

PARAPRAXIS

VOL. 6 | OCTOBER 2018



CONTENTS



pg.3

EDITORIAL

pg.5

UPCOMING EVENTS

pg.6

PRESIDENTS REPORT

pg.8

FUTURE TENSE - LIOR CHAIT

pg.11

FILM NIGHT - HANNAH CROSS

pg.12

THE MIND OF A PSYCHIATRY
BRAIN - POOJA SHETTY

pg.15

VAPT ADVOCACY GOALS
SURVEY 2018 - MATT KANG

pg.16

STORIES & POETRY

pg.17

WORK-WORK BALANCE
RAHUL KHANNA

pg.18

EDUCATION UPDATE
HANNAHS DOBSON & CROSS

pg.19

13 REASONS WHY... AND WHY
NOT - BHARAT VISA

pg.21

TIPS FOR BALANCE
DANIEL MIRMILSTEIN

pg.22

HOW TO MAKE A ZEN GARDEN
GABBI MATTA

pg.24

TRAINEE REPRESENTATION
MALCOLM FORBES

pg.26

LIEU DE PHONOGLIA

EDITORIAL

JARROD LEWIS

Welcome to Parapraxis 2018!

Parapraxis is a publication by the Victorian Association of Psychiatry Trainees (VAPT) that highlights the creativity of our registrars. It gives us a platform to express ourselves and have important discussions in a collective space.

The theme for this edition is 'Balance'.

Working as a doctor is tough. Add on training and the rest of life, and one can be forgiven for feeling like they are drowning in a Szechuan hot pot. Life constantly calls us to balance competing demands: the dreaded work-life balance; balancing our many different impulses; balancing looking after ourselves, our families and our communities, all whilst trying to enjoy and do good in this thing called life. For me, being in balance is one of the most important parts to feeling healthy and bringing my best to the world.

In yoga, the tree pose (vrksasana) is the one that most speaks to me of balance. The pose demands that you stay balanced whilst standing on one leg and having the foot of the opposite leg in contact with the inner thigh of the grounded leg (see image). It's one of my favourites, because it teaches me a most important lesson. There is a constant need to recalibrate my balance every millisecond. One slip of focus could mean falling over (which for me happens often). This is a constant reminder about how precarious balance

is, how it requires continual adjustment to maintain. The lesson is if we stay attentive, listen and adjust to subtle messages in the body, we will be able to maintain our balance. Whilst I might continually strive for it, life's demands often mean I fall out of balance. But that's ok, just another opportunity to take the lessons and start again.

Sometimes, no matter what we do, it is hard to find our balance again. Recently, I experienced burnout and decided to take time away from psychiatry. It had been building over months, and whilst I tried to address it, nothing seemed to work. I was cooked. Fortunately, I found many attentive ears and supports and work were supportive of me taking leave. Some months on, I am grateful that I took the time I needed for my wellbeing. I've had the chance to get back to a more balanced place and also to live a little outside of psychiatry. So if you are starting to feel the pinch, I urge you not to just 'soldier on', as



Tree Pose
@all_of_most
Emily
Christina Bell

is commonly expected of doctors. Talk to your work and your close supports and decide on a plan that will work for you.

As much as it is tough to maintain balance, I believe it is still worth trying by cultivating as many actions, and making as many decisions as possible, that will lead to balance. That way we are surely better and kinder to ourselves, each other and the planet. I believe we are also doing a much better service to our teams and our patients, if we have more energy and more to give. Anthropologist Mary Catherine Bateson, called such a balancing act the art of 'composing a life'. She said we are all improvisers, on stage without a script, using our learnt wisdom to make the best choices we can in the moment, 'creating and recreating' ourselves.

Each of us will have our own definition of what balance means to us. So I urge you to consider, take a few minutes now to reflect, what helps you maintain balance? What is one thing you can do every day, even for just a few minutes, that will help you be more calm, centred and prepared for the world? Then do it every day and see what happens. Don't put off starting that new hobby or reconnecting with loved ones. As Rabbi Abraham Joshua Heschel said, "The meaning of life is to build life as if it were a work of art. You are not a machine. When you are young, start working on this great work of art called your own existence."

I hope you enjoy this issue of Parapraxis, dedicated to you and your balance. Many thanks to the contributors, for taking the time & for bravely sharing your opinions and your art. We are always looking for more pieces, so feel free to email to parapraxis@vpat.org.au. And we'd love to hear from as many voices as possible, both local trainees and IMGs.

May you find more balance & peace in your life.



