

Webinar

An interdisciplinary panel discussion

Bipolar Mood Disorder: working together, working better

Monday 5th December 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

- Ms Ingi Barr
- Professor David Castle
- Associate Professor Greg Murray
- Dr Mary Emeleus

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. 450 local interdisciplinary mental health networks
- For more information or to join a local network visit www.mhpn.org.au

Learning Objectives

At the end of the session participants will:

- ***Better understand the key principles of intervention and the roles of different disciplines in providing integrated mental health services to bipolar mood disorder presentations.***
- ***Better understand the merits, challenges and opportunities in providing integrated mental health services for people experiencing bipolar mood disorders***

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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 question/s for the panel by typing them in the message box to right hand side of your screen
- If your specific question/s 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. If you are experiencing problems with sound, dial (toll free) 1800142516 on your telephone landline & enter the pass code 40151365#
- Webinar recording and PowerPoint slides will be posted on MHPN's website within 24 hours of the live activity

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Consumer perspective

Sandra: a case study

- Acknowledge Sandra is a person not just a case
- Give her a voice and unpack her situation
- Consider and value her integrity, dignity, vulnerability, safety



Ingi Barr
Consumer Advocate

Consumer perspective

At the time of referral Sandra's needs are:

- Help with her cognition
- Strategies for managing her illness and her life
- Addressing her anxiety
- Adjusting to her newly diagnosed illness with insight
- Adjusting to being in a psychiatric ward



Ingi Barr
Consumer Advocate

continued

Consumer perspective

At the time of referral Sandra's needs are:

- Adjusting to unfamiliar medications
- Addressing shame about being unwell in front of work colleagues
- An education about her illness and managing it
- Needs a pregnancy test
- Screening for STDs



Ingi Barr
Consumer Advocate

Consumer perspective

At the time of referral her fears/concerns are:

- Being perceived as crazy
- Fear of the illness, and of relapsing again
- Fear of being in a psychiatric ward
- Adjusting to unfamiliar medications
- Losing her job and the support of her work colleagues

continued



Ingi Barr
Consumer Advocate

Consumer perspective

At the time of referral her fears/concerns are:

- Losing her job could mean losing financial independence
- Losing her rented flat
- If she keeps her job, can she face her work colleagues ever again?
- Can she still work? How does she get work ready again?
- Fear of being pregnant or catching an STD to a stranger



Ingi Barr
Consumer Advocate

Consumer perspective

In conclusion:

- Sandra has a multiplicity of critical needs/fears/concerns
- These are medical, psychological, and lifestyle issues
- An integrated, collaborative approach would be advantageous for Sandra involving her psychiatrist, GP, psychologist, social worker etc
- A broad spectrum approach involving all mental health providers could then holistically cover all areas of her health, promoting greater quality of life and her chances of successfully living with and surviving the illness.



Ingi Barr
Consumer Advocate

Psychiatrist perspective

- Be aware of behaviours out of keeping with the person's usual pattern
- Cardinal features of bipolar mania are evident
- Hospitalisation required for containment and treatment: defines as bipolar I
- Need to exclude organic factors, including illicit substances
- Need to be aware of potential impact on professional standing and ability to work as a nurse



Professor David Castle
Psychiatrist

Psychologist perspective

- Build a working relationship
 - Adjustment to the event
 - Protect hope and model optimism
- Assessment and case formulation
 - DSM diagnosis, strengths and personality
 - Collaborative, positive goal setting



**Associate Professor
Greg Murray**
Clinical Psychologist

Psychologist perspective

- Psycho-education about Bipolar Mood Disorder
 - Stress/vulnerability model
 - Self-management and staying well
 - Who is on the team?
- Commence skill development
 - Social rhythm stabilisation, improving sleep
 - The power of planning
 - Breaking depressive and manic spirals



**Associate Professor
Greg Murray**
Clinical Psychologist

GP perspective

Re BPAD diagnosis:

- BPAD is not like pregnancy (HCG in urine, or not) or a fracture
- All behaviours are on a spectrum and who decides what is normal or not?
- Being aware of one's own biases/views esp re morality, acceptable behaviours etc
- Is BPAD over-diagnosed?
- I personally refer to a psychiatrist if I suspect BPAD, even if psychiatrists are hard to access or we have to use teleconferencing or at a minimum seek telephone advice. It is a rare condition, and these are the people who should be accessing psychiatrist time.



Dr Mary Emeleus
General Practitioner

GP perspective

In the acute episode: Body

- Sleep (this is my primary medication goal for Sandra in the immediate presentation)
- Nutrition
- Sexual Health may be at risk
- Contraception/pregnancy test
- Probably more prone to injuries, accidents and minor illnesses
- Consider any possible biological precipitants for her manic presentation: substance use, medication side effects (esp corticosteroids), hyperthyroidism, HIV, cerebral malignancy
- Should she be driving a vehicle?



Dr Mary Emeleus
General Practitioner

GP perspective

In the acute episode: Mind/Spirit

- What happened? Any recent life events which may have triggered the manic episode, and is a response needed immediately?
- Practical strategies to find sleep, time out, relaxation/slowing, and TLC with somebody sensible who can cope.
- Time off work to protect both Sandra and her patients
- Protecting against further harm; drugs and alcohol, finances, sexual health, reputation



Dr Mary Emeleus
General Practitioner

GP perspective

In the follow-up period: Body

- Acute mania effects many body systems, may be physically exhausted, tense, GI upsets
- Longer term sexual /reproductive health preventive care
- Nutrition
- Sleep
- Physical Activity
- Medication monitoring and education



Dr Mary Emeleus
General Practitioner

GP perspective

In the follow up period: Mind/Spirit (some or all may be referred to other professionals, but it helps if the GP thinks of them)

- Psychotherapy as an essential part of healing
- Further exploration of triggers, recent and distance past/ attempt to make sense of what has happened
- Recognise the diagnosis and treatment experience has probably had distressing aspects, if not traumatic aspects
- Support as she addresses fallout in relationships- family, friends, partners, colleagues



Dr Mary Emeleus
General Practitioner

continued

GP perspective

In the follow up period: Mind/Spirit

- Education/exploring the illness and what it means for the future
- Education of significant others
- Recovery is a meaningful possibility
- Referral to consumer networks/support e.g. PHAMS/NGOs
- May need extended time off work, advocacy with employer, Centrelink etc
- Disability Employment Services specialising in Mental Health



Dr Mary Emeleus
General Practitioner



Thank you for your participation

- **Please complete the exit survey before you log out**
- To continue the interdisciplinary discussion 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 is Collaborative Care in Mental Health and Substance Abuse at 7.15pm on Tuesday 7th February 2012
- **For more information about MHPN networks and online activities visit www.mhpn.org.au**

Thank you for your contribution and participation

Artwork (slide 22) courtesy of Arts Project Australia

Julian Martin

Not titled (abstracted animal on blue), 2010

pastel on paper

38 x 28cm

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