



Combined Abstracts of

2011 Australian
Psychology Conferences

The
Australian
Psychological
Society Ltd



Editors: Athena Politis,
Vicky Mrowinski Assoc MAPS and
Nicholas Voudouris PhD MAPS
ISBN: 978-0-909881-43-6

as providing guidance for helping the men to cope and in how they can support their partner through the genetic testing process. Male partners reiterated the responses of health professionals, particularly regarding the need for information about the process itself, and reasons for genetic testing. The data indicate that an online support resource would be welcomed by male partners and health professionals alike. The study findings will be used to inform the development of the online resource.

Stress, coping and psychopathology in Type 1 Diabetes

SINNAMON, G., McDONNELL, J., CARBIS, T. FERRIDAY, M., VERCOE, T., YANG, J., CALTABIANO, M., MITCHELL, D. , & BAUNE, B. (James Cook University)
Grant.Sinnamon@my.jcu.edu.au

Diabetes is associated with increased prevalence of mood and anxiety disorders. Disease burden-related stress and sub-optimal blood glucose control are generally accepted as the primary mediating factors. The extent of the prevailing psychopathology is contentious with previous cross-sectional studies reporting large variations. Furthermore, previous investigations have used self-report measures rather than clinical assessments of psychopathology. Additionally, studies of mood and anxiety disorders in non-Diabetes cohorts have shown a close association with increased psychological stress and maladaptive coping strategies however, little research has been conducted on the association between these factors in Diabetes. Regardless, comorbid mood and anxiety disorders in diabetes are associated with decreased self-care, sub-optimal metabolic control, and increased risk of complications. The aim of the present study was to quantify the prevalence of mood and anxiety disorders in participants with type 1 diabetes (T1D) using clinical assessment, and to compare coping strategies and perceived stress levels to non-diabetes controls. The study employed a cross-sectional case-control design. Participants presented for a structured neuropsychiatric interview (MINI600) in which they were assessed for the presence of psychopathology according to DSM-IV-TR criteria. Coping and perceived stress were assessed by self-report using the Perceived Stress Scale, Rhode Island Stress and Coping Inventory, and Ways of Coping Questionnaire. Multivariate ANOVA found no significant differences between groups in either perceptions of stress or coping strategies ($p=.497$). Chi-square tests revealed a significantly higher prevalence of mood or anxiety disorder ($p<.001$, 60% vs 10%). Alcohol and/or substance misuse was also found to be higher in the T1D group ($p=.002$, 30% vs 11%). Other variables could not account for the differences in levels of psychopathology between participant groups. As many as 60% of individuals with T1D suffer from anxiety or depression at any given time however; sufferers do not appear to perceive that they are under higher levels of stress than those without the condition, nor do they report different coping strategies. The results suggest that neither disease burden-related psychological stress nor blood glucose control factors may be able to account for the high prevalence of comorbid psychopathology.

The role of a clinical psychologist in reducing restraints and seclusion in an acute aged inpatient unit

SIVAKUMARAN, H., GEORGE, K., & PFUKWA, K. (Eastern Health, Melbourne)
hemalatha.sivakumaran@easternhealth.org.au

The use of restraints and seclusion in inpatient mental health settings has drawn considerable international and national debate with regards to its legal, ethical and clinical dilemmas for both staff and patients. In 1992, Australia became a signatory to the UN principles for the protection of individuals with mental illness and the improvement of mental health care. In 2005, focus on the use of restraints and seclusion in Public Mental Health Services became an Australian National Safety Priority. With little published research that has assessed current practice issues that could contribute to a lower incidence of seclusion and physical restraints in acute aged inpatient settings, this study captures changes in practice that have led to a significant reduction in restraint and seclusion rates in an acute aged person's mental health unit. Quantitative data was gathered in 2009 as a quality activity by a multidisciplinary working party, from reports prepared for the Chief Psychiatrist's Office in Victoria, as well as a random documentation audit of patient files. Qualitative data was gathered from a short nursing staff survey and interviewing management. Four major factors were found to have influenced change. These include leadership and support from management in nursing practices, increased multidisciplinary team input, renovations to the inpatient setting and changes in treatment related factors such as collection of behaviour management history and improving documentation in patient files. The role of a clinical psychologist on an acute setting and how he/she can contribute in enhancing clinical care such as this is