

MAPrc GAZETTE

Monash Alfred Psychiatric Research Centre Newsletter
Summer 2015



WOMEN'S MENTAL HEALTH IS GETTING TOUGHER

As part of National Mental Health Week 2015 Professor Jayashri Kulkarni presented a compelling lecture hosted by Monash University's Central Clinical School on the major issues which impact women and their mental wellbeing, and strategies for improving women's mental health. Chaired by former Governor General Dame Quentin Bryce, who also spoke eloquently on various aspects of women's mental health, Professor Kulkarni presented four case studies of women with different mental disorders. These illustrated how gender can play an important role in mental illness presentation and outcomes. For example, women are twice as likely to suffer from depression, anxiety disorders and suicide attempts when compared to men, with mental illness being gender specific in terms of symptom presentation. This makes it imperative that new services and

approaches to care are established to meet the needs of women.

Professor Kulkarni also launched the Australian Consortium for Women's Mental Health which aims to address the lack of awareness, support, treatments, services and translational research which currently surround women's mental health by developing a national agenda focused specifically on this area of healthcare. It will establish integrated physical and mental health strategies and approaches to care as a national focus, putting women's mental health on the map and ultimately optimising robust outcomes.

The Australian Consortium for Women's Mental Health is the collaboration of a number of expert individuals and organisations who are leading the way in advocating for women's mental health in Australia.



*Above: Dame Quentin Bryce with Prof. Jayashri Kulkarni
Below: Prof. Kulkarni launches the Australian Consortium for Women's Mental Health*



INSIDE THIS ISSUE

Women's Mental Health	1
A-Hoy! Research Excellence	2
Message from the Director	3
Impact of Our Work	4
de Castella Run 2 Mend Minds	7
In Her Shoes	8

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A-HOY! RESEARCH EXCELLENCE



Dr Kate Hoy

MAPrc's Dr Kate Hoy was recognised for her outstanding research recently at the National Health and Medical Research Council (NHMRC) Research Excellence Awards and Biennial Awards. Dr Hoy received the award for the highest ranked Career Development Fellowship – Biomedical, Level 1 for her research which looks at developing new treatments for cognitive impairment. According to Dr Hoy's research, cognitive impairment is a core feature of a number of psychiatric and neurological illnesses. Symptoms can range from poor attention and reduced memory to impaired planning and decision-making. These symptoms significantly interfere with everyday functioning and there are currently no effective treatments.

"The main achievement of my work to date has been a proof-of-concept study showing that direct current stimulation can improve working memory in patients with schizophrenia. I am now continuing this work to further investigate the clinical utility of this approach, namely looking at how long the effects last and if they can improve everyday functioning," Dr Hoy said. Minister for Health Sussan Ley, who presented the awards, said she was

proud of Australia's standing on the international research stage and that these awards recognised some of the leading Australian researchers.

"Australia is a world leader in health and medical research and these researchers will no doubt continue to make a strong contribution to improving the health of all Australians," Ms Ley said.

Dr Kate Hoy is a Senior Research Fellow, NHMRC Career Development Fellow and Clinical Neuropsychologist at MAPrc where she leads the Cognitive Neurotechnology Research Group.

Kate has worked in brain stimulation research for more than 12 years, has published over 50 scientific articles and 2 book chapters, and received over 2.6 million dollars competitive funding. She is currently funded by NHMRC, Beyond Blue, Alfred Health, and Monash University. She was awarded a 2013 Victorian Tall Poppy Science Award in recognition of both her research excellence and commitment to science communication. To add to her achievements, Kate has also been recently promoted to Associate Professor.



Dr Stuart Lee

MAPrc's Dr Stuart Lee has also been awarded an NHMRC 4 Year Health Professional Research Early Career Fellowship for his project "Skill building interventions to address barriers to social inclusion for people with schizophrenia"

Career Development Fellowships (CDFs) are highly competitive, four year fellowships that recognise and provide support for the most outstanding early to mid-career health and medical researchers in each Fellowship category.

Having completed a Doctorate in Clinical Neuropsychology with Monash University and worked at the Monash Alfred Psychiatry Research Centre since 2006, Dr Lee is interested in the cognitive and other psychological consequences of psychiatric, neurological and oncology disorders and novel ways to treat them.

"All too often treatment for these disorders focuses on the medical options, with the psychological distress or thinking and memory difficulties that have a profound effect on quality of life often missed," Dr Lee said.

MESSAGE FROM THE DIRECTOR



L-R Prof. Kulkarni and Anthony De Castella from MAPrc receive a \$10,000 donation from Nostra Homes Anthony Caruana, Mervat Caruana and Mario De Petro with the Nostra Team homes team watching on.

