

Webinar

# Psychosis: working together, working better.

## An interdisciplinary panel discussion

**Tuesday 5<sup>th</sup> July 2011**

**“Working together. Working better.”**

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

# This webinar is presented by



## Panel

- Alan Hainsworth
- Dr John Farhall
- Professor Alan Rosen

## Facilitator

- Dr Michael Murray

# This webinar is hosted by



- A Commonwealth funded project supporting the development of sustainable interdisciplinary collaboration in the local primary mental health sector across Australia
- Currently supporting approx. 480 local interdisciplinary mental health networks
- For more information or to join a local network visit [www.mhpn.org.au](http://www.mhpn.org.au)

# Learning Objectives

**At the end of the session participants will:**

- *Recognise the phases of illness and disability requiring specific interventions and care in psychotic disorders*
- *Recognise the common core principles of effective mental health treatment of psychotic disorders*
- *Recognise the challenges and opportunities in providing integrated and holistic mental health services for people experiencing psychotic disorders*

To find out more about your discipline's CPD recognition visit [www.mhpn.org.au](http://www.mhpn.org.au)

# Session outline



**The webinar is comprised of two parts:**

- Facilitated interdisciplinary panel discussion
- Question and answers fielded from the audience

# Session ground rules

- The facilitator will moderate the panel discussion and field questions from the audience
- Submit your question/s for the panel by typing them in the message box to right hand side of your screen
- If your specific question is not addressed or if you want to continue the discussion, feel free to participate in a post-webinar online forum on MHPN Online
- Ensure sound is on and volume turned up on your computer
- Webinar recording and PowerPoint slides will be posted on MHPN's website within 24 hours of the live activity
- For further technical support call **1800 733 416**





Artwork courtesy of  
**The Stables, Prahran Mission**

# Mental Health Nurse response to Mark



Alan Hainsworth

## Symptom picture

- Paranoid and grandiose delusions
- Auditory hallucinations
- Thought disorder/ Disorganisation of thought
- Chaotic and disorganised
- Angry and irritable
- Dishevelled and unkempt



# Mental Health Nurse response to Mark



Alan Hainsworth

## Symptom picture continued ...

- Alcohol abuse
- Financial problems
- Social isolation
- Housing problems
- Dental neglect
- Possible STD
- Non-compliance

# Mental Health Nurse response to Mark



Alan Hainsworth

## Strength based assessment

- Good sense of humour
- Good company
- Well-liked by all staff at the surgery
- Likes to help others
- Very knowledgeable about martial arts
- Has made a keep-fit video which he performs in and narrates
- Imaginative and creative thinker

# Mental Health Nurse response to Mark



Alan Hainsworth

## Strength based assessment continued

- Highly intelligent
- Hard worker
- Highly skilled and popular fruit picker
- Loyal
- Doesn't like letting people down
- Resilient/positive outlook
- Enjoys visiting the surgery and receiving support
- Has lots of energy



Dr John Farhall

# Psychologist response to Mark

## Framework for treatment of psychotic disorders

### A. Illness management

- Current symptoms
- Enduring vulnerability

### B. Social recovery

- Acquiring supports that maximise functioning (adaptation = skills + supports)
- Getting on with living 'outside of mental illness' (interests; work; citizenship)
- Relating comfortably with family and significant others

### C. Personal (psychological) recovery

# Psychologist response to Mark



Dr John Farhall

## Four components of personal (psychological) recovery

### 1. Dealing with emotional issues

(depression; social anxiety; trauma; self-esteem; relationship issues)

### 2. Understanding what's happened to me

(building a helpful personalised explanatory model)

### 3. Self-management of symptoms and vulnerability

(coping with persisting voices, paranoia; managing stress; relapse prevention & advance directives for future episodes)

### 4. Getting in touch with values

(how to orient my life today to what's important to me)



Dr John Farhall

# Psychologist response to Mark

## 1st component of psychological recovery: addressing Mark's emotional issues

### ➤ **Rationale:**

- Consumers living with psychosis (validly) seek help for emotional issues: depression; relationships, etc.
- Resolving these via therapy or support may reduce relapse as well as improve functioning

### ➤ **Emotional issue to address:**

- Mark is lonely & is estranged from his father.

