

Department of Psychological Medicine Student Research Symposium



Thursday 8th December 2022
Horne Lecture Theatre,
Wellington Hospital, Newtown.

The above image is original artwork by Paige Wilson (Ngāti Rangi, Ngāti Tūwharetoa, Te Atihaunui a Pāpārangi), created to promote research undertaken in the department. The name of the artwork – 'Tūhononga' – represents connection, love, wisdom, whanau, and meeting challenges. The art itself honours Te Whare Tapa Whā by representing the four pillars of well-being: Taha wairua, taha tinana, taha hinengaro, and taha whānau.



P Ō N E K E

Whakataka te hau

Whakataka te hau ki te uru
Whakataka te hau ki te tonga
Kia mākinakina ki uta
Kia mātaratara ki tai
E hī ake ana te atakura
He tio, he huka, he hau hū
Tīhei mauri ora!

*Cease the winds from the west
Cease the winds from the south
Let the breeze blow over the land
Let the breeze blow over the ocean
Let the red-tipped dawn come with a
sharpened air.
A touch of frost, a promise of a
glorious day.*

Kia ora and Welcome

Kia ora and welcome to our third annual symposium, celebrating the achievements of our students and other early career researchers. Having temporarily taken up the role of postgraduate coordinator in 2022, it's been an honour to support students in our department to achieve their research goals against a backdrop of upheaval – leaving our previous campus to work from home for several months, and finally to our shiny new premises in Lambton Quay.

Here in Pōneke, we have a strong cohort of students with a vast array of skills, qualities, and personalities, the majority of which you will meet today. We also warmly welcome our whānau from Ōtepōti and Ōtautahi and look forward to hearing about the research that is going on around the motu. There is immense value in coming together in person to grow our relationship, so thank you for travelling to the original Windy City.

I would like to acknowledge and thank our supervisors from around Aotearoa and the efforts they put in to guide students through the murky waters of academia. As a current first-time supervisor, I can only speak to what has so far been an incredibly rewarding and challenging experience. Recently I came across a whakataukī that I feel is relevant:

Rākau papa pangā ka hei ki te marae
A weapon discarded can be an ornament on the marae

Broadly speaking, this whakataukī refers to the importance of intergenerational knowledge and the wisdom of elders', with knowledge being passed down through the generations. In the academic world, this can be represented by the role of supervisors as those who nurture the next generation of research leaders. But it's important to acknowledge that the reverse is also true: knowledge is passed *up* as well as down. To take the other meaning of rākau – as a tree – it cannot survive without new growth. And that's where early career researchers come in – bringing freshness, vitality, and novel ways of tackling both new and old problems. This is particularly important now, as the nature of research is changing and we are increasingly asked to move beyond traditional academic outputs and show how our work creates real world impact. Fresh ideas are needed for a new academic landscape, and this is where they are nurtured. This is a day to celebrate student research across the motu.

A huge thanks to Julie Artus and Mary Buchanan, who have dedicated time away from their own research to provide a platform for other students to present theirs. Symposia can take quite a bit of organising, and it's been a pleasure to do this with such an easy-going yet focused team. Thanks also to our session chairs: Zara Mansoor, Henry de Salis, and Mary Buchanan (again), who will help the day go as smoothly as possible. We also recognise those that will not be speaking today; you can read about their research within this booklet.

We hope that you enjoy the presentations, the ensuing chats, and the kai.

Ngā manaakitanga

Dr Matthew Jenkins
Acting Postgraduate Coordinator
Department of Psychological Medicine

Programme

8:30am	Arrival tea and coffee
8:45am	Dr Matthew Jenkins welcome address Opening karakia facilitated by Tom Bergen (Ngāti Ruanui) (Otago Postgraduate Association Wellington)

Session 1 - Chaired by Zara Mansoor

9:15am	Rebecca Lee (Ōtautahi /Christchurch)
9:35am	Ella Creagh (Te Whanganui-a-Tara/Wellington)
9:55am	Matt Richardson (Ōtepoti/Dunedin)
10:15am	Marie Bismark (Te Whanganui-a-Tara/Wellington)