UPCOMING EVENTS



VAPT (Victorian Association of Psychiatry Trainees)

End of Year Gala Dinner

- What?** An amazing night with an unforgettable crowd of fellow registrars
A enthralling speaker (which we haven't announced yet to build some suspense)
A three course sit down meal with drinks for only \$20
thanks to generous sponsorship from the Victorian Branch of the RANZCP
- Where?** **Craft and Co.**
A restaurant, brewery and distillery in the heart of Collingwood
390 Smith St. Collingwood 3066
Only 15 minutes from the city on the number 11 tram
- When?** Friday 23rd of November 6pm—11pm
- How?** Save the date—mark it down in a permanent texter
Watch this space the booking website will be launched shortly...

26-28 Oct - Victorian Branch Conference - Pepper's Hepburn Springs

17 Nov - Psychoanalytic Film Night - Longplay, North Fitzroy

23 Nov VAPT End of year Gala Dinner - Craft & Co, Collingwood

1 Dec - Essay Exam Workshop - The Royal Women's Hospital

Mar '19 - VAPT Annual General Meeting - Venue TBC

PRESIDENT'S REPORT

BHARAT VISA



Welcome to the 2018 edition of 'Parapraxis', a publication for Victorian Psychiatry Trainees by Victorian Psychiatry Trainees.

Firstly, a short introduction to our organisation, the Victorian Association of Psychiatry Trainees (VAPT). We are an independent and completely Registrar-run organisation, that aims to:

- advocate on behalf of Trainees,
- facilitate collegiality through social events & the Facebook group
- provide educational opportunities through workshops and other meetings.

This edition of Parapraxis centres on the theme of 'balance'. As Trainees we are regularly taught the importance of balancing work and social lives, balancing clinical work and training requirements, balancing risks and benefits in treatment decisions. As a Psychiatry Trainee myself, I know first hand how difficult this balance can be, but also how important it is for one's own health and relationships that we at least strive for something that resembles balance.

The past 18 months have been eventful for VAPT. In 2017 some of our biggest achievements included: the forming of connections with other similar organisations from the other states, and collaboration with them to produce the 'Guide to Assessments' (which can be found on our Facebook group).

We held the inaugural Essay Exam Weekend Workshop, which proved to be very popular, and held another successful End of Year Dinner. VAPT also conducted a 'Written Examination Survey', the results of which were recently published in Australasian Psychiatry.

The 2018 committee has been particularly busy on the advocacy front. We have raised Trainee concerns with the College regarding the vulnerability of our Examinations in light of the Physician written exam fiasco, and gathered data regarding the Trainee experience with the Mental Health Tribunal. We have also worked with the TRC regarding the limited choice and high cost related to the mandatory Formal Education Course, and



and questioned the fee discrepancies between Australia and New Zealand. Furthermore, by having representatives on the Victorian Branch Committee and Victorian Psychiatry Training Committee, we are well placed to directly advocate on Trainees' behalf, and have done so a number of times this year.

The education portfolio has similarly been busy by successfully organising another Essay Exam Workshop earlier this year, with another being held on Dec 1st. The team has also organised an incredibly popular 'Psychoanalytic Film Series', the 4th instalment of which is due in November. Further details and tickets for these events are available through the Facebook group.

After a well-received 'Mid Year Drinks' function, our social team is busily organising our 2018 End of Year Dinner, which is shaping to be our best yet. We should have more details for you in the coming weeks.

Finally I would like to thank the 2017 committee for all their hard work, in particular: Jess Green, Sam Pang, Dan Hubik and Katherine Tan. And of course the current 2018 committee: Katherine Tan (Vice President), Hannah Dobson (Secretary/Education officer), Sakshi Singh (Social officer), Hannah Cross (Education officer), Ben Veness (Advocacy Officer), Matt Kang (IT officer), and committee members: Sam Pang, Phil Jaksa, Daniel Mirmilstein, Jackie Rakov, and the service reps. We are always looking for new volunteers and committee members, and welcome all Trainees to attend our regular monthly meetings (details on Facebook).

This Parapraxis wouldn't have been possible without the hard work of Jarrod Lewis, Daniel Mirmilstein, and all the contributors. Thank you!

We are hoping to make Parapraxis a more regular publication, and we will be calling for submissions for the next issue in the near future.



Want to Get in touch?

VAPT would love to hear from you if you have any ideas about how we can help make the training experience better for everyone!

Please email us at secretary@vapt.org.au

Also, make sure you're part of the facebook group! Search VAPT to find us.

Want to Get Involved?

We are always looking for trainees to get involved with the committee and support our collective learning and growth. Committee positions include President, Vice-President, Secretary, Treasurer and Social, Education, Advocacy & Social Media/IT Officers. Also Parapraxis Editor and Health Service Representatives.

FUTURE TENSE

LIOR CHAIT

I wake up in a stupor on my regular train ride home from work and I realise that I have missed my stop. The carriage is empty save for a young man sitting opposite me. He is handling a black square-shaped device, feverishly turning the object over in his hands, and pushing silver and black buttons on it repeatedly. He appears frustrated, sweaty, on edge. I come to the immediate conclusion that I am moments away from being obliterated by an explosive device that appears to be malfunctioning. Why couldn't this have happened whilst I was asleep? I regret both falling asleep and waking up at the same time.

