Royal Australian & New Zealand College of Psychiatrists (RANZCP) Congress

Hobart TAS

20-24 May 2012

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Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
Daniel Smoothy

Having only received my RAMUS scholarship this year I was excited by the prospect and honoured by the opportunity to be able to attend my first conference, the Royal Australian and New Zealand College of Psychiatry congress, ‘Cells, Circuits and Syndromes’ in Hobart, Tasmania. As a second year medical student at the University of Wollongong and with only 6 weeks of neuroscience under my belt and close to no clinical experience in the field I was feeling slightly overwhelmed with my attendance at the conference. I was expecting most of the material to go over my head, but considered it a good opportunity to meet some new people within medicine and hopefully make some good contacts for my future medical career.

Before the opening day of seminars on the Monday, all delegates were invited to attend a private welcome reception at the renowned Museum of Old and New Art (MONA) on Sunday afternoon. The museum itself lived up to all expectations and it was a great introduction to Hobart as well as providing a very relaxing atmosphere for meeting some new people in medicine.

The following morning the conference was opened by the Governor of Tasmania Peter Underwood AC, accompanied by a wonderful welcome and speech by Cheryl Mundy, who represented the original indigenous Australians of the land of Tasmania. Professor Edward Bullmore from the University of Cambridge, presented the first of many interesting and insightful keynote addresses, touching on topics related to the connectome, a mathematical approach to mapping each connection within the brain.

The following keynote address was presented by Professor Ulrik Malt, from the University of Oslo, Norway. The presentation, ‘The many faces of bipolar spectrum disorder’, provided a seemingly much needed reconsideration of incorrect diagnosis of psychological disorders. By the end of the first morning of lectures I already excited about pursuing a future career in psychiatry or neurology. These academics were the world leaders in their field and it was inspiring to watch and listen to them talk so passionately about their research and about the future of psychiatric medicine, both in Australia and abroad. Further to that, I was even more impressed with how important it was that their research could actually benefit future patients, with each address finishing with the significance of the research in regards to medical treatment.

Throughout the course of the conference I had the opportunity to speak with some representatives of The Royal Australian and New Zealand College of Psychiatrists, in particular the NSW branch office. In my medical degree at the University of Wollongong,
phase 3 offers the opportunity to be placed in one of twelve different regional areas within NSW. My interest in neurology and psychiatry has motivated me to identify a region that would provide me with the best exposure to these specialist fields. I was able to obtain some relevant information and important contacts for this future study.

Furthermore, after speaking with quite a few representatives of psychiatry within rural Australia and more specifically NSW, I realised the continuing lack of psychiatrists, mental health care workers and neurologists within these more regional and remote areas. Another seminar that brought more attention to this decreasing trend was a heartbreaking talk by Veronica Stanganelli’s on youth mental health, titled ‘Like Sparkle in Sugar Cane...Cluster of Youth Suicide’. A spate of interrelated youth suicides within regional central Queensland prompted an urgent community intervention. This involved the coordination of local health care workers, social workers, businesses and local government, but unfortunately no psychiatrists within the region were available to assist. However, the outcome of this intervention was a total reduction in suicides and attempted suicides. Much of my medical training to date has instilled in me the importance of an allied health care approach, both at the individual patient level and at the community level. This positive outcome from Veronica and her team’s intervention into preventing youth suicides only reiterated to me the importance of the allied health care approach, especially within regional communities, where access to specialist can be lacking.

Although I felt overwhelmed at the thought of being amongst some of the great researchers, scientists and specialists within the field of psychiatry, I came away from the conference motivated, inspired and most of all, with a satisfying sense of direction. From each seminar that I attended I got the overriding sense that this was a profession that provided important consideration to each and every patient. I certainly look forward in the future to working with such a passionate group of health professionals.
Tessa Cookson

The theme of this year’s Congress ‘Cells, Circuits and Syndromes’ held promise of exciting specialist opinion and discussion on a few of psychiatry’s big issues – both old and new.

It was appropriate then for the opening event to be at the MONA (Museum of Old and New Art) – a building carved into sandstone cliffs and home to a thought provoking and challenging collection of art. On display was Sidney Nolan’s mammoth ‘Snake’ covering 46 x 9 metres, made up of 1620 individual pieces and reminiscent of a dreamtime rainbow serpent.

