



# Proceedings of the 2020 Psychological Medicine Postgraduate Research Symposium

Department of Psychological Medicine  
University of Otago, Wellington, New Zealand  
*Te Whare Wānanga o Otago ki Pōneke*

17<sup>th</sup> September 2020



Mā pango mā whero, ka oti te mahi  
*With black and with red the work is completed.*

This whakatauki represents the red and black patterns that are used in traditional Māori design. By weaving our different qualities together, we can achieve our collective goals.

## **Kia ora and welcome**

*He kai kei aku ringa - There is food at the end of my hands*

Thank you for joining us to celebrate the fantastic research undertaken by some of our current and recent PhD students. The above whakatauki is said by a person who can use their basic abilities and resources to create success. At the Department of Psychological Medicine we want our PhD students to feel that they have the resources to support their aspirations to complete their doctoral journey.

At this inaugural Graduate Research Students Symposium for the Department, we have prospective, current and past PhD candidates from a range of stages across the PhD journey at Psychological Medicine in Wellington. Lynsey Sutton-Smith is shaping up her proposal, having just successfully applied for admission; Renan de Lyra and Julia Watkin are in their first years as candidates; Jacobo Picardo and Julie Artus have just moved into their third years of study; while Denise Steers has recently passed her viva; and Dr Tess Soulié is undertaking her first post doc through the University of Quebec in Montreal.

In addition to those presenting today, the Department is proud to have several other PhD students currently studying with us. Rowan Magill, Steven Davey, and Marieke Jasperse are all approaching submission; Natalie Germann is in her first year; and we look forward to Henry Fane de Salis' enrolment kicking off in October. Congratulations to Dr Afiya Ali and our HoD Dr Susanna Every-Palmer who both gained their PhDs within Psychological Medicine over the last 12 months. We are likely to have 11 or 12 PhD candidates at Psychological Medicine Wellington by early 2021. Psych Med staff have also been involved in postgraduate research outside the Department, with Dr Mark Huthwaite supervising a PhD student at Massey, and Dr Fiona Mathieson completing a PhD through Primary Health Care and General Practice here at UOW.

It is important to acknowledge the contribution of Gabrielle Jenkin and Sarah McKenzie of the Suicide and Mental Health Research Group in bolstering our graduate research student numbers since joining the Department. Their proud tradition of supporting PhD students is a welcome addition to our efforts to develop graduate student research over recent years.

Finally, ngā mihi to Bridget Robson (Associate Dean Māori), Dr Sara Filoche (Associate Dean Research), and Dr Matt Jenkins (Research Fellow) for their support and help organising this symposium. Matt in particular has done an enormous amount of work in organising the day. His role as Co-ordinator of mental health research initiatives across the three Departments of Psychological Medicine at Otago, has been hugely helpful in building our external profile, and supporting research and capacity building in the graduate research student space.

For our presentations, each talk will last for approximately 15 minutes, with 5 minutes to follow for questions. Please use this opportunity to find out more about our candidates' research, or simply to provide constructive feedback.

Morning tea and lunch are also provided, offering a further opportunity for some good kōrero.

Ngā mihi nui

**Dr Elliot Bell**

*Postgraduate Research Student Convenor, Department of Psychological Medicine  
Wellington*

## **Nō reira tēnā rā tatou katoa**

I've been working at our UOW campus on and off for around 14 years. I'm a biomedical scientist by training and now work in population and health services research. I have only ever worked in research – my mum didn't think that research was a proper job – but she's now convinced that my career in academia is the job for me. Undertaking post-graduate study has meant that I have been able to work all over the world – they are internationally recognised qualifications. And because all the work that we do at the UOW is health focused, you will be contributing to improving the health and wellbeing of New Zealanders. Being in the Capital also means that we are close to government, and our campus is right next door to the hospital – one of the biggest in Aotearoa – all great opportunities for translational research, as well as dissemination.

In my field of women's health, maternal mental health is a big concern, and this I believe speaks to the mental health of New Zealanders more broadly – we urgently need more research to understand how and why we don't fare well in comparison to other OECD countries. Mental health matters.

Having a PhD means that you will have formally recognised skill set. These skills are highly transferable if you decide that academia isn't for you. You will be able to assimilate and collate large volumes of information, you will be organised (you have had to have been, especially if you were working in a paid job and or a parent, or both!). During your postgraduate journey, you will develop your communication skills as well as your writing skills – you will be able to focus both on the detail, and the big picture... It doesn't matter what discipline you are in, research is the linking step to change – be that in academia or in industry – if we don't understand how things work, or why, then how can we bring about change?

I look forward to working with you.