### ➤ **Other issues Mark may be struggling with:**

- Social anxiety; Low self-esteem; Early loss or trauma; Traumas of psychosis or homelessness

# Psychologist response to Mark



Dr John Farhall

## 2nd component of psychological recovery: building a personalised understanding of psychosis

**Aim:** for Mark to have a story about what has happened to him that prompts adaptive action

*e.g. I've had a tough life, so my mind plays up sometimes, but I like my freedom and I can make a good video. I hear voices when stressed and I worry about the past too much. I seem to go best if I keep in touch with the Nurse and do casual work.*

- Couching Mark's experiences in terms of the Vulnerability-Stress-Coping model is helpful



# Psychologist response to Mark



Dr John Farhall

## 3rd component to psychological recovery: self-management of symptoms

### Aim: to support Mark's self-management of psychotic symptoms

#### ➤ 1<sup>st</sup> Step:

**If Mark is engulfed in a delusional world, aim to separate self from symptom**

- Foster an observer stance (e.g. How much did you get caught up in the boy soldier thinking this am?)

#### ➤ Enhance coping strategies if delusions or voices are distressing or distracting

- Explore current coping (e.g. You did your relaxation.. great!)
- Support & extend current coping (With behavioural or cognitive enhancements: e.g. "I'll leave it alone this time - no reason to upset myself just now" )



Dr John Farhall

# Psychologist response to Mark

## 4th component to psychological recovery: getting in touch with values

### How can we help?

#### ➤ Ask Mark what's important to him...

- What do you enjoy doing? What is your philosophy of life? Are you a spiritual person? What has moved you in the past? If you didn't have any troubles, what would you be doing?

#### ➤ Observe what's important and discuss it...

- What do you like about fruit picking? Living in Kings Cross? What do you get out of coming to this service?

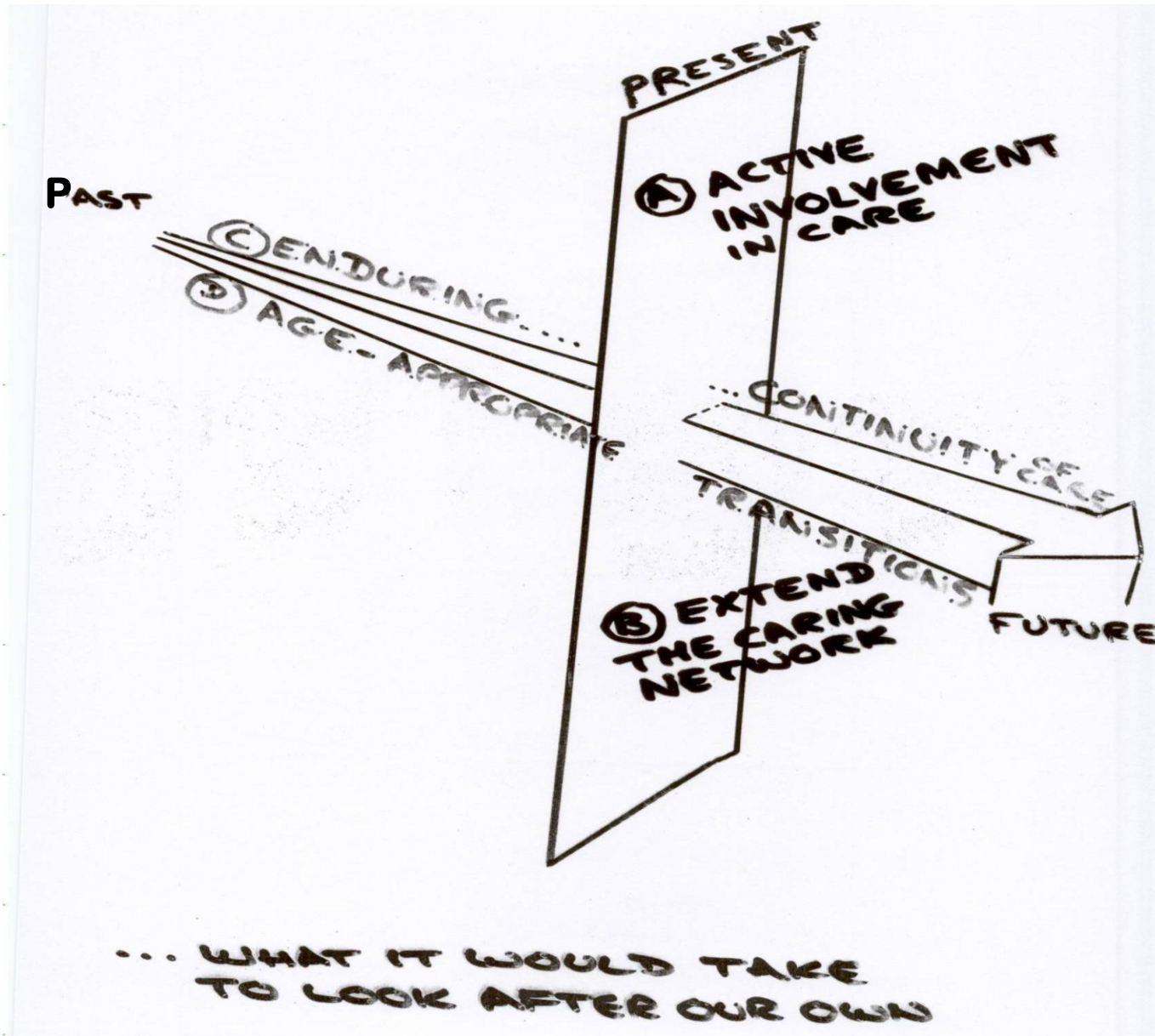
#### ➤ Work with him to...