Morning Tea

10:30-11:00am

Session 2 - Chaired by Matthew Jenkins

11:00am	Julie Artus (Te Whanganui-a-Tara/Wellington)
11:15am	Panel session: Associate Professor Giles Newton-Howes, Dr Denise Steers, Rebecca Lee

Lunch

12:00-1:00pm

Session 3 - Chaired by Henry de Salis

1:00pm	Claudia Garcia (Ōtepoti/Dunedin)
1:20pm	Zoe Barczyk (Ōtautahi /Christchurch)
1:40pm	Vanessa Gray (Ōtautahi /Christchurch)
2:00pm	Josefin Söderpalm (Te Whanganui-a-Tara/Wellington)

Afternoon Tea

2:15-2:45pm

Session 4 - Chaired by Mary Buchanan

2:45pm	Sam Groves (Ōtautahi /Christchurch)
3:05pm	Louise Fletcher (Ōtautahi/Christchurch)
3:25pm	Renan De Lyra (Te Whanganui-a-Tara/Wellington)

End of student presentations

3:45pm	Judges' panel and awards
4:00pm	Closing by Associate Professor Susanna Every-Palmer

Finish

4:15pm

SESSION 1

Long-term cannabis use and brain structure: A CHDS × MRI pilot study

Rebecca Lee

Supervisors: Associate Professor Tracy Melzer, Associate Professor James Foulds
Dr Reza Shoorangiz, Dr Mustafa Almuqbel

Cannabis is the most widely used illicit drug in New Zealand, and is known to impact learning, attention, and memory. By 21 years old, 80% of New Zealanders will have tried it at least once, with 10% going on to develop a pattern of heavy use or dependence. MRI studies suggest long term heavy cannabis use is associated with structural and functional changes in the brain, but findings have been inconsistent.

We used 3 Tesla MRI to examine brain volume, cerebral perfusion, and cerebrovascular health in a subset (n=69) of the Christchurch Health and Development Study longitudinal birth cohort, now aged in their mid-40s.

Heavy cannabis use in adolescence to early adulthood was associated with lower grey matter volume in hippocampus and amygdala subregions. However, widespread structural and functional differences were not observed. Previous publications from this cohort show that a subset of heavy cannabis users experience poor long-term functional outcomes. Further work is needed to identify changes in brain structure or functioning visible on MRI that correlate with these poor outcomes.

Moving in the Margins: A qualitative study into the role of physical activity in marginalised populations

Ella Creagh

Supervisors: Dr Matthew Jenkins, Dr Paul Skirrow, Associate Professor Mark Huthwaite

Mauri tū

Mauri ora

An active soul is a healthy soul

Regular physical activity is essential in maintaining health and well-being, and has been described as a human right. However, people in marginalised communities who experience financial insecurity or housing insecurity often face significant barriers to physical activity. In Wellington, the charitable organisation Wellington City Mission works to reduce financial barriers to physical activity by providing clients with passes to facilities such as leisure clubs and swimming pools, or sports equipment. The aim of this study was to investigate the health and well-being outcomes of the clients receiving these physical activity subsidies. Prior to this study, no research has investigated these outcomes in marginalised communities in Aotearoa.

Using a qualitative approach, 12 semi-structured one-to-one interviews were conducted with clients of Wellington City Mission. Interview transcript data was analysed using inductive thematic analysis. The overarching theme that we identified was that physical activity support resulted in participants actively shaping their health and well-being in four key areas: mental, physical, social, and behavioural health.

The results closely align with two established frameworks that describe well-being outcomes: Self-Determination Theory and Te Whare Tapa Whā (a Māori model of health and well-being). Participants reported improvements in their psychological needs of autonomy, competence, and relatedness, which are outlined within Self-Determination Theory. Participants also reported strengthening of three of the four pillars of Te Whare Tapa Whā – hinengaro (mental health), tinana (physical health), and whānau (social health).

This research highlights the significance of physical activity in improving the well-being of people in marginalised communities. Furthermore, it demonstrates the value of the mahi that organisations such as Wellington City Mission do in the community. Our hope is that this research will support ongoing funding towards organisations and initiatives like this, to further improve the social capital, health and well-being of marginalised people in Aotearoa.