There is an air of excitement surrounding modern psychiatric practice. The rapid growth in our understanding of neuroplasticity and epigenetics is leading to a greater appreciation for early developmental processes and there was a definite presence from the ‘up and growing’ field of infant mental health. The question of its importance is not new; however the question remains on how to ensure it receives the appropriate attention and, as always, how this theory can be put into more global practice.

In a privileged world of preventative medicine it astounds me that this question needs to be asked. Are issues of politics, funding and stigma being called into play? Speaker Louise Newman asked what this would mean for rates of psychosis, borderline personality disorder and many more disorders associated with early life trauma. The potential of early intervention is enormous, and, although the exact mechanisms for most psychiatric disorders remain undefined, the common sense of this long-standing theory and emerging research cannot be ignored. Louise Newman and Frances Thomson-Salo placed this field in context in a clear and concise manner and left little doubt in my mind where we should be focusing more of our resources, attention and excitement.

On reflection of current practice in Cairns it is a positive to see a pilot program commencing in this area and to know that remote access to such a vital service will be available despite often difficult to access specialist services.

In a model of truly preventative practice I would like to imagine the field of infant mental health combined with perinatal mental health where both the mother and baby can truly be approached as a unit (this is where I see myself focusing in advanced training).

Other new developments included an informative presentation by specialist Colleen Woo on electroconvulsive therapy (ECT) including her research on the effectiveness and side effect profile of ultrabrief pulse wave ECT. Keynote speaker Professor Robert Ursano discussed
PTSD, ‘the common cold of psychiatry’, with clear redirection on focusing on not only symptomatology but on the differing trajectories, co-morbidities and functional impairment of the disorder. Professor Trevor Young discussed ‘Mood, Energy and the Neurobiology of Bipolar Disorder’ with a focus on the role of mitochondrial dysfunction in the synaptic damage to the prefrontal cortex. Another presentation of note was David Castle’s presentation on the ‘Efficacy of the Antidepressant Agomelatine for the Anxiety Symptoms of Depression in Patients with Major Depressive Disorder’.

Psychiatrics dark past and the trauma the age of institutionalisation caused to people with mental illness also had a strong presence. A community symposium ‘Laying the Ghosts of the Asylum Era: Anger Resolution in Psychiatry’ addressed this, following a personal account by speaker Janet Meagher of her experience moving from an asylum to the community and the lack of support now and then for the ‘displaced’ asylum communities. There was acknowledgement of the need for a process of forgiveness to allow psychiatry to be trusted and for stigma to be addressed. There was a sense of fear in many responses that this era of psychiatry and abuse would return. Whilst understandable in context of the recency and gravity of this trauma history, I find it disappointing that it is so and that there is so much distrust towards the intentions of modern psychiatry. From someone newly entering the field, psychiatry is a completely different entity to what it was 50 years ago. A psychosocial model and an ethical and respectful approach is not something that now needs to be taught but rather is integrated into modern medical practice and in my approach towards each individual patient.

Another ‘old’ topic that was revisited in a vastly new way was a keynote address by Professor Mark Solms in his presentation ‘Is Psychoanalysis Scientifically Viable? The Example of Dream Theory’. Even for the skeptics out there this was a thought provoking presentation of what we know about neuroanatomy and what this means to psychoanalysis – a field of psychiatry that has received criticism for some time as a ‘pseudoscience’. Professor Solms presented his observations of patients with brain lesions to establish a double dissociation; that is, that a pons lesion interfered with REM sleep but not dreams and that posterior occipital lesions interfered with dreams but not REM. By doing so Solms dismissed the previous correlation between REM sleep and dream states which in turn had challenged the meaning Freud had placed on dream interpretation. Interestingly this observation had been made years ago during psychosurgery. Solms is taking this research further to explore Freud’s concept of dreams protecting sleep and will soon be publishing a paper on sleep quality on those that dream versus those who do not.

Overall the diverse presentations on offer were informative and looking forward to a new era of psychiatry with a stronger evidence base, a stronger ethical base and clear focus on...
prevention and recovery. An engaging conference providing new information to be put into practice with the added benefit of meeting some well renowned psychiatrists to foster my excitement in my ongoing career in psychiatry.
Jasmine Mordecai