- Do some small valued thing every day (e.g. being nice to someone; appreciating nature)
- Build goals (e.g. getting regular part-time work) and take steps

# Psychiatrist response to Mark



Prof Alan Rosen

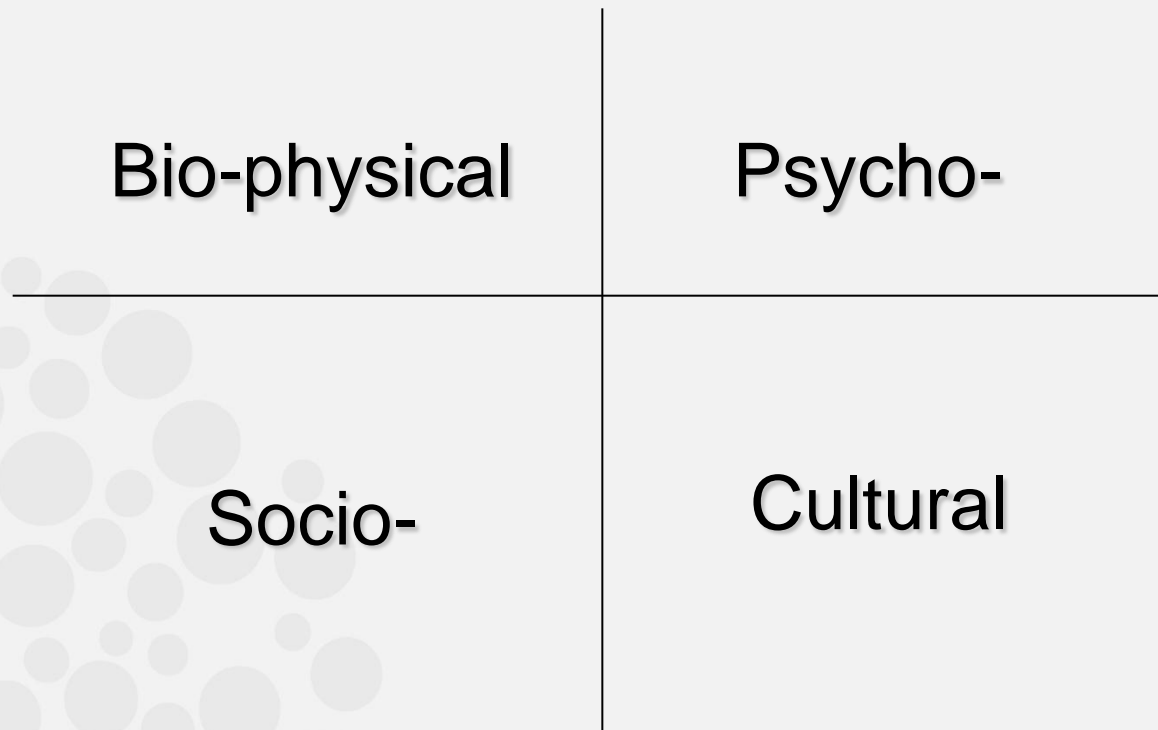


# Psychiatrist response to Mark



Prof Alan Rosen

## Integrated Holistic Care in Psychosis



# Psychiatrist response to Mark



Prof Alan Rosen

## Bio-physical

- low dose technologies
- low impact environments wherever possible
  - home-based care
  - voluntary admissions
  - unlocked facilities
  - oral medication