Nocebo Hypothesis Cognitive Behavioural Therapy (NH-CBT): An effective treatment for all subtypes of Functional Neurological Disorder?

Dr Matt Richardson

Supervisors: Associate Professor Maria Kleinstaeuber, Professor Paul Glue, Dr Dana Wong

Nocebo Hypothesis Cognitive Behavioural Therapy (NH-CBT) is a multi-disciplinary treatment for Functional Neurological Disorder (FND). An initial pilot study of this treatment (Richardson *et al*, 2018) saw 12 of 13 episodes of care (arguably) result in full symptom remission, despite 12 of these episodes being initially severe enough to warrant inpatient rehabilitation. Symptom presentations spanned numerous different types in this sample (weakness, tremor, functional seizures).

In the last 15 years, there have been a number of treatments shown to have some degree of effectiveness in relieving the symptoms of FND, largely in Phase 2 studies. However, because of the requirement for different measures and control conditions, treatments (and their associated research studies) focus on either relieving motor symptoms or seizures, but not both.

The aim of my current research is to show that NH-CBT is a potentially effective treatment for both functional motor symptoms and functional seizures. Over the last 2.5 years, we have been carrying out a small randomised controlled trial of NH-CBT for motor symptoms, and a consecutive case series study of NH-CBT for seizures.

The treatment phase for the motor symptoms trial is almost complete. To describe the results in rudimentary terms, currently 89% of participants in the intervention condition have achieved full symptom elimination (mean treatment duration = 10 hours), with excellent maintenance of gains.

The seizures case series saw 7 out of 10 participants achieve full elimination of seizures (mean treatment duration = 7 hours), with all but one remaining seizure-free at six month follow-up. Two of the other three participants dropped out of treatment early, the other had nocturnal seizures only, making treatment untenable.

Is greater patient involvement associated with higher satisfaction?

Evidence from a vignette survey

Professor Marie Bismark

Supervisor: Associate Professor Susannah Every-Palmer

Co-authors: Soren Moller, Soren Birkeland, Michael Barry

"If patient engagement were a drug, it would be the blockbuster drug of the century."

Leonard Kish

Background: Patient-centredness is considered an essential element of high-quality modern healthcare. Yet, there is surprisingly little empirical evidence about the influence of patient involvement on satisfaction with care. We aimed to empirically test healthcare users' satisfaction with healthcare given different degrees of patient involvement, choices made and outcomes.

Methods: A web-based cross-sectional survey was distributed to a randomised sample of men in Denmark aged 45–70 years. Using a 5-point Likert scale, we measured respondents' satisfaction with care in scenarios which differed in the amount of patient involvement (ranging from no involvement, through involvement with neutral or nudged information, to shared decision-making), the decision made, and clinical outcomes (ranging from a good outcome to a non-treatable cancer).

Results: Patient involvement through shared decision-making obtained the highest satisfaction ratings (Likert rating 3.81 without any involvement vs 4.07 for shared decision-making, $p<0.001$). Greater involvement also had an ameliorating effect on satisfaction if a non-treatable cancer was later diagnosed.

Conclusion: Our study provides empirical support for the hypothesis that greater patient involvement in healthcare decision-making improves satisfaction with care irrespective of decisions made and clinical outcomes. Overall satisfaction with the care illustrated was highest when decisions were reached through shared decision-making.

Published paper available at: <https://qualitysafety.bmjjournals.com/content/31/2/86.abstract>

END OF SESSION 1

SESSION 2

Shining a light on inpatient mental health services for children and adolescents in New Zealand: A view from complexity science

Julie Artus

Supervisors: Dr Gabrielle Jenkin, Professor Tony Dowell, and Dr Ruth Cunningham

“These are complex organisms. How can you possibly know how the system will react?”

Lessons from Jurassic Park, Patients as Complex Adaptive Systems (Katerndahl, 2009)

Specialist inpatient mental health (IP-MH) services provide support for people who are experiencing severe distress and need close observation, investigation, or intervention that cannot be provided safely within community settings. There is limited information in the public arena about organisation and provision of such services for children and adolescents in New Zealand (NZ) and minimal research conducted within our unique context.

