)
- Client strengths and resources



Professor Maria Kangas



13

## A Psychologist's perspective

### Psychotherapy Considerations

- Symptoms triggered via stress-response
- Unresolved ADs can morph into chronic psychopathology (e.g., O'Donnell et al., 2016)
- Behavioural responses – withdrawal, isolation
- Physiological impacts - sleep, fatigue /exhaustion
- Cognitive attributions – guilt; self-worth
- **Behavioural Activation (with CT)**
  - Activity Scheduling – factoring in value based activities - E.g. parenting, community, social relations, hobbies, personal growth/education/career, physical well-being
  - Attributions – self, others and world outlook.
  - Strengthening resilient capacities



Professor Maria Kangas



14

## A Psychiatrist's perspective

### "Depression" as a "construct"

- When is "depression an illness", and worthy of treatment?
- Consider a spectrum.....

Reactive (approximates Adjustment Disorder)

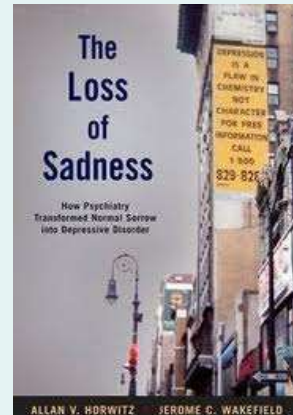
"Neurotic"

"Endogenous"/Melancholic

- PMR, slowed and "depressive" thinking, agitation in elderly



Dr Curtis Gray



15

## A Psychiatrist's perspective

### Adjustment Disorder

- Clinically significant emotional or behavioural symptoms in response to an identifiable stressor occurring within 3 months of the onset of the stressor
  - Marked distress that is in excess of what would be expected from exposure to the stressor
  - Or significant impairment in social or occupational functioning
- The stress-related disturbance does not meet the criteria for another Axis I disorder
- The symptoms do not represent bereavement (except when bereavement is in excess of, or more prolonged than, what would be expected)



Dr Curtis Gray

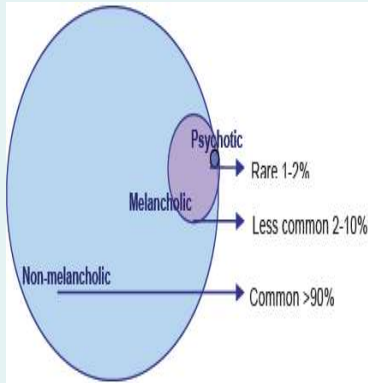


16



## A Psychiatrist's perspective

### Depression - Subtyping



Dr Curtis Gray

1. Non-interactiveness	<input type="checkbox"/>		
2. Facial immobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Postural slumping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Non-reactivity	<input type="checkbox"/>		
5. Facial apprehension	<input type="checkbox"/>		<input type="checkbox"/>
6. Delay in responding verbally	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Length of verbal responses	<input type="checkbox"/>		
8. Inattentiveness	<input type="checkbox"/>		
9. Facial agitation	<input type="checkbox"/>		<input type="checkbox"/>
10. Body immobility (amount, not speed)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Motor agitation	<input type="checkbox"/>		<input type="checkbox"/>
12. Poverty of associations	<input type="checkbox"/>		
13. Slowed movement (speed, not amount)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Verbal stereotypy	<input type="checkbox"/>		<input type="checkbox"/>
15. Delay in motor activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Impaired spontaneity of talk	<input type="checkbox"/>		
17. Slowing of speech rate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18. Stereotyped movements	<input type="checkbox"/>		<input type="checkbox"/>

NI = Non-Interactiveness  
RT = Retardation  
AG = Agitation

NI    RT    AG

The key feature which defines melancholic depression is observable psychomotor disturbance (PMD) – i.e. retardation and/or agitation together with a cognitive processing difficulty.