For my PGY2 I elected to work as a Medical Officer at a large metropolitan psychiatric hospital in Western Australia in an effort to ‘test the water’ in preparation for a career in psychiatry. The position provided great exposure to the speciality of psychiatry and the role of a psychiatrist but I soon realised that it was a very specific to metropolitan public hospital based adult psychiatry. If I was serious about becoming a psychiatrist I had some research to do about practicing psychiatry in other settings such as child and adolescent psychiatry, addiction psychiatry and of course - rural and remote psychiatry. As a consequence I applied to attend the 2012 Royal Australian and New Zealand College of Psychiatrist’s Annual Conference titled ‘Cells, Circuits and Syndromes’ in the lovely city of Hobart. I was particularly interested in attending ‘Cells, Circuits and Syndromes’ after browsing the conference program and noting a strong rural, remote, and socio-cultural flavour. I was also lured by the child and adolescent professional development opportunities – another area of particular personal interest. Fortunately my application was successful and I left for Hobart with the clear aim to fill the voids of knowledge and exposure that my current metropolitan vocational experience had created.

After two fascinating talks on Monday morning from the first of many keynote speakers it was time to separate into the concurrent sessions for the afternoon. I elected to attend the Rural and Remote Symposium - unaware of the topic of each of the three speaker’s presentations, but eager find out more about rural and remote psychiatry. This symposium proved to be an excellent choice for any delegate (like myself) who had any desire to find out more about living and working in a rural community. Dr Jacob Alexander spoke about his experience as a psychiatry registrar on the newly developed Specialist Training Program (STP) with an Aboriginal Mental Health Team in rural South Australia. The STP was established as a program for the development of new training positions outside of traditional urban hospital settings. Dr Alexander’s experience sounded both fascinating and challenging and provided an insight into the case mix exposure that can be gained from working in a rural setting when compared to a metropolitan teaching hospital. The final speaker of the Rural and Remote Symposium for that session was Dr George Hyde. Dr Hyde’s talk contrasted well with that of the previous speaker as he discussed his experience (as a Consultant Psychiatrist and Clinical Director) of setting up a rural psychiatric training post in rural Tasmania. Despite the very different backgrounds of the two speakers the common theme of case mix diversity was highlighted as a benefit of training in rural and remote locations. Contrasting this insight with my current professional experience I found this concept very attractive and it will likely contribute to my decision to pursue training in rural and remote psychiatry. After lunch I continued the rural and remote theme of the day and attended the Indigenous Symposium titled ‘Are Good Intentions Enough? Psychiatrists..."
Working with Aboriginal, Torres Strait Islander and Maori Communities’. I am uncertain if the answer to this question was ever elicited but I am certain that I gained some very valuable advice about how to better work with Aboriginal Health Workers from Aboriginal Health Workers which has already proved to be very useful in my current employment position.

While it could have been very easy to indulge in rural and remote psychiatry for most of the four days of the conference I managed to divert my attention to some sessions with particular relevance to my current position as a medical officer in an effort to broaden my current professional knowledge in this area. This included a session on cognitive based outcomes in psychiatric inpatient rehabilitation units where I was introduced to use of the BACS test for cognitive assessments in schizophrenia. Taking only thirty minutes to complete, the benefit of the BACS in both a clinical and a research setting was obvious and following this presentation I developed a research project proposal which utilises this simplified form of neuropsychological testing. Also worthy mention was a presentation I attended by Steve Kelly who looked at the impact of community treatment orders (CTO) on mortality. Committing a patient to involuntary treatment in the community on discharge from hospital always raises ethical issues but it was interesting to see the results of Mr Kelly’s research which found that the number needed to treat (NNT) for a CTO was comparable to that of many commonly used medications used for cardiovascular disease. On return from Hobart the presentation certainly raised debate amongst my colleagues.

A synopsis of a major conference such as the RANZCP Annual Conference would not be complete without a discussion of the social events on the conference calendar. While enjoying the fine Tasmanian wine and produce I also had a chance to meet many other professionals working within the field of mental health and was interested to hear the experiences of fellow delegates. I also had a chance to mingle with some of the advance psychiatry trainees of the college and received some great advice on applying for the training program, and then of course how to survive once you’re in! On the final night of the conference I found myself out for dinner with a mixed crowd of mental health professions from all over the state and had the pleasure of sitting across from the clinical director of a new mental health unit in Northern WA. Over dinner we discussed registrar training positions available within the unit which services the town and surrounding remote Indigenous communities. The training opportunity sounded like an amazing experience and this was supported by the fact that most registrars who undertake training in this position end up extending their six month post to a full year! This is a placement that I will be giving some serious consideration to when preferences are due for my second year of basic psychiatry training in 2014. It is an option I may have not considered if not for this chance meeting over dinner at the RANZCP 2012 Annual Conference.
After four full days of presentations and social events it was time to return home. Reflecting on this experience I certainly achieved my aim to increase my awareness of psychiatry outside of a metropolitan tertiary psychiatric hospital setting. Furthermore, my experience was positive and cemented my decision to apply for basic psychiatry training next year. More importantly I was reminded that there are some fantastic training opportunities in rural and remote Australia, which is all too easy to forget when experiences in medical school and residency are largely metropolitan based. Thank you to RAMUS for the opportunity to attend ‘Cells, Circuits and Syndromes’ in Hobart 2012.
Angela Hehir