My mixed methods health services research set out to develop understanding of how IP-MH services for children and adolescents are functioning within the changing context of the NZ mental health system. Three complementary studies, each framed against an ecological systems view of the mental health system, were conducted to develop an evidence base comprised of different types of data reflecting a range of perspectives:

- An overview of systematic reviews – synthesised evidence on the effectiveness of IP-MH admission for children and adolescents in comparison with alternative models.
- Epidemiological analysis of national data regarding child and adolescent secondary mental health service utilisation – analysed trends and identified patterns in service delivery over the past decade.
- A case study of an adolescent IPMH unit in NZ – involved in-depth qualitative research to examine the model of service delivery, to explore how young people experience inpatient care, and to gather staff perspectives on strengths and challenges of services.

Results from across the three studies were woven together to develop a system-level picture of how IP-MH services for children and adolescents in NZ are functioning today. The integrated findings were interpreted through a complexity science lens, drawing out system properties and behaviours that inform development of high level policy inferences about the optimal shape of the future mental health system in NZ.

PANEL DISCUSSION:
What makes a good student-supervisor relationship?

Panel members:

Associate Professor Giles Newton-Howes, Dr. Denise Steers, Rebecca Lee

Chaired by:

Dr Matthew Jenkins

Note: This session will be in-person only.

END OF SESSION 2

SESSION 3

Caring Universities: Evaluating and Improving the Mental Health of Otago Students

Claudia Garcia

Supervisors: Dr Charlene Rapsey, Associate Professor Mele Taumoepeau, Dr Damian Scarf,
Dr Hitaua Arahanga-Doyle;

Advisors: Professor Gareth Treharne, Dr Jaimie Veale, Dr Mathijs Lucassen

Ehara taku toa i te toa taki tahi, engari he toa taki tini

My strength is not that of one but that of many

My presentation will provide an overview of my PhD research and the wider project that it is situated in. Caring Universities is a project which aims to provide targeted mental health care for mild-to-moderately distressed university students. Caring Universities aims to do this through surveying students' mental health status, understanding their help seeking decisions and behaviours, and developing online interventions. My mixed-methods PhD research focuses on adapting one of these online interventions for queer* students, as well as evaluating this population's mental health status. Queer students have a higher risk of mental disorder and distress compared to their cisgender heterosexual peers, and while this population is more likely to seek help, many continue to have unmet mental health care needs. For my qualitative research I have conducted focus groups with queer students at the University of Otago, asking participants about their experiences and preferences in mental health care, their challenges and strengths, and suggestions for adapting an online intervention. This qualitative data has now been analysed, and I am also beginning to analyse quantitative survey data from first-year students. In this presentation, I will provide an overview of the Caring Universities project, the online interventions, my qualitative protocol and results, and the future directions of my research. I also welcome any ideas, suggestions, comments, and questions.

*Queer is used as an umbrella term referring to anyone who is rainbow/LGBTQIA+. I acknowledge that this term may not be comfortable for everyone, however it is used to highlight the positive reclamation of the word, especially by younger generations.

Cognitive functioning during treatment for severe depression: changes in cognitive functioning and predictors of change

Zoe Barczyk

Supervisors: Katie Douglas, Richard Porter, James Foulds

Whāia te mātauranga hei oranga mō koutou

Seek after learning for the sake of your wellbeing

Background: Depression is a highly prevalent disorder and a leading cause of disability worldwide and in Aotearoa. Cognitive dysfunction (e.g., in areas of memory, planning, organisation and psychomotor speed) is common as a feature of depression and correlates strongly with poor global psychosocial adjustment, occupational difficulties, and interpersonal problems. Cognitive dysfunction tends to continue even after the successful treatment of mood symptoms with traditional psychological or pharmacological treatments.

Individuals who are hospitalised as a result of their depression are a severe subgroup who tend to experience prominent symptoms of 'deactivation' such as reduced activity, interest and energy, as well as poor concentration and difficulty making decisions. Cognitive dysfunction is highly significant in this group and often persists after discharge from hospital, regardless of improvement in mood.