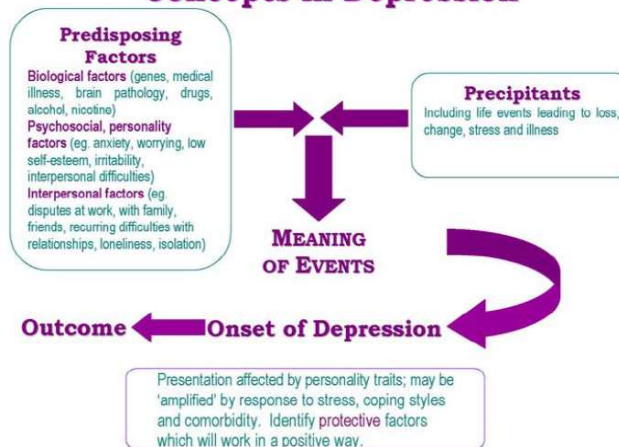
Ref: Black Dog Institute



17

## A Psychiatrist's perspective

### Model for Integrating Concepts in Depression



Dr Curtis Gray

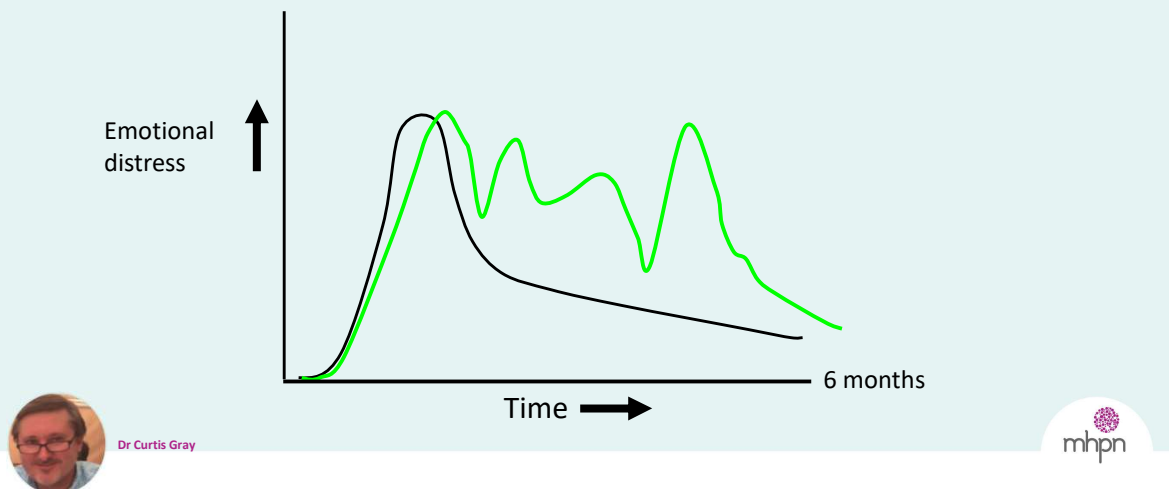
Ref: Black Dog Institute



18

## A Psychiatrist's perspective

### Psychological Adjustment - course

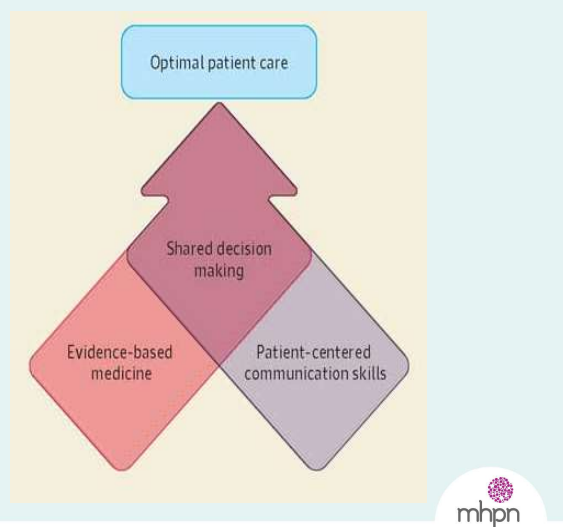


19

## A Psychiatrist's perspective

### Management

- Paucity of research
- In clinical practice, 3 approaches to treatment deserve consideration on the basis of the stress response model:
  1. Modifying or removing the stressor
  2. Facilitating adaptation to the stressor using various psychological therapies
  3. Altering the symptomatic response to the stressor with medication or behavioural approaches
- Consider natural history +/- chronicity of stressor, such that some may "morph" into eg. MDD or GAD



20

## Q&A Session



**Dr Monica Moore**  
General Practitioner



**Professor Maria Kangas**  
Psychologist



**Dr Curtis Gray**  
Psychiatrist



**Facilitator:**  
**Dr Mary Emeleus**  
Psychiatric Registrar



21

## Thank you for your participation

- Please ensure you complete the *exit survey* before you log out; either click the "Pie Chart" icon in the lower right corner of your screen (beside the speech bubble) or wait for a message to pop up on your screen after this webinar ends.
- A Statement of Attendance for this webinar will be issued within four weeks
- Each participant will be sent a link to the online resources associated with this webinar within two weeks.



22

## MHPN Presents

**NOW LIVE:** Listen to the latest episodes of MHPN's podcast series, *Transitions*.

Five new episodes of our series '*Transitions*' have been released on our website, Spotify, and Apple. The final episode in the series will be available on Wednesday 30 June.

Tonight's panellist, Dr Monica Moore co-hosts the podcast with Julianne Whyte; they are joined throughout the series by guest experts to discuss the impacts of major life changes on mental health and wellbeing.

You can listen to *Transitions* by going to our website, or searching for "MHPN Presents" wherever you get your podcasts.



23

## MHPN networks

Would you like to continue the 'Is it depression or adjustment disorder?' discussion with local practitioners?

Or perhaps start discussing issues of local relevance? MHPN Project Officers are available to help you establish and support interdisciplinary mental health networks across metropolitan, regional, rural and remote Australia.

We have 373 networks around the country. Visit our online map to find out which networks are close to you at [mhp.org.au](http://mhp.org.au) or contact Jacqui O'Loughlin at [networks@mhp.org.au](mailto:networks@mhp.org.au).



24

**Thank you for your contribution and participation.**

**Good evening.**