### **Dr Sara Filoche**

*Associate Dean of Research, University of Otago Wellington*

<b>Thursday 17th September 2020</b>	
<b>8:45</b>	Dr Elliot Bell Welcome, mihi whakataua, opening karakia
<b>Session 1</b>	
<b>9:00</b>	Dr Tess Soulié
<b>9:20</b>	Renan de Lyra
<b>9:40</b>	Julia Watkin
<b>10:00</b>	Jacobo Picardo
<b>10:20</b>	Morning tea
<b>Session 2</b>	
<b>10:50</b>	Julie Artus
<b>11:10</b>	Lynsey Sutton-Smith
<b>11:30</b>	Dr Denise Steers
<b>11:50</b>	Dr Susanna Every-Palmer Closing remarks and karakia
<b>12:00</b>	Lunch provided

## Opening karakia

### He tīmatanga: Whakataka te hau

Whakataka te hau ki te uru	<i>Cease the winds from the west</i>
Whakataka te hau ki te tonga	<i>Cease the winds from the south</i>
Kia mākinakina ki uta	<i>Let the breeze blow over the land</i>
Kia mātaratara ki tai	<i>Let the breeze blow over the ocean</i>
E hī ake ana te atakura	<i>Let the red-tipped dawn come with</i>
He tio, he huka, he hau hū	<i>a sharpened air.</i>
Thei mauri ora!	<i>A touch of frost, a promise of a</i>
	<i>glorious day.</i>

### Te aroha

Te aroha	<i>Love</i>
Te whakapono	<i>Faith</i>
Me te rangimarie	<i>And peace</i>
Tatou tatou e	<i>Be amongst us all</i>

## **Clinicians' early life experiences and willingness to treat suicidal patients: Cross-sectional investigation of a possible relationship**

Dr Tess Soulié

*Supervisors:* Dr Elliot Bell, Dr Gabrielle Jenkin, Prof Sunny Collings



*'Only the wounded physician heals'*

- Carl Jung



Background: Suicidal severity in patients is inversely correlated to clinicians' willingness to treat them. Corollary evidence from our previous research suggested that positive inclination to work with patients at risk for suicide (PRS) could be uncommon and in part dispositional, that is originating in clinicians' early life experiences.

Aim: To investigate the relationship between clinicians' early life experiences and willingness to treat PRS.

Method: We invited experienced psychiatrists, psychologists and psychotherapists to take a 15-minute survey online. The study questionnaire includes a randomly assigned textual case vignette to assess clinicians' willingness to treat or to refer out PRS, self-report measures of adverse childhood experiences (ACE) and parentification, as well as self-report measures of psychological mindedness and resilience.

Hypothesis: Clinicians' experiences of parentification and ACE are positively associated with the willingness to treat PRS, with levels of psychological mindedness and resilience mitigating this relationship.

## **The mental health impact of exposure to suicide among first responders and mental health professionals**

Renan Lopes de Lyra

*Supervisors:* Dr Gabrielle Jenkin, Dr Sarah MacKenzie, Dr Susanna Every-Palmer



O homem é senhor do que pensa e escravo do que diz.

*A man is master of his thoughts and a slave of his words.*



Exposure to suicide is associated with severe emotional distress, increased mental illness symptoms, and increased suicide risk. Mental health professionals and first responders (professionals specialised to provide assistance in emergency situations) are particularly impacted by suicide and have a higher prevalence of suicide than the general population, yet these populations remain relatively understudied. The scarce research that has been undertaken has found health professionals' distress scores following a patient's suicide are similar to family members seeking treatment after a suicide, and emotional reactions such as sadness, guilt, and shock are common. However, research has yet to fully investigate the emotional reactions and mental health outcomes among first responders exposed to suicide. Further, no research has explored the impacts of patient suicide on suicide risk among mental health professionals.

The current research aims to address these gaps in the literature by investigating the mental health impacts of suicide exposure among first responders and mental health professionals, including risk and resilience factors associated with decreased mental health, coping strategies, and the meaning-making process of the event. A qualitative approach will be taken, collecting data via in-person interviews with mental health professionals and first responders who have been exposed to suicide. Interpretative phenomenological analysis will be used to understand participants' lived experiences.

## **What's in a name? The role of language in describing and experiencing mental health in Aotearoa**

Julia Watkin

*Supervisors:* Dr Gabrielle Jenkin, Dr Matthew Jenkins, Dr Sarah McKenzie



Ko taku reo taku ohooho, ko taku reo taku mapihi mauria.

*My language is my awakening, my language is the window to my soul.*



Kia ora koutou. Ko Julia Watkin tōku ingoa. This project is still very much in its formative stages. However, key questions I aim to answer include: What is the language we're using to tell the story of mental health and how is it impacting the experience of everyday Kiwis? Concepts of depression, resilience and well-being are becoming more and more widespread, but do we know what is actually meant by them? Are they helping or hindering our experience of life?