Aim: The larger study I am part of aims to investigate the effectiveness of a novel intervention - Activation Therapy - in reducing rehospitalisation by targeting de-activation and cognitive dysfunction in inpatients with a major depressive episode. My PhD is focussed on cognitive outcomes, with the following research questions:

- What is the relationship between treatment response and change in cognitive function?
- Does performance on baseline cognitive tests or premorbid IQ predict treatment response?
- What clinical factors predict change in cognitive test results?
- To what extent is change in cognitive function mediated directly by changes in mood?

Method: Randomised control trial, aiming to recruit 170 patients with a major depressive episode, admitted to an acute inpatient unit in Christchurch, randomised to receive 2 weeks of either Activation Therapy or treatment as usual.

Facial emotion processing and the effect of age

Vanessa Gray

Supervisors: Professor Richard Porter and Dr Katie Douglas

Aim: Research suggests that emotion processing becomes subject to a “positivity effect” as we age, whereby older people attend more so to positive than negative stimuli. This analysis aimed to explore this effect in participants aged 18-65 years from groups with bipolar disorder, depression, and healthy controls.

Methods: Two data sets from studies examining facial emotion recognition (FER) were used, with participants grouped by clinical diagnosis. General linear modelling was used to examine the effects of age and group on three separate aspects of FER: a) accuracy of recognition; b) reaction time; and c) an efficiency index - examining participants’ ability to manage the competing demands of speed and accuracy.

Results: There was no difference between diagnostic groups (bipolar disorder, major depression, and healthy controls). Significant relationships were found between accuracy and age across four emotions. Anger, fear, and sad were associated with reduced accuracy as age increased. Conversely, increasing age was associated with improved accuracy for happy. For reaction time, significant relationships were seen for all emotions, excluding happy, with increasing age associated with increasing reaction time. Analysis of the efficiency index showed that for anger, disgust, fear, sad, and surprise, there was a significant effect of age, with increasing age associated with decreasing efficiency.

Conclusions: For negative emotions (anger, fear, and sad) data were consistent with increasing age being associated with reduced accuracy and efficiency and longer latency. An increase in accuracy of identifying happy expressions with age was also shown. Therefore, this study presents evidence of a positivity bias with increased age, which occurs in healthy people and in people with both major depression and bipolar disorder. The finding in groups with mood disorders is surprising given previous evidence of a bias towards negative stimuli in younger people with depression.

The mental health impact of government response to the COVID-19 pandemic in Aotearoa New Zealand compared to Sweden

Josefin Söderpalm

Supervisors: Associate Professor Susanna Every-Palmer, Associate Professor James Stanley

When faced with the emergence and spread of the coronavirus disease (COVID-19), countries around the world responded to the World Health Organisation's calls to action by implementing strategies of varying degrees of stringency to prevent or delay the spread of the virus. At one end of the spectrum, Sweden received international scrutiny for adopting a strategy that focused on voluntary measures based on official recommendations, without imposing a national lockdown of any kind. Meanwhile, New Zealand was placed at the other end of the spectrum, imposing a national lockdown of 33 days and overall stringent policies, earning the highest score on the Oxford University COVID-19 stringency index of any World Bank high-income country.

To date, several studies of the pandemic's effect on national mental health measures have been carried out in Sweden and New Zealand, respectively. In this study, we directly compare the results from two cross-sectional studies carried out in Sweden and New Zealand. We also conduct a scoping review of the current knowledge on how the pandemic affected the mental health of the populations of these two countries.

Initial findings show that mental health outcomes were similar in Sweden and New Zealand, despite marked differences between government responses as well as in death rates.

END OF SESSION 3

SESSION 4

Targeting cognitive function in mood disorders: Evaluating the effects of psychotherapy and adjunctive cognitive remediation in bipolar disorder and depression

Sam Groves

Supervisors: Professor Richard Porter and Dr Katie Douglas

Cognitive impairment is recognised as a core feature of mood disorders. Deficits are variable and have been found across a range of cognitive domains including memory, attention, executive function, and psychomotor speed. Research suggests that cognitive impairment often persists despite the resolution of mood symptomatology and relates to problems in both work and social functioning. To this end, there has been increased interest in elucidating the moderating effects of cognitive impairment on treatment outcome and evaluating treatments that are specifically designed to address this issue.