Professor Jayashri Kulkarni

Welcome to the new *MAPrc Gazette*, where we aim to share the latest updates on our work here at the Monash Alfred Psychiatric research centre.

We are proud of the researchers who work at MAPrc, seeking ways to improve the lives of those with mental illness and I'm delighted to advise that two of researchers were recently awarded Fellowships from the National Health and Medical Research Council (page 2).

Women's mental health is generally not well understood, is often ignored by the community and is certainly not recognised as a national health care priority. As part of National Mental Health Week in October I was pleased to launch the new Australian Consortium for Women's Mental Health which is a multidisciplinary team with expertise in women's mental health research, evaluation and clinical practice, primary care and policy. The Consortium is a collaboration of individuals and organisations who are leading the

way in advocating women's mental health, which is desperately underfunded.

MAPrc is a part of the Alfred Hospital where we provide vital services to outpatients, as well as conducting research as part of the Monash University community. We receive no government funding and rely on philanthropy and fundraising as well as support from Monash and the Alfred. So I'm thrilled to announce that during **Mend Minds Month** in September, our friends at Nostra Homes raised \$10,500 by pledging to donate \$500 to MAPrc for every house that they sold. Plus over 1,800 people ran and walked the Acquire Learning de Castella Run 2 Mend Minds and raised over \$100,000!

This is a fantastic result but there is still much more work to be done. On page 4 you will read the compelling story of young mother Mariska and the devastating effect of mental illness on her new family and how our research directly translates into

solutions for those living with the distress of mental illness. But we know there are so many more women out there like Mariska who urgently need access to our work. MAPrc is committed to finding new and innovative treatments for those experiencing the effects of mental illness, will you join us in leading the fight to mend minds and make a gift to us this Christmas?

Making a donation is simple, you can send a cheque or money order made out to *The Alfred Foundation/MAPrc* to MAPrc, Level 4, 607 St Kilda Road, Melbourne 3004 or to use a credit card, visit us online at <http://www.maprc.org.au/support-us>

Best Wishes and season's greetings.


Professor Jayashri Kulkarni
MAPrc Director

WORK: FROM MATERNITY WING TO POLICE DIVVY VAN



after I finished Year 12. Being somewhat of a high achiever and a perfectionist, I had pushed myself hard. When I became delusional, my mind racing a million miles an hour and I went days without sleep or much food, my parents took me to the family GP. Her explanation was that I had most likely been experimenting with drugs and she rolled her eyes when my parents stressed that wasn't the case. Searching for answers, it became clear that I had a serious mental health issue, the CAT team treated me at home, my parents terrified of letting their 18 year old daughter be treated in a Psychiatry Unit where I would be sharing a ward with men. After two weeks on medication, I seemed to 'snap out' of my psychotic state and with Lithium, went on to start my double degree in Communications and Business at Monash University and graduated top of my class from Monash, after marrying my high school sweetheart.

I actually didn't see a psychiatrist regularly until 2005, after a particularly severe episode. When he gave me permission to come off my medication and start trying for a baby his parting words were "give me a call if there are any problems after you have the baby." Two years later when things started going pear-shaped in the hospital, my husband hunted down his number and asked for help. By then, I hadn't been able to sleep at all for two days and both my husband and I knew I was becoming unwell. Being in a private hospital, there were no psychiatrists on staff and my own barely remembered me and didn't have visiting rights to see me in the hospital. I was scared and begged to see someone, but apart from a Social Worker, who recommended I go

adamant that my Private Health Insurance wouldn't cover a longer stay.

Our baby was just six days old, when my husband bundled his delusional wife and newborn son into the car and drove home.

During the next couple of days my condition took a dramatic turn for the worse. In the midst of my confusion, I believed he was trying to murder me and rang the police. When the police arrived, I was escorted outside and put in the back of a 'divvy' van. Still in pain after the birth, I tried in vain to keep upright in the back of the van, and not breathe in the horrible stench of urine and vomit.

The journey ended with me being locked up in the High Dependency Unit of a public hospital, sharing an open space with two men withdrawing from drugs, less than a week after giving birth. The worst part was being separated from my newborn son, who had been breastfed up until that point. I worried constantly about what was happening to him, and who had him. When I was finally allowed out of the High Dependency Unit, my husband brought our baby in to see me. We were allowed to visit in a small room, as children weren't allowed on the ward.

Finally after three weeks in the public hospital Psychiatry Unit I was to be transferred to a private hospital. To my delight, there I could enjoy visits with my baby in the privacy of my own room, rather than a conference room. Each day, my husband brought our son to my room in his black carry-bed and spent hours there with me. I loved the feeling that people trusted me to look after my child again.