Suddenly the articulate female voice of the train announces that we are arriving at Victoria Park Station. The familiarity of having a third person in the carriage soothes me back to the present moment where I am able to appreciate that the man is not a covert terrorist disguised as a North-of-the-river Melbourne hipster but rather an innocent civilian playing with a toy whose purpose and design elude me.

This was my introduction to the fidget cube - a disquieting invention circa 2016 described by its creators as an 'unusually addicting, high-quality desk toy designed for all ages'. The six-sided gadget which alleges to ablate uneasiness and physical

agitation features surfaces that can be clicked, dialed or switched. There is also a concave surface called breathe, ostensibly designed to mimic (ancestral) worry stones. Another anti-stress toy, the fidget spinner appeared for the first time in the palms of mostly children in 2017. These devices, along with knives and cigarettes, have fortunately been banned in many schools but have pervasively been taken up by some adults seeking to distract themselves from the abject misery of stationary boredom.

Curiously, both devices appear quite anachronistic in a time when most antidotes to the uneasiness of simply being involve higher-order technological advances. Screens are now ubiquitous extensions of ourselves. Their companionship provides a dependable glow of reciprocity that is now impossible to un-experience or withdraw. The third parent - or iPad - comforts for up to 10 hours when in constant use and even longer when merely standing by. The prevalence of on-demand entertainment also exemplifies our impatient and insatiable expectation of uninterrupted amusement.

Ironically, technology is contributing to the future threat of even more boredom. The future tells me that I will be able to take longer and longer holidays and work shorter and shorter days as automation and cheery sentient cyborgs usher in my slow, graceful obsolescence. The ever-expanding holiday is a heartening fantasy compared to the economic reality of cost saving by redundancy. The utilitarian

benefit of greater productivity and wellbeing for all is also of little comfort. Conglomerates at the helm of automation could yield enormous profits. Should these flow into welfare and universal basic incomes, the generous provision will allow me to relax into a new permanent state of having nothing to do.

But I would have plenty to do. I could visit ZGG1 Alpha - voted Mars's 14th best beach on intergalactic TripAdvisor, download the 800th season of Neighbours directly into my temporal lobe or share a sensual moment with a well greased robot that never seems disgruntled no matter how obnoxious or indolent I become. And indolence is to be expected as, with time, age attempts to corrode my 200-year-old body that has been heralded as a shining, albeit pickled beacon of even more modern medicine.

But why is boredom so disconcerting to begin with? Oddly, the trouble with boredom may relate to our relationship with time itself. Temporality can explain much about the anxiety states that plague pre-future commuters like myself. When I am engrossed in something, for instance when listening to an engaging podcast about the history of candle wax, the journey seems to go faster. But if I reflect back on the ride, it feels significant, more meaningful and longer. If my phone battery dies, thus starving me of connection and occupation, then the journey becomes protracted and tedious. These latter experiences crowd the list of indistinguishably useless work-related commutes in the virtual recycling bin of

dull memories.

Therefore, objective time and subjective time can be seen as different entities. Time only becomes meaningful if it contributes in some way to the development of the self, and the potential for actualisation. Paradoxically, this future potential is rooted in the narrative history or past of the individual. I only find meaning in podcasts about wax because I was an inquisitive child who stealthily melted down the Sabbath candles and combined them with crayons to produce larger, psychedelic and better candles thus sacrificing sanctity for creativity. The experience of the wax podcast perhaps allows me to anticipate my future potential as a playful creator in some small flirtatious way.

In instances where time cannot be given meaningful context, such as the queue for an aeroplane toilet or the final hours of a monotonous cubicle workday, the contrast between objective time and subjective time becomes more apparent and the experience of capacity towards development and meaninglessness occur simultaneously, giving rise to boredom and anxiety.

However, we cannot fully orientate ourselves towards the future until we completely resolve past events. The past, whilst informing my future potential, needs to remain tucked away in the dusty sideboard where I hid my failed candle experiments. In depressive states, time may stall, allowing unresolved past events to threaten the future concept of the self.

These threats may be experienced as rumination, guilt or obsession. The depressed person may compulsively regard each second as a crumbling fragment towards annihilation. Indecision is an unhappy marriage of past and future, and it threatens to paralyse the passenger's sense of volition and agency.

The compulsory nature of the future itself is threatened when, at times of piercing self-awareness, the inevitability of death swoops and lunges like a drunk stadium-bound football fan at my potential self, attempting to rob me of my present experience of waxy euphoria. At this point my near-melted 200-year-old body asks for more time. A modest display case perhaps in the wax museum of eternity?

It is however more comforting to consider death as a co-passenger rather than an external existential threat.