The research will be qualitative and will use methods related to grounded theory. The proposed basic structure of the studies may be 1) Exploring the nature of the language used in mental health messaging; 2) Collecting New Zealanders' stories of their mental health journeys; and 3) Trialling a programme of restoration, based on the interaction between the first two elements.



## Suicide or Self-harm Content Online: Looking for Understanding

Jacobo Picardo

*Supervisors:* Dr Gabrielle Jenkin, Dr Sarah McKenzie, Dr Susanna Every-Palmer, Prof Sunny Collings



*'There is only one really serious philosophical problem, and that is suicide.'*

*Deciding whether or not life is worth living is to answer the fundamental question in philosophy. All other questions follow from that.'*

- Camus (1942) in *Myth of Sisyphus*



There are concerns about the proliferation of suicide or self-harm content online, and whether it may have negative influences on vulnerable people and increase their risk of suicide or self-harm in real life offline. Given the ongoing social debate and increased media attention, scholars are starting to look into this phenomenon.

An overview of the literature to date will be presented. Research to date has focused on describing such content online and measuring the relationship between engaging with such content online and users' mental health, suicide ideation and actual or past history or risk of suicidal or self-harming behaviors offline. All these studies have been descriptive or correlational in nature, and despite most rising concerns for potential negative effects, including "contagion effects", none are able to claim causal iatrogenic effects. We still not fully understand the nature of such relationship, whether it is due to a causal or a selection effect (reverse causality); neither we really understand what online users think constitutes self-harm or suicidal content online. My PhD study looks into this gap, directly interviewing online users who have engaged with such content in the past, to better understand this online phenomenon from their perspective. Preliminary findings out of my interviews with those online users will be presented: What users think constitutes self-harm content online, why users engage with it, what are its harms and benefits, and how it related to their self-harm risk and behaviors offline.

**END OF SESSION 1**



**Ki te watea te Hinengaro, me te kaha o te rere,  
ka taea e  
koe ngā mea katoa**

*When the mind is free and the spirit is willing,  
anything is possible.*

**He tawhiti kē to koutou haerenga, ki te kore e  
haere tonu.**

**He tino nui rawa o koutou mahi, kia kore e  
mahi nui tonu.**

*You have come too far to not go further.  
You have done too much, to not do more.  
- Sir James Henare*

**Ko nga tahu a o tapuwai inanahi hei tauira ora  
mo apopo.**

*The footsteps we lay down in our past create the  
paving stones upon which we stand today.*

## **Inpatient psychiatric services for children and adolescents in the NZ mental health system – meeting the needs of Kiwi kids?**

Julie Artus

*Supervisors:* Dr Gabrielle Jenkin, Prof Tony Dowell, Dr Ruth Cunningham



*'Oh Mother, save me from Dr Gray, 'cause teacher says he's coming to-day,  
And if I'm stupid he'll take me away, Oh, Mummie, save me from Dr Gray!'*

From 'a Mother's Lament' in response to the NZ Eugenics Board, established in 1928 to classify 'mentally defective' children



My PhD is focussed on the model of service delivery for acute inpatient (IP) psychiatric care for children and adolescents and the role such services play within the contemporary mental health system in NZ. I am taking a mixed methods research approach (with a sequential Quan→QUAL study design) supported by a conceptual framework centred around a multi-faceted definition of access to IP mental health care. This recognises the complex interaction of factors from both the demand-side (characteristics and behaviours of service users and whānau) and the supply-side (features of services, policy settings and design of the system) that influence access.

I will report on preliminary findings from my first study - a retrospective, epidemiological analysis of 10-years of child and adolescent data from PRIMHD<sup>1</sup>. The results present a picture of the socio-demographic characteristics of service users, identify reasons for admission (recorded diagnoses and whether admissions take place under the Mental Health Act) and map where in the country service users are admitted, to what type of settings and who is providing care. Also, I identify trends over-time and variances in patterns of access to care for different groups within this cohort (for example, defined by ethnicity or area of domicile).

---

<sup>1</sup> The Programme for the Integration of Mental Health Data (PRIMHD) PRIMHD is the NZ Ministry of Health's national collection of mental health service activity and outcomes data. It records data on all service user contacts for specialist mental health and addiction services nationally.

# **The burden of survivorship from a critical illness; the impact of the post intensive care syndrome on New Zealand's critically ill**

Lynsey Sutton-Smith

*Supervisors:* Dr Paul Skirrow, Dr Elliot Bell, Dr Susanna Every-Palmer, Prof Mark Weatherall



He waka eke noa

*A canoe which we are all in with no exception*



Mortality within Australian and New Zealand Intensive Care Units report the highest survival and lowest mortality rates for critically ill patients in the world. However, this survival comes at a cost. It is well established that a select cohort of patients experience significant impairments post Critical Illness. Collectively, this group of symptoms are called the Post Intensive Care syndrome or "PICS". Impairments related to PICS can be a combination of physical, mental and cognitive dysfunction, and usually the patient has multiple disorders as part of their PICS experience. Despite our best intentions, the interventions and management we employ do unfortunately create harm. PICS is a consequence of disease, but also a consequence of treatment and management of critical illness.