THE IMPACT OF C



available in a private Unit. With a double bed we could all be together. The nurses here treated me like a mum. With my baby tucked in his little hospital cot, and I was sleeping beside me, I was happy at last. The unit was a Mother-Baby Unit. The majority of people there had baby's sleep related issues. We were all so happy and wanted to change from the unwell ward to the Psychiatry Units. I wanted myself to tell them what was there. Despite this line of shame, overall it was a healing time for me. The nurses were kind and compassionate. I attempted to deal with what happened and learnt to love my newborn. My husband brought in our baby in our bassinet as we didn't want baby to outgrow it before we had a chance to see him in it.

I felt so proud of my baby. I was able to take him down to the shops,

WORK: MARISKA'S STORY



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could and couldn't do. After a couple of weeks of therapy and rehabilitation at the Mother-Baby Unit, I was allowed to go home! Although I was still on high doses of medication, I soon got into the swing of being at home and as the weeks and then months passed without a relapse, or any issues, my confidence in myself gradually returned.

When our baby was six weeks old I joined a Mother's Group, who are some of my closest friends now. But again, I felt the stigma of mental illness and didn't tell my new friends of the horrific time I had just been through. By the time our son turned one, life was well and truly back on track and we started thinking toward the future and the possibility of having another baby. Our child had brought us so much joy, but at the same time, we had been through a terrible experience and wanted to do everything we could to avoid going through anything like that again. My new psychiatrist at the time, recommended I switch to a drug called Seroquel, and go to see

women taking Seroquel during pregnancy. Feeling very worried that I might become unwell again, I had lots of questions for her. It was so reassuring to hear actual evidence of women who had given birth to healthy babies and stayed well while taking this medication. Professor Kulkarni wrote me a letter outlining the steps she recommended I take to avoid having another relapse after my next baby, and also invited me to take part in the study once I became pregnant.

With a new psychiatrist, to support me in my next pregnancy, we worked on an action plan in case I became unwell after the birth. My psychiatrist gained visitation rights to the private hospital, with a psychiatric team on site. She reassured my husband and I that she would be available if anything went wrong again and gave us her mobile number to call in an emergency.

Our daughter was born by caesarean section in 2009. She was breech and a very big baby at 4.7 kilograms (10lb 4oz), something we had been told might be the case from research conducted by the mother/baby study. Although it saddened me, I was not convinced there was enough research into the effects of Seroquel on breastfed babies, so I chose to bottle feed her. However I did express a large amount of colostrum at 37 weeks pregnant before I went on the Seroquel, to feed her after her birth.

As lack of sleep is the trigger for my illness, an upside of bottle feeding was that my husband was able to do all the night feeds for me for the first 3 weeks. The night after our daughter was born I took a higher dose of Seroquel. With this in my system, I slept soundly and showed no signs of the insomnia that

autiful baby.
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immediate family and a couple of close friends, and rested as much as possible. I also checked our new daughter into the nursery at night, so that I could sleep undisturbed.

The day we brought our daughter home was one of the happiest of my life. My husband did all the night feeds for the first two weeks before he returned to work. Once he did return to work, we did one night feed each. Despite having Seroquel in my system, I was still able to get up at night and feed her. When our daughter was 11 months old I stumbled across some material from Professor Kulkarni about the mother/baby study. Deciding I would like to help other mums worried about the effects of Seroquel on their baby, I decided to call and volunteer to be part of the study. As our little girl was almost one (when the study usually ends) I did one interview over the phone, offering all of her developmental milestones and information about myself.

Loving motherhood and coping well with our one and three year olds, my husband and I agreed to extend our family and within a few months our next little one was on the way.

Before I fell pregnant, I went to see my psychiatrist, who was supportive of this decision and we decided to put the same action plan in place. From early on in this pregnancy, I was determined to be part of the mother/baby study again. The study co-ordinator, Heather, remembered me and during our interviews was able to offer me support during my pregnancy.

In the early months I suffered bad insomnia after stopping the Seroquel and had to go back on a very small dose to help with this. Heather happened to call for another interview, and could reassure me that other mums had taken the drug throughout their pregnancy with no

harm to their baby. It was wonderful to receive this reassurance and to hear about other women in my situation. In my last trimester the insomnia returned and I had to take 25 mg of Seroquel a few times a week to help me sleep.

Taking part in the Study gave us the confidence to have more children, knowing that it was possible for me to stay well and have healthy babies. For this we are very grateful.

Again, Heather was a source of comfort for me, as she told me other mums-to-be had done the same. Knowing that the Seroquel had caused our daughter to be very big, I chose to have a scan which showed our next baby was also big. Not wanting any birth complications, my husband and I decided, I would have an elective caesarean section at 38 weeks.