Each lived moment - an original thought, twinkling of love, suffering, creation or juncture of boredom - melts and dies around me providing lived experience of death in its antithesis, which is life. In this way both past and future death become necessary for life.

As the train approaches the final tunnel before the end of the line I wonder how long it will take to get home. I pause my wax podcast and stare with curiosity out the window. I feel the moment of morose nothingness, the calm nonentity that precedes the uncertainty. I hear the soft clicking of the fidget cube that the young man continues to play with. Perhaps he also missed his stop?

I watch his fingers explore the concave stone-like surface of the object. A shared calm washes over both of us. He breathes. I breathe too.



By Lior Chait
Acrylic on canvas

Film Night

HANNAH CROSS

The education portfolio has been excited to launch VAPT's psychoanalytic film series. Each night has taken place at Longplay and has involved the screening of a film, followed by a consultant-led discussion on psychoanalysis, film theory and formulation.

The first film shown was Lynne Ramsey's excellent adaptation of Lionel Shriver's novel, 'We Need to Talk About Kevin' (2011). The discussion was led by Dr Jenny Harrison, a consultant child and youth psychiatrist who runs the Alfred Hospital's Developmental Assessment and Management Program, as well as the Neuropsychiatry Clinic. Dr Harrison is also a widely published and decorated poet, who manages the University of Melbourne's Dax Poetry Collection. The film looked at a brutal event perpetrated by a teenager and considered whether his upbringing set him on an ill-fated path. The discussion centred around the importance of quality attachment in a child's development, attunement and an assessment of maternal mental state.



For our second film we screened Mike Leigh's 'Another Year' (2010). Dr Jenny Harrison returned to co-chair the discussion with Dr Jack Kirszenblat, a consultant-liaison psychiatrist at the Alfred Hospital with a keen interest in film and psychoanalysis. Discussions began with a thorough description of the film makers process, followed by Kleinian and Bionian interpretations of complex relationship dynamics. We also considered the notion of family as extending beyond the nuclear and where the boundaries lie between therapist, family and friend.

Our upcoming screening of Lars von Trier's 'Melancholia' (2011) will involve a discussion led by Dr Paul Cammell and Dr George Halasz. Dr Cammell is a senior psychiatrist at the Royal Melbourne Hospital, holds an honorary appointment at the University of Melbourne and is the binational chair of advanced training in psychotherapy. He has a background in philosophy and a keen interest in film. Dr Halasz has a wide involvement in the arts, ranging from his editorial contributions to the Australian and New Zealand Journal of Psychiatry and Australasian Psychiatry, to appearing as a regular voice on RRR's Radiotherapy. He has a special interest in transgenerational trauma, ADHD and child and adolescent psychiatry.

Although our upcoming screening has sold out, we have a final film planned for November and strongly encourage members to come along. As this film series is a new event, we're highly receptive to feedback from attendees and members on everything from scheduling to film selection. Our aim is to continue delivering evenings that are fun, social and informative.

A MORNING IN THE MIND OF A PSYCHIATRY BRAIN

POOJA SHETTY

She saw the tears roll down his cheek.

This old man with his proud shoulders in his un-ironed shirt, laced with stains of the morning coffee, drunk in troubled silence. His old torn black leather suitcase by his chair, a remnant of his past productive work life as a salesman. Now it was carrying his current life of illness and all the records that went with it.

She looked at his face. She had been seeing him for the past two months now, almost every week, worrying that he was very close to the edge. Now with his tear lined cheeks, the straightening of his curled up eyebrows, the opening up of his squinted eyes, through which fresh tears still rolled down his cheek, she knew that distance had been gained. He smiled weakly, wiped his face, shook her hand and left, re-joining his worried family in the waiting room.

Her ears rung with the words 'empathise don't sympathise, you're a doctor not a friend' and all other little titbits of such knowledge gleaned from her training and from her knowledgeable predecessors.

She walked back into her cubicle, lump in her throat. She didn't understand what it was - this patient and his large extended family were so different from her own family. They were from different cultural

backgrounds and spoke different languages and yet it all struck a chord with her. She recognised the worried mother, the over indulgent uncle, the I-can-do-no-wrong aunt, the I-care-but-not-enough teenager and the money-talking self-educated accounts man of a father. They were strangers to her and yet felt like family.

She sighed. 'Maybe I just woke up on the wrong side of the bed'.

There were always days like these and it was these days that she found the toughest - the brooding, the introspection, trying to break into what she felt and why she may have felt that. She needed to understand it first and then prepare to bring it up in supervision with her consultant.

She smiled. That was another solid tenet passed down from years of psychotherapy practice.

On most days she found she could be analytical and even enjoyed it; but on days like this she just wanted to take things at face value. Maybe, the patient and his family had nothing to do with her.

The phone rang, breaking into her reverie.