Research is required on the prevalence, incidence, trajectory or experience of New Zealanders post Critical Illness. This is particularly true of Māori and Pacific Island patients, who have the poorest survival rates and less access to funding, resources and health information compared to European New Zealanders across the health spectrum.

My PHD study will aim to answer the following questions: 1) To what extent do survivors of Intensive Care in New Zealand experience the symptoms of post-intensive care syndrome? 2) What is the experience of Māori and Pacific Island patients who are recovering from critical illness? Are there protective cultural and spiritual factors that may interplay in their recovery? 3) What are the factors that are likely to influence the pattern of symptoms- between different individuals, hospitals and countries? 4) What are the optimal supports (including cultural supports) that could be provided to reduce the long-term impact and burden of an intensive care unit stay in a New Zealand context?

I hope to utilise a mixed methodology to answer these questions, to capture the experience of our patients having recovered from a critical illness and to quantify symptoms, function and the physical and psychosocial challenges they face.

## **Evaluating Outcomes of a Residential Dialectical Behavioural Therapy (DBT) Programme**

Natalie Germann

*Supervisors:* Dr Elliot Bell, Assoc Prof Giles Newton-Howes



Nāu te rourou, nāku te rourou, ka ora ai te iwi

*With your food basket and my food basket the people will thrive.*



My PhD is focused on residential Dialectical Behavioural Therapy (DBT) programmes for individuals with Borderline Personality Disorder (BPD). Whilst there is widespread evidence supporting DBT for the treatment of BPD, there is limited evidence-based research on either the general efficacy of residential DBT treatment programmes or on the characteristics of clients and programme components associated with positive outcomes.

This project is being supervised by Elliot Bell and Giles Newton-Howes, alongside two advisors from Te Whare Mahana (TWM) - New Zealand's only residential Dialectical Behavioural Treatment programme. Research questions include: (1) what is the experience of treatment at TWM and how does this inform the theory and application of residential DBT?, (2) what helps people who attend TWM's residential programme to get 'better', and what constitutes 'better'?, and (3) what are the clinical outcomes of TWM graduates, and what are the predictors of these outcomes?

To answer these questions, this research will adopt a mixed-method methodology involving both quantitative and qualitative data. Specifically, it will comprise of four studies: (1) a quantitative systematic review of the current DBT residential treatment programmes, (2) a retrospective cohort study incorporating quantitative analysis of existing demographic and clinical data obtained from TWM records, (3) qualitative interviews with TWM patients using grounded theory methodology, and (4) qualitative interviews with TWM staff members using qualitative description methodology. Today I will be presenting the protocol in more depth, which we have recently received Ethics approval for. I would appreciate any constructive feedback or suggestions for the project.

## **Gender bender, mender or defender? Decision making in Aotearoa/New Zealand for people born with a variation in sex characteristics**

Dr Denise Steers

*Supervisors:* Prof Sunny Collings, Prof Esko Wiltshire, Assoc Prof Maria Stubbe, Dr Angela Ballantyne



'We are all 100% human.'



People born with a variation in sex characteristics or Intersex (IVSC) face the challenge of having atypically sexed bodies. This quantitative study recruited 10 young adults with IVSC (14 to 24 years); 18 parents of children with IVSC; and 22 health professionals. Interviews were in depth and semi structured, digitally recorded and transcribed. Using thematic analysis, we identified key themes regarding participants' experiences of decision-making. This study has been conducted in collaboration with the Intersex trust of Aotearoa/New Zealand (ITANZ).

This research is original and innovative in three ways – it demonstrates close collaboration between activists and academics through all stages of the research design and conduct; it provides a unique 360-degree perspective integrating the views of clinicians, parents and young people (possible because of the small size of New Zealand); and it fills a gap in the literature by capturing the voice of current young people living with IVSC.

Health professionals, parents and young people must navigate complex and controversial decision-making. In this paper we document key influences on decision-making: communication skill, bias, understanding of diversity, psychological/peer support, bodily autonomy, and disrupting norms.

**END OF SESSION 2**



**Kia tau te manaakitanga  
(karakia whakamutunga)**

Kia tau te manaakitanga  
Ki runga i tēnā, i tēnā o tātou.  
Kia piki te ora, kia piki te māramatanga.  
Kia hoki pai atu, kia hoki pai mai.

*Tūturu whakamaua kia tina,*  
Tina!

*Haumi ē, hui ē,*  
Tāiki ē!