Prof Alan Rosen

# Psychiatrist response to Mark

## Integrated/holistic care in Psychosis

### Psycho-

- care coordinator/coach
- supportive counselling
- Cognitive Behavioural Therapies
- Neurocognitive Remediation
- finding a place for psychosis in your life
- self-esteem
- developmental milestones

# Psychiatrist response to Mark



Prof Alan Rosen

## Therapeutic optimism

- = a mindset acknowledging evidence anticipating far greater possibilities of recovery from an illness than hitherto considered possible.
- Hope instilling, learned optimism, positive psychology ( Seligman, Grant )
- Has an evidence base, and relevant skills can be learned, taught and operationalized.
- P. McGorry et al, 1999
- D. Shiers, A. Rosen, A. Shiers, 2009



# Psychiatrist response to Mark



Prof Alan Rosen

## Integrated/holistic Care in Psychosis

### Socio-

- retaining and/or temporarily replacing social network
- vocational and leisure rehabilitation
- return to studies, skill training or work
- group learning – e.g. that you are not alone



Prof Alan Rosen

# Psychiatrist response to Mark

## Woodshedding

“Periods of no apparent improvement while acquiring subtle increments of self-esteem, competence, stamina and social skills”. *J. Strauss, 1999*

Woodshedding typically manifests at the end of a period of uneventful convalescence or quiet healing and right at the beginning of the road to recovery.

*C. Harding, 2003*



Prof Alan Rosen

# Psychiatrist response to Mark

## Readiness

- = a person's own preparedness for constructive or even radical change
- The service-user's timeframe of readiness for change is more important than the provider's timetable for goal attainment.
  - M. White & D. Epston, 1989
  - W. Anthony, 2004
- Recovery oriented services should provide a nurturing environment to encourage readiness



Prof Alan Rosen

# Psychiatrist response to Mark

## Integrated/holistic Care in Psychosis

### Cultural

- working with the family
- dealing with stigma and discrimination
- recovery of your place in the community as a full citizen

# Psychiatrist response to Mark



Prof Alan Rosen

## Continuum of Care

### Acute Stream

<b>Crisis Intervention</b> Mobile 7 day and night	<b>Respite</b> alternatives to inpatient care	Emergency Department	Acute In-patient	<b>Continuity of Care</b> Care Coordination
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**Evidence-Based Interventions, GP Shared Care  
& Peer Support Specialists**

# Psychiatrist response to Mark



Prof Alan Rosen

## Rehabilitation - Recovery Stream

<b>Continuity of Care</b> Care Coordination	<b>ACT</b> Assertive Community Treatment Case Management	Low Level Supervision Community <b>Residential</b>	High Level Supervision Community <b>Residential</b>	Medium to Long term <b>In-patient</b> rehabilitation
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**Vocational Interventions, GP Shared Care  
& Consumer Peer Support Specialists**





Artwork courtesy of  
The Stables, Prahran Mission



# MHPN Project Update



- The Department of Health and Ageing has agreed to an extension of MHPN's current funding agreement until **31 October 2011** while the processing of a new contract takes place.
- The proposed new contract will run from **November 2011 until June 2014**.
- This step will maintain continuity in consolidating the **480 MHPN networks** across Australia
- These networks have had over **10,000 attendances** from clinicians in the past year.
- The MHPN webinar series will be extended for the next **12 months**. So far they have attracted over **7,000 podcast downloads**.
- We look forward to continuing this exciting journey with you

# Thank you for your participation



- Please complete the exit survey before you log out
- To continue the interdisciplinary discussion please go to the online forum on MHPN Online
- Each participant will be sent a link to online resources associated with this webinar within 24 hours
- The next MHPN webinar will be 'Understanding Group Development: Tips to Establish and Maintain your Network' on Wednesday 20 July 2011 at 6-7pm
- For more information about MHPN networks and online activities visit [www.mhpn.org.au](http://www.mhpn.org.au)

**Thank you for your contribution and  
participation**