Cognitive remediation (CR) is an intervention designed to improve cognitive function and overall outcome. While there is preliminary evidence that CR can have pro-cognitive effects in individuals with depression and bipolar disorder, studies are small and have largely focused on short-term cognitive change rather than long-term cognitive, clinical, and functional outcomes. Moreover, no studies have attempted to combine traditional psychological therapies with CR despite the well substantiated finding in schizophrenia that combining such treatments can have greater effects on functioning. Therefore, there is an apparent need to examine the effects of psychotherapy and adjunctive CR in individuals with mood disorder.

In consideration of the above, my thesis has the following aims. The first is to systematically review the literature on cognitive predictors of treatment response in individuals with depression and bipolar disorder. The second is to systematically examine the literature on evidence-based psychological therapies and their effects on cognitive function in this population. The third is to ascertain whether the addition of CR to Interpersonal Social Rhythm Therapy (IPSRT) leads to greater changes in cognitive function compared to IPSRT alone. In addition, an examination of the association between such changes and clinical and functional outcome will be undertaken. The final aim of my thesis is to examine potential baseline predictors of response to IPSRT and CR, including baseline cognitive function.

Today, I will be presenting on the systematic review examining the effects of current standard evidence-based psychological therapies on cognitive function in mood disorders.

Impacts of eating disorders on family relationships

Louise Fletcher

Supervisors: Associate Professor Jenny Jordan, Dr Henrietta Trip

*Mā te rongo, ka mōhio
Mā te mōhio, ka mārama
Mā te mārama, ka mātau
Mā te mātau, ka ora*
From listening comes knowledge
From knowledge comes understanding
From understanding comes wisdom
From wisdom comes well-being

Eating disorders are complex and challenging illnesses with serious psychological and physiological consequences, and impacts that profoundly alter the lives of affected individuals and their whānau. Treatment is often protracted and requires significant input from those closest to them – parents/caregivers, siblings and partners. The resultant burden of care and extent of the costs is an emerging area of research internationally and reveals multifaceted and prolonged psychological, psychosocial, financial and physical impacts throughout the process of eating disorder diagnosis, treatment and recovery.

Research specifically examining the impact of eating disorders on family dynamics and relationships is limited to a handful of international studies, primarily focusing on the carer burden phenomenon, while research focusing on the impacts on siblings (and partners) is particularly sparse. Previous studies investigating carer burden in New Zealand revealed the lack of support for families and concerns expressed by carers regarding the impacts upon siblings of affected individuals and revealed a significant gap in this research area.

To date, there has been no research undertaken in New Zealand to address this gap and to investigate the impacts of eating disorders on relationships among family members. Using grounded theory and qualitative interviews this PhD project seeks to fill this significant gap in knowledge by specifically examining the impacts of eating disorders on family relationships and dynamics in New Zealand. By capturing the perspectives of affected individuals and their family members the aim is to provide information for those working in eating disorder treatment and service provision by identifying gaps in treatment and support services, and making recommendations from those with lived experience as to how to successfully address these gaps.

The impacts of exposure to suicide among police officers

Renan Lopes de Lyra

Supervisors: Associate Professor Susanna Every-Palmer, Dr Sarah McKenzie, Dr Gabrielle Jenkin

*Talvez pela falta de jeito do cara valente,
Quando quer disfarçar, é quando ele mais sente
Maybe because of the brave guy's clumsiness,
When he tries to hide, that's when he feels the most.*

Mestre Boa Voz – Seus olhos

Police officers are among professional groups with the highest prevalence of suicide and mental-health disorders such as Post Traumatic Stress Disorder. One possible explanation for such prevalence is their frequent encounters with potentially traumatic events, including exposure to suicide. Suicide exposure is particularly concerning, there is a well-established correlation with severe emotional distress and increased suicide risk. There is a lack of research investigating suicide exposure among first responders and in particular qualitative exploration of such experiences.