It was her mom and as soon as she picked up the phone she immediately recognised the tone, the problem, and all that her mother was not saying. Her brother. He must have called up to say he needed more money. He had a problem with drinking but what made it hard for the family was his gambling and the trouble he got into over that. She didn't know what she could do, sitting a hundred miles away but knew her mother just wanted a listening ear. She wondered how she could read between the lines like that. Was that a skill she acquired through her psychiatry training or did she get into psychiatry because she had that ability? There she went again.

How did one ever switch off a brain that's been trained by psychiatry?

She thought about her brother, though on most days she did not. She did not like the feeling of helplessness that came with that. She did not like to think about her brother when she was dealing with similar patients in her practice. The truth however was that she never saw that many patients with addiction and surprisingly and quite tellingly, when she did, it never felt like her story and it never felt familiar.

Back at work again, she saw a little of herself in the teenage girl with anorexia, in the middle aged man who was desperately trying to be young again, in the mother who was too ill to care for her children and in the man in advertising with panic attacks.

It went on.

She wondered if others worked through the day the way she did. How did they seem to smile through it all without ever letting on the constant whirl inside? She knew the advice she was given was to make sure to switch off when she finishes work. How does one switch off the brain though? Is it even possible to so completely compartmentalise work and home and everything else, in a job related to mental health?

She shook her head. This was going nowhere. She now realised what was meant by switching off; she quite literally needed to go straight to bed and tomorrow she would wake up to another day.

She still had a few more hours left before she could call it a day. That's when it hit her. Not switching off, maybe stepping out was the key. Both literally and figuratively.

She walked out into the sun. She needed a break. On instinct, she called up her friend. They were in touch on and off, met up for the most momentous occasions and generally were always able to catch up from where they last left off. Her friend told her exactly what she needed to hear – “You care too much.” She would not hear this in supervision, nor would it be a good thing to say out loud amongst her work colleagues, but here in this brief conversation with her non-medico friend, it made sense. She smiled. She liked the feeling that came with being called a doctor that cares too much. Now that was a statement that was easy to handle.

The sun was still shining when she walked back to the clinic. Everything was exactly the way she had left it. But today became another day. She felt different. It's the little things that matter, she thought.

A walk in the sun.

An unexpected statement that became a compliment.

The calm confidence in her friend's voice.

A smile from a patient in the waiting room letting her know that he is here for his appointment, making her feel useful.

A wave from the receptionist whose smile tells her that she is glad you took a break but also glad that you are back now.

The identity card around her neck that said doctor on it, making her feel confident again. She had come this far after all.

It was the little things that always made a difference, she mused. She knew what

titbit she would now pass on to her peers and to those that came into training after her.

Keep calm and step out, meaning it more figuratively this time. It was like magic, the ability that it gave the brain to reconfigure the present.

She smiled at her colleague who waved at her from across the hallway. He reminded her about the roster for next rotation.

She had been waiting eagerly for the roster to come as one never knew until close to the end of one term what the next term would bring. She also felt ready to move on now, to learn new things. She scrolled down the roster looking for her name. And there her name was, next to the post for addiction psychiatry. This was totally unexpected.

She laughed out loud. She couldn't help herself. This, she would definitely have to bring up in supervision.



VAPT ADVOCACY GOALS SURVEY 2018

MATT KANG ET AL.

Thank you to the to everyone who completed the VAPT Advocacy Goals survey.

We asked “What do you think we should focus on?” and you responded:

65% – Leave cover

35% – Availability of part-time training positions

48% – The cost of training, particularly the high costs associated with our formal education program