Our son was born in 2011 a perfectly healthy 9lbs 3oz. I had expressed two days' worth of colostrum for him, and again chose to bottle feed so that my husband could assist me with night feeds for the first two weeks. I went on to 100mg of Seroquel the night he was born and stayed on it for the first week. After that I went down to 50mg/night and when he was four months old reduced this to 25mg/night.

Our third child is an alert, happy, content baby. He has reached all his developmental milestones on time and is a wonderful addition to our family. I have stayed well, and am thrilled to have had no problems after his birth. Following the terrible time we endured after my first birth, we could easily have let fear stop us from having more children. But looking at our children I am so glad

we didn't. For me and my husband, taking part in the NRAMP study gave us the confidence to have more children, knowing that it was possible for me to stay well and have healthy babies. For this we are very grateful.

Following my experience I founded a supportive online community for mums living with bipolar, you can follow us on twitter @bipolarmums or visit us at www.bipolarmums.com "

The National Register of Antipsychotic Medication in Pregnancy (NRAMP) has been developed to gather information from women across Australia who are taking, or have taken, antipsychotic medication during pregnancy. NRAMP aims to:

Provide a better understanding of antipsychotic medication use during pregnancy, birth and for the first year of the baby's life.

Allow for the development of evidence-based guidelines for the best use and effect of antipsychotic medication during pregnancy, birth and the postnatal phase.

Assist healthcare professionals, and women with mental illness, to make informed decisions about appropriate treatment options, and encourage safer outcomes for both mother and baby, during pregnancy, birth and the postnatal phase.

If you or someone you know would be interested in participating in the NRAMP study please contact:

Ms Heather Gilbert

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Email:

heather.gilbert@monash.edu

ACQUIRE LEARNING de CASTELLA RUN 2 MEND MINDS

The 2015 Acquire Learning de Castella Run 2 Mend Minds was held on Sunday 30th August in absolutely perfect running conditions, the weather held out and the sun even made an appearance as the first finishers crossed the line. There was a fantastic turnout of participants in the leafy Melbourne suburb of Kew with over 1,800 runners and walkers there to raise awareness and funding for mental health research.

Congratulations to the following people who came in first in their respective distances:

15km - Ilana Ellis and Nick Ashton

10km - Aleisha Leonard and Erik Ueda

5km - Charlotte Bassett and Matthew Clarke



clinical relevance to improve the care of pregnant women suffering with depression, psychosis, anxiety disorders and other conditions. Her development of an integrated model of nursing care, incorporating midwives and mental health nurses, to support this vulnerable population will lead the way in special care for this group around Australia and internationally. This event helps to celebrate running and physical exercise, mental health and the great work conducted by MAPrc. We would like to thank everyone who got involved and helped to raise funds for this important cause.

If you would like to participate next year then visit our website <https://decastellarun.gofundraise.com.au>

The de Castella Run is one of Melbourne's oldest and most loved events on the fun run calendar!

First held in 1981 to honour

former Xavier student Rob de Castella, who had represented Australia a year earlier at the Moscow Olympics (10th in the marathon) and broken the marathon world record just months earlier, the event has become known for both its toughness and scenic courses around the hilly Kew boulevard.

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CALENDAR 2016

March

16-17 March

Clinical Transcranial Magnetic Stimulation Certification Courses
<http://tmscourse.com/clinical-tms-certification-courses/>

July

28-29 July

Second Australasian Brain Stimulation Meeting, Melbourne
<http://absmeet.org/>

August

28 August

The de Castella Run 2 Mend Minds
<https://decastellarun.gofundraise.com.au/>

October

9-15 October

National Mental Health Week
<http://www.mentalhealthvic.org.au/index.php?id=44>

10 October

World Mental Health Day



CONTACT US

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IN HER SHOES CONFERENCE 2015



In Her Shoes

The Monash Alfred Psychiatry Research Centre (MAPrc) together with Servier Pharmaceuticals hosted its 1st Annual Conference titled "In her Shoes" on the 19th September 2015 at the Stamford Plaza, Melbourne. The one day conference was attended by 100 general practitioners from both metropolitan and rural areas all over Australia.

In her opening address Prof Jayashri Kulkarni said "Women's Mental Health needs to be made a national priority and is everyone's business"

The Women's Mental Health team from MAPrc presented the latest research and understanding about key issues impacting on women's mental health.

The areas covered included:

- Polycystic ovary syndrome (PCOS)
- Premenstrual dysphoric disorder (PMDD)
- Understanding and Managing Borderline Personality Disorder (BPD)
- Motherhood and Mental Health
- Perimenopause/Menopause-Endocrine Aspects, Anxiety and Depression
- Assessment of Violence against Women

The event was informative, nurturing and inspiring for those who attended.