Conferences: the very concept inspired fear within me as I battled with my completely unreasonable urge to postpone this dreaded event until next year. However, having attended the GP11 conference I can now honestly say that I learnt a lot – not just about the subjects explored at the conference, but also about the medical profession and finally about myself.

I’d been planning on attending a conference for some time, but after reading over seemingly endless conference outlines I came to the conclusion that GP11 was by far the best fit. Exploring issues such as ‘innovations in education’, ‘telemedicine’, ‘informatics/e-health’ and ‘general practice research’ it covered areas of personal interest, and, as I was fortunate enough to be supported by RAMUS, when 5 October 2011 came around I packed my bags (travelling solo for the first time ever!) and headed down to Hobart.

Day One saw some speedy learning on the go. I learnt: that older medical students are indeed the fount of all knowledge when it comes to discerning what likely to be interesting and relevant to medical students (and also seem to have an uncanny knack for finding food); that striking up a conversation with a random GP isn’t actually that daunting and is incredibly interesting; and that General Practice seems to allow incredible breadth to pursue interest areas and perform some incredibly relevant and interesting research. Sessions that stand out from Thursday were the children and consent issues (as I find the legal side incredibly interesting), and a session ‘Chapter of military medicine highlighting operation Pakistan assist II – a joint military and civilian humanitarian aid mission’. The welcome reception was that night, and here the lessons of the day were reinforced hundred fold. However, despite the strong impression that Abba impersonators are overrated, the most profound learning I gained was that ‘networking’ (which sounds rather daunting) really just means having a conversation with people. Furthermore ‘getting contact details’ normally just means having a business card pressed into your hand with a kind entreaty to email or call to finish a discussion. There are people I met at the conference who I wouldn’t hesitate to contact again, many of whom are based in rural areas (apparently being from a rural area attracts people from similar locations!). As I wearily made my way back to my hotel room I was much more at ease than the night before; instead of sticking out and not understanding any of the topics discussed, I actually understood many of the conversations and felt as though I was genuinely accepted by the people I had ‘networked’ with.

Friday dawned all too early and I had an incredible breakfast with RAMUS scholars and mentors. Many faces were familiar from the night before and I enjoyed finishing discussions from the previous night, getting a general lesson in geography and meeting so many
innovative and interested doctors and keen and enquiring students. As RAMUS scholars and mentors we were all united by a common theme – our background and interest in rural medicine. Here I learnt about some of the perks of being a GP in a rural area, about some of the more interesting moments when things don’t go quite to plan, and also about the different medical schools throughout the country and different medical student’s perspectives on different careers in rural medicine.

One of my worries in attending the conference was the university lectures I would miss. However apart from all the learning I had outside the plenaries, workshops and sessions, I also found that many of the topics covered were amazingly relevant to me personally. I was missing multiple lectures at uni on vitamin D; however I attended a session on ‘the critical role of the general practitioner in osteoporosis management.’ This highlighted that there are many different ways to acquire the same knowledge, and helped me put my university learning into a more clinical context.

All too soon, Saturday, the final day of the conference came around. Once again I targeted relevant sessions and had some interesting revision on sports medicine for the knees and shoulders. Saturday also saw the morning tea for students, which reinforced that ‘networking’ comes naturally. In this way, the GP11 conference broadened my knowledge professionally, definitely established contacts and also provided really useful information about GPs living and practicing in rural communities.

Consequently, the GP 11 conference proved to be an amazing learning opportunity for me. Rather than feeling out of place and insignificant I discovered I felt like a part of a bigger team (albeit a very junior member). Overall GP11 proved to be an amazing experience that reconfirmed my aspirations in medicine as a profession, as well as my interest in rural areas. I’d like to sincerely thank RAMUS for enabling me to have this opportunity, and I hope to repeat this experience in the near future.