



*A bi-monthly broadcast of things helpful and interesting in local clinical psychology.*

**Editor's Message**

Dear colleague,

The December Newsletter has a focus on seasonal problems. Each bimonthly newsletter includes (a) a summary of one or more articles from the psychological literature of interest to GPs, (b) a serialised article on motivational techniques to help patients change their own health behaviours (c) an inspirational quote of the week and (d) an interview with a clinical psychologist.

Have a read and contact us for more information:

[chris@bastenpsychology.com.au](mailto:chris@bastenpsychology.com.au).

**Basten & Associates**

Westmead  
Sydney  
Chatswood  
ph 9891 1766

**Literature Digest: Silly Season Problems and Seasonal variations in Mood**

*1. Seasonal Mood Disturbance.*

In Australia, there is very little concern about Seasonal Affective Disorder (SAD) – the type of severe depression that affects those living in the far north of the Northern Hemisphere. The estimated incidence of SAD in Australia is 0.3%<sup>1</sup>. There is a greater risk of bipolar disorder having exacerbations with seasons, whereby depressive episodes are more likely in mid-winter and manic or hypomanic episodes more likely at around the spring and autumn equinoxes<sup>2</sup>. Latitude is just one predictor of SAD, while other factors are also influential: climate, genetic vulnerability and social-cultural context.

*2. Medical Problems that Spike at Christmas*

Accidents and injuries are known to increase leading to presentations to hospitals. In their study of NSW Emergency Departments, Zheng et al.<sup>3</sup> found a 9% increase in ED presentations in the holiday period and less than 40% of these were for GP-type presentations (when the local practice was closed). In children, the rate of fracture, burns, head injuries and drownings all increase substantially at any school holiday<sup>4</sup>. There is also a documented spike in myocardial infarction in the USA around Christmas and Thanksgiving<sup>5</sup>.

*3. Christmas Time and Mental Health*

It is commonly suggested that the Christmas period is characterised by an

increased frequency of psychological distress and psychopathology. However, the statistics do not always support this. In their recent literature review of the topic, Sansone and Sansone (2011) found that the Christmas period is actually associated with a decrease in suicidal behaviours and psychiatric admissions. However, in the same review, they identify some qualitative support that many people do feel more distressed and have some problems that do not reach the threshold of presentation. They cite data that there is an increase in alcohol-related hospitalisations and deaths. They also describe a study that found that many patients of mental health services experience an increase in anxiety, loneliness and depression peri-Christmas. There is also a trend of increased psychiatric services in the weeks after Christmas, which perhaps reflects that this season is indeed very challenging but presentations are deferred.

References: 1. Murray, G. (2004) How common is seasonal affective disorder in temperate Australia? A comparison of BDI and SPAQ estimates. *J Affect Disord.* 2004 Jul;81(1):23-8. 2. Ahkter, A. et al. (2013). Seasonal variation of manic and depressive symptoms in bipolar disorder. *Bipolar Disord.*; 15(4):377-84. 3. Zheng, W. et al. (2007). Deck the halls with rows of trolleys . . . emergency departments are busiest over the Christmas holiday period. *Med J Aust* 2007; 187 (11): 630-633. 4. Everison, R., Leeds, M., Pikora, T. & Wicks, S. (2010). Child Injuries on Holidays. *Kidsafe WA* (No.20). 5. Phillips DP et al. (2004) Cardiac Mortality Spikes at Christmas and New Year's. *Circulation* Dec 21/28. 6. Sansone, R & Sansone, L. (2011). The Christmas effect on Psychopathology. *Innov. Clin. Neurosci.*, 8(12), 10-13.



**Message from Chris Basten**

This is a the time of year when we see an increase in summer-time injuries and accidents and patients can be warned of classic injuries, such as around water, BBQs and climbing ladders. In Primary Health Care, GPs are likely to find patients vulnerable to depression and family problems having an increase in feelings of isolation and depression and maybe suicidal thoughts. It could be a good time to encourage patients to seek mental health support.

I would like to wish everyone a peaceful and reflective time.

I personally appreciate the support that you lend this practice through referrals and recommendations. As your team of local clinical psychologists, we look forward to supporting your patients and the way you provide treatment.



*“What if Christmas, he thought, doesn’t come from a store. What if Christmas... perhaps...means a little bit more!”*

– Dr Suess; The Grinch.

**Basten & Associates**

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

We are passionate about making a special contribution to mental health and emotional wellbeing. We differ from other practices in several ways:

1. We are all clinical psychologists with post-graduate clinical training.
2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.
3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.
4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

**Basten & Associates**

Westmead  
Sydney  
Chatswood  
ph 9891 1766

**Series on Motivating Patients**

**Motivating patients to change behaviour.**

**Part 5: Increasing Confidence**

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a serialised account of numerous strategies to increase motivation for change in our patients. In every section, two assumed ‘cases’ are used for illustration.

“Rob” is 48 and has Type 2 diabetes. He is over-weight. He does not always test his BSLs reliably; he has not yet lost any weight, as recommended; and he can’t recall what he has for lunch or dinner when asked. His BSL range is 3 to 17. He has stated that he is too busy with his own book-keeping business to attend courses or hospital clinics on diabetes education.

“Karen” is 60 and has chronic obstructive pulmonary disease. Her adult son is often in trouble, needing her help with money, accommodation and baby-sitting for his children when he has custody but he can’t meet their needs due to his chaotic lifestyle. She gets frequent chest infections (for which she requests antibiotics) and keeps relapsing into cigarette smoking, saying that is the only way she feels she can deal with all her stress.

**INCREASING CONFIDENCE**

Personal estimates of confidence are crucial. Even when a person decides that they will be much better-off with a new health behaviour, if they doubt that they can succeed or cope with the change, then they will probably not start. So – how can we increase their confidence (or “self-efficacy”) that they can do a specific behaviour?

1. Reflect on past successes. Ask your patient to think of a time when they managed to make a change that they had previously found hard. In particular, if Rob could engage with a memory of a time when he did eat regular meals and check his BSLs, then he might start to believe that he can do

it again. You could ask Karen to reflect on any past success, even if it’s not about her health.

2. Get them to experiment with small goals that they are very likely to succeed at. For Karen, she could try a one-off experiment of being more assertive with her son who keeps leaving his kids with her. Ask Rob if he could eat better and walk for 10 minutes JUST ONE DAY (no ‘commitment’ to longer).
3. Learn from others. Karen might find it encouraging to hear that other patients of yours managed to quit after 40 years of smoking. Information about how the cravings pass and can be managed might also increase her confidence.
4. Ask the patient to arrive at the answer: “you said you are only 50% confident that you could cope with the cravings. What help would you need to get that above 75%?” If they can’t come up with answers, you could offer suggestions.

**Next article in February.** will be on managing low motivation when you think it may be due to major depression.

For an electronic version email [chris@bastenpsychology.com.au](mailto:chris@bastenpsychology.com.au)