This research set out to investigate the experience of suicide exposure among police officers using Interpretative Phenomenological Analysis (IPA), focused on associated risk and resilience factors, coping strategies, and professionals' meaning-making process of the event. Six themes emerged from the analysis of police officers' interviews: suicide on a daily basis; traumatic experiences; beliefs, myths, and misconceptions; the necessity of developing coping strategies; navigating help-seeking as a police officer; and suicide has changed me. Insights from the analysis and themes show that dealing with family members' raw grief, rather than the traumatic scenes, are the most distressing experiences related to suicide exposure among police officers. Desensitisation is a common reaction, and although it may be perceived as a skill, it has impacts on participants' well-being. Peer-support was the most important coping mechanism described, while police culture plays an important role on holding back these professionals from seeking for help. Although suicide exposure was not the only traumatic event that contributed to participants' distress, it carried an emotional toll that affected their well-being.

END OF SESSION 4

Other PhD candidates in the Department of Psychological Medicine, Te Whanganui a Tara/Wellington

Zara Mansoor

Supervisors: Dr Elliot Bell, Associate Professor James Stanley, Dr Sarah Fortune



After completing her undergraduate degree at Otago in Dunedin, Zara completed her Clinical Psychology training in 2014 at Victoria University of Wellington, Te Herenga Waka. She then spent some time in the United Kingdom working in a range of services. On her return, Zara worked at the Wellington Child Adolescent Mental Health Service (CAMHS). She is delighted to come full circle back to Otago to complete her PhD. Her PhD research is closely tied to her clinical experience and is focused on improving outcomes for young adolescents in services, particularly an intervention for parents of teens, 'Tuning in to Teens'.

Zara's PhD research includes a systematic review of the literature on parent involved treatments for early adolescent anxiety and depression, co-design with service users to define outcomes for evaluating 'success' in treatment and a feasibility randomised trial across CAMHS in the Wellington region. She is supervised by Dr Elliot Bell (Otago), Dr James Stanley (Otago) and Dr Sarah Fortune (Auckland). Her research is supported by a Clinical Research Training Fellowship from the Health Research Council New Zealand.

When not working on her PhD, Zara holds a small private practice and tries to balance the rest of her time with as many non-academic pursuits as possible including dancing, crafting and getting outside for adventures with her dog Frida.

Mary Buchanan

Supervisors: Associate Professor Giles Newton-Howes, Professor Joseph Boden, Dr Ruth Cunningham



*"Take care of our children. Take care of what they hear, take care of what they see, take care of what they feel.
For how the children grow, so will be the shape of Aotearoa."*

- Dame Whina Cooper

My PhD research project aims to investigate factors that enhance resilience to the long term burden of childhood adversity. This research is being conducted using data from the Christchurch Health and Development Study and is supported by supervisors Giles Newton-Howes, Joseph Boden and Ruth Cunningham.

Since I started my Psychology degree at Otago, Dunedin, I have always had a particular motivation for studying and working with vulnerable groups. During my studies I regularly volunteered to provide company for older adults with dementia and worked supporting adults with autism spectrum disorder and intellectual disabilities. After completing my Psychology Honours degree, I came back to Wellington to be near my family, and while considering a PhD, worked as a Teacher Assistant at Berhampore School. Through this work, I developed a particular motivation to help children who experience adversity, and I feel very privileged to be researching this under my PhD.

I am now going into my final year of PhD work and I hope to continue this research after I finish. I would love to continue working to address minimise social and health disparities for vulnerable groups in New Zealand.

Lynsey Sutton-Smith

Supervisors: Dr Paul Skirrow,, Dr Elliot Bell, Professor Mark Weatherall, Associate Professor Susanna Every-Palmer

With many years of experience as a Clinical Nurse Specialist in the ICU at Wellington Hospital, Lynsey is now undertaking her PhD in the department. She is investigating the survival journey post-critical illness, which is the first research of its kind undertaken in Aotearoa New Zealand, and is partly funded by a nationally competitive Research For Life grant. Further information: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8972103/>.

Julia Watkin

Supervisors: Dr Susan Wardell, Dr Matthew Jenkins



Re-storying the youth mental health crisis

Kia ora koutou. Ko Julia ahau. Yes, I'm still here—or, rather, back. After a stumbling start with many falls down many rabbit holes, I really thought the PhD path wasn't for me. However, a year off where nothing went to plan seemed to say—you've started something that needs to be finished. I just wasn't sure what that something was. Finding a new home under a combined Social Anthropology and Psychological Medicine support team has given the project the focus it needed—and its reason.