13% – Risks associated with online examinations

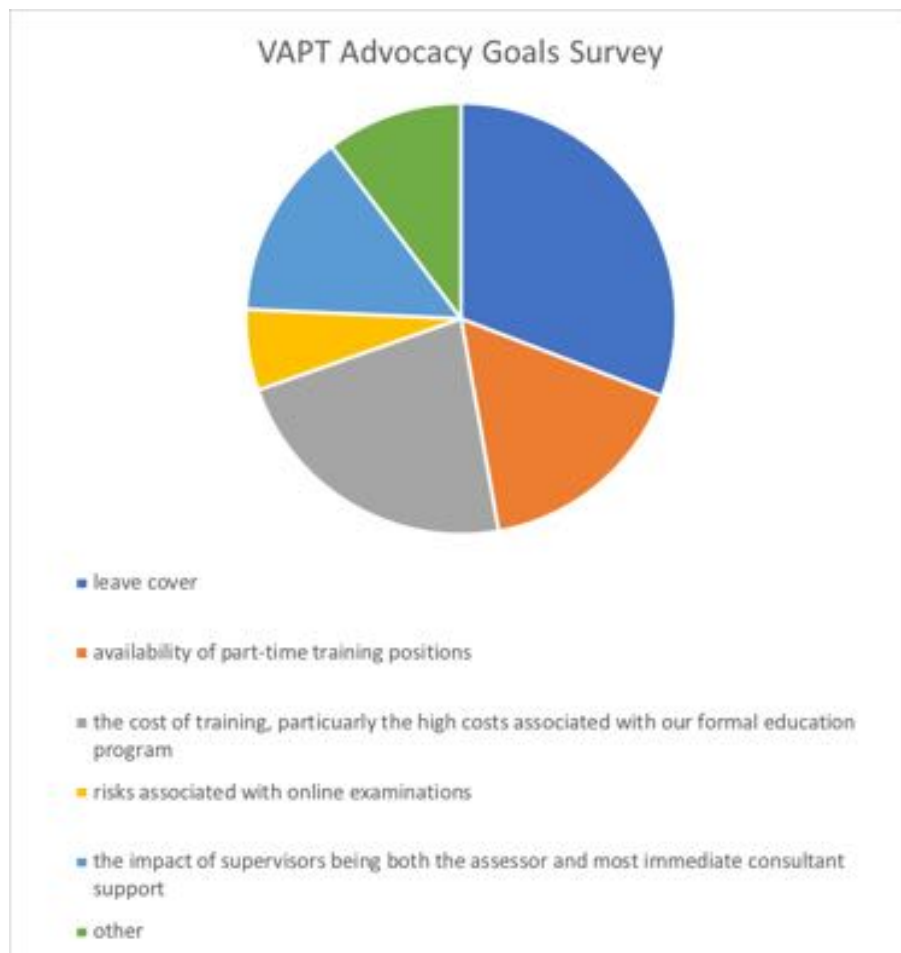
30% – The impact of supervisors being both the assessor and most immediate consultant supports

22% – Other

Under ‘other’ the following issues were raised: after-hours recall for admissions, trainee mental health and wellbeing, high fail rates of written exam, burden of paperwork with assessments.

One of the key aims of VAPT is to advocate on behalf of all trainees. We want to hear what is important to you. Everyone who responded to the survey raised really valid points relevant to the whole trainee body, thank you!

We will continue to strive to make your voice heard.



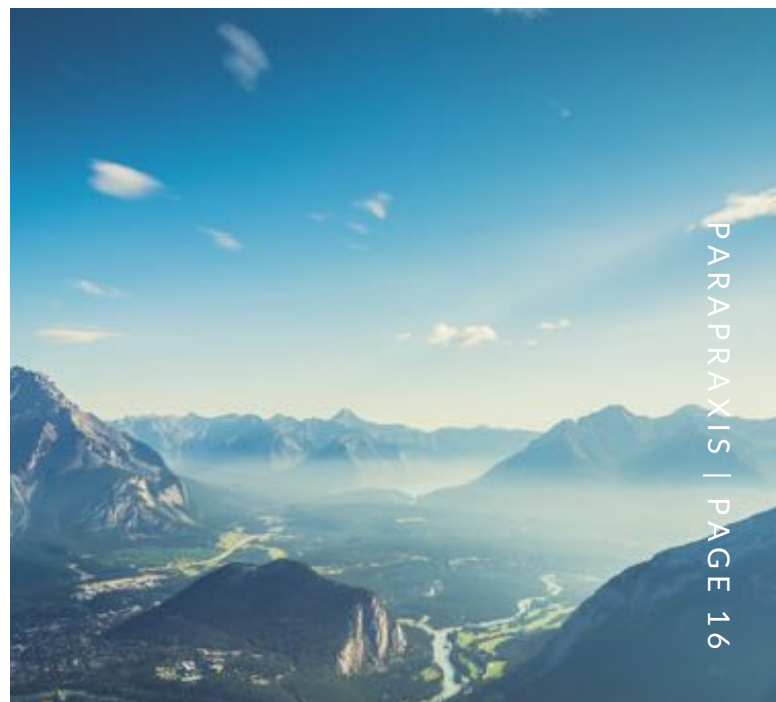
MAX THE MOOSE

"I'm a horse," said Max the moose.
"Are you sure?" asked Tibor the marmot.
Hal the horse wiggled his ears.
"There is no doubt," said Max.
"I have four legs, just like a horse.
I have hooves, just like a horse.
I have a swishing tail, just like a horse.
I have a handsome long face, just like a horse.
Clearly I'm a horse."
"Hmmmmm," thought Tibor. "But you also have
giant antlers. And I'm not sure horses like maple
syrup."
"Ah," said Max. "Let me explain. Antlers are
optional extras for horses."
"What about the maple syrup? I've never see a
horse lap up maple syrup like you do."
"That's my quirk," Max replied. "I'm a horse that
likes maple syrup."
"Now we have cleared that up," said Hal the
horse. "I think we can all agree that I'm a
moose."

- STEWART SAUNDERS

In here, the vents vomit baby-breath air,
Though all but me are sick of playing mum.
She exclaims! Takes off her woollens, linens,
Polyester puff. Permits breath to come.
Air springs leaks between ballet dancer bones,
Throwing soon-dead bubbles in the stream.
And with each gasp a bare, sinking shoulder
Slips out of the pool, and into the sea.
Just as we wring out her lungs over tissues,
The five o'clock tide clasps at the mothers.
Okay! hauling drenched and heavy chests in
Your backpack. You pick up all the others-
Puffy, linen, wool on scourer side sponge
Wipe eyes, lift chin, and neatly tie your tongue.

- ALYSSA CHAN



WORK-WORK BALANCE

RAHUL KHANNA

These days we cannot go a day without someone admonishing us to have a healthy 'work-life balance'. As the spotlight rightly turns to doctors' wellbeing, this chorus continues to get louder. Yet the average doctor still works 78 hours a week according to the latest AMA safe work audit.

Amidst this cacophony, I would humbly like to make a case for work-work balance.

Psychiatry registrars wear many hats. We are psychopharmacologists, therapists, leaders, administrators, researchers, advocates, teachers and paper mules. So the question becomes – which work do we

balance with our life? Is all work created equal? Is balancing different types of work as important for wellbeing as balancing work with 'life'? What is life, anyway?

There is a temptation in psychiatry to mistake activity for therapy and I find myself often reminding myself and others that some work is mere activity with no therapeutic gain. Some activity leads to positive patient, institutional or educational outcomes, whereas others does not. Knowing the difference, I believe, is as important as finding off time from work.



Education

HANNAHS DOBSON & CROSS

Greetings from the education portfolio!

Hannah and I are hard at work trying to organize a variety of education events throughout the year, and to distribute resources that we get our hands on.

This year, we hosted the second rendition of an essay exam workshop. We were again lucky enough to have Dr Rob Selzer running the Critical Essay Question Workshop, and Dr Lee Allen running the Modified Essay Question Workshop. We had a great turnout and excellent feedback from all who attended. We are hoping to continue to run this on a 6-monthly basis, with the next event planned to run on December 1st! We would strongly encourage people to consider attending at least 6 months prior to the exam they intend to sit. Rob and Lee both give amazing pointers for exam technique which is most useful at the beginning of your exam preparation! Tickets are available from <https://www.eventbrite.com/e/vapt-essay-exam-workshop-tickets-50841881436>

VAPT is motivated to try and share as many resources as we can and are lucky to have a group of colleagues who feel similarly! We have a bank of previous essay and modified essay topics that have been recalled and supplied to us which are available via the VAPT Facebook group. For those who are not on Facebook, this will also be shared via hospital representatives.

In previous years, VAPT, in conjunction with the NSW and Queensland APTs have published the “Unofficial Guide to Assessments” which is also available on the Facebook page. This is a great resource that attempts to provide a “guide” to assessments including general tips and timing for sitting various exams, and general advice for the scholarly project and psychotherapy written exam.

We are always keen to keep this document up to date and have recently surveyed our colleagues via the Facebook group to try and learn more about how you have passed the scholarly project requirement. Whilst the majority of people who responded had not yet passed the project, it was interesting to note that quite a number of people had applied for recognition of prior learning. If anyone is willing to share their scholarly projects, whether this be a project that they submitted for recognition of prior learning or was submitted as a formal project, we would be very keen to establish a “bank” of projects to give our colleagues an idea as to what is the benchmark to pass it. If you are interested in sharing yours, or have any other ideas as to what educational events you would find useful, please email us at secretary@vapt.org.au



13 REASONS WHY... AND WHY NOT

BHARAT VISA

There has been much controversy following the release of Netflix's television series 13 reasons why. The show, based on a novel of the same name, is about a teenage girl, Hannah, who suicides.

Hannah narrates the storyline through 13 audiotapes that are posthumously delivered to her classmates, with each tape describing a reason why she chose to end her life.

Those critical of the show have argued that it glorifies suicide, especially as a means to seek revenge. The producers of the show have defended it as an instrument to generate much needed exposure for an important issue.

I felt compelled to watch this show, as I was intrigued by the premise, and wanted to understand the controversy for myself.

Overall I found the series beautifully made, and with incredible performances by the lead characters. My feelings about the content and appropriateness of the series as a vehicle for advocacy evolved as the season progressed, and I was left feeling a little mixed about it by the end.

Although I can appreciate the arguments from both sides, I do have my concerns about the show.

I would agree that the series has raised awareness about suicide in young people,

and initiated an important community discussion. It also effectively depicts the devastating impact of bullying, social exclusion, stalking and abuse on a young person. I recall watching the first few episodes and being impressed by how moving and real these depictions were.

However, this does run the risk of assigning blame and possibly simplifying an incredibly complex and heterogeneous phenomenon.

A less spoken about theme in the series is the importance of speaking one's mind 'before it is too late'. It is hinted that the main character Clay, who is the shy friend and love interest of Hannah, is also partly responsible for her death for not being more forthright about his feelings towards her. Moreover, Clay's trepidation to reveal his feelings is shown alongside Hannah's misinterpretation of this as her being alone and perhaps unloved. It may be that the filmmakers were attempting to highlight the importance of positive relationships as protective factors for suicide; but I nevertheless found the hinting of blame in this circumstance especially uncomfortable.

In the final episode when Hannah ends her life there is an element of anger towards those who had hurt her, and those who had not done enough to help her.

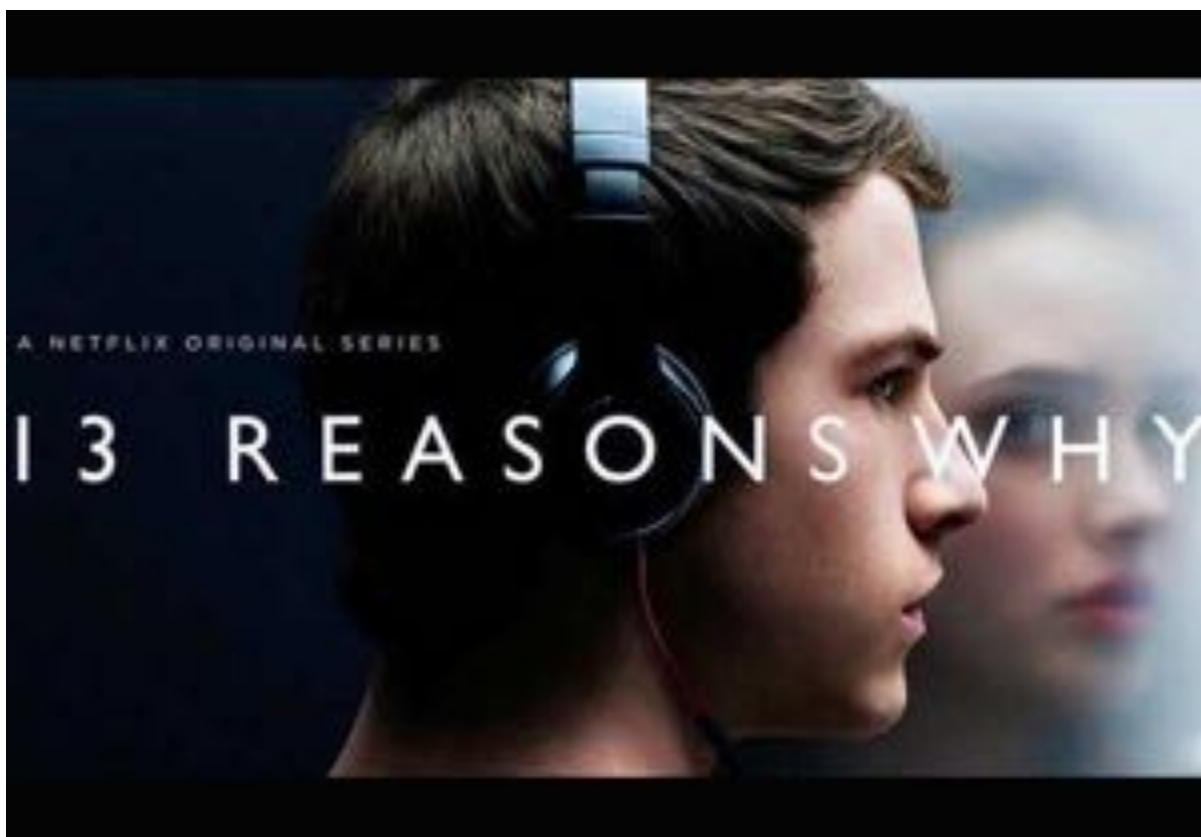
The scenes are graphic and deeply disturbing, and one strong criticism of the show is that these scenes provide young people with a 'how to' to suicide. In addition, throughout the series the viewer is witness to how in this case suicide has led to suffering for the people who had hurt Hannah. This is a disconcerting illustration of how Hannah is more powerful dead than alive, and a dangerous message for vulnerable people.

Furthermore, by having Hannah narrate the story, the show perhaps minimises the finality of suicide by creating an illusion that she is witnessing all of this havoc unfold.

13 reasons why is definitely a powerful and moving series, and its strength is how it effectively communicates the devastating impact of abuse, bullying,

social exclusion, and stalking through well-crafted cinematography and excellent performances. As the show progresses and the protagonist is dealt insult after insult we are provided an insight into how circumstances could lead to mental illness or suicidal thinking. However, the series does send