Ko taku reo taku ohooho, ko taku reo taku mapihi mauria
My language is my awakening, my language is the window to my soul

As a writer, I've always been in love with words—how they help us to understand our experience and share it. But, they also influence it. Seeing all the media headlines about our youth mental health crisis led me to wonder—are we causing this crisis by how we're talking about it? And, instead of throwing money at the overwhelmed support services at the end of the path, why not focus on the beginning—on how mental health is being defined, learned, and understood by young people? So, that is what I'm doing. This grounded theory project is asking young people what mental health means to them, the words they use to describe it, where they learn about it, and their own mental health experiences—and putting all the pieces together, so that we can, potentially, guide future education and public messaging for youth with the youth voices, themselves. And rewrite the story.

Anna von Tunzelmann

Supervisors: Dr Gabrielle Jenkin, Dr Emily Cooney, Dr Sarah McKenzie



Based in Auckland, I joined the Department of Psychological Medicine as a distance student. Initially qualified as a broadcast journalist, I trained in the Radio New Zealand and TV3 newsrooms before spending 10 years working in the screen production industry. During that time I worked on a variety of film and television projects, most often in factual programming (reality, current affairs, and documentaries). Although I felt privileged to share the stories of fascinating people from all walks of life, I realised I would prefer to contribute pragmatic solutions to the difficulties they faced. After taking time out to have two children, I returned to study earning a First Class Honours degree in psychology. While working on my research report (Women's experiences of fetocentrism in pregnancy complicated by diabetes), I developed a love of qualitative academic research, specifically interpretative phenomenological analysis (IPA). I am delighted to continue to grow as a researcher by pursuing doctoral study with the University of Otago.

I am currently researching experiences of binge-drinking as an act of deliberate self-harm. The topic occurred to me while reading participant comments from rangatahi Māori on their conceptualisation of self-harming behaviours, including 'getting wasted when you're feeling sad'. Using IPA methodology, this study focuses on the lived experience of a small number of participants through in-depth interviews and cross case analysis. The goal of this research is to add the perspective of a group of people not currently identified within the self-harm literature; those who seek negative outcomes through episodes of hazardous drinking. It is hoped this study will bridge the gap between current clinical definitions of self-harm and lived experience within the community.

Henry De Salis

Supervisors: Dr Elliot Bell, Associate Professor Giles Newton-Howes, Dr Rachelle Martin



Tēnā koutou katoa,
Ko Piz Badile te māunga,
Ko Lake Como te roto,
Ko Meira te awa,
Ko Rodolphus De Salis tōku tīpuna,
Ko Salis tōku iwi,
Ko Salis-Soglio tōku hapu,
Ko Fane De Salis tōku whānau,
Nō Wairarapa ahau,
Ko Henry De Salis tōku ingoa, nōreira
Tēnā tātou katoa.

Realist Evaluation of Residential Treatment for Adults with Severe Substance Use Disorder

Residential treatment of addiction remains a key element in addictions management, though high rates of attrition and relapse are reported and underlying mechanisms of change remain unclear. This project has developed and refined a programme theory that explains the possible contexts and mechanisms of change leading to outcomes from a residential treatment programme for substance use disorders. The next phase will test and further refine the programme theory.

I am also interested in the philosophy used to develop causal models and the methods used in realist evaluation and realist review.

Publication:

De Salis, H., Martin, R., Bell, E., & Newton-Howes, G. (2021). A realist evaluation of residential treatment of adults with substance use disorder: development of an initial programme theory. *Journal of Psychosocial Rehabilitation and Mental Health*

<https://rdcu.be/cTV78>

Natalie German

Supervisors: Dr Elliot Bell, Associate Professor Giles Newton-Howes

Natalie is currently examining the outcomes of Te Whare Mahana, a residential program for the treatment of borderline personality disorder.

Joanna Minster

Supervisors: Associate Professor Susanna Every-Palmer

Joanna is a third year medical student who is currently intercalating within our department to undertake her PhD, investigating mental wellbeing, identity, and sense of belonging in Pacific people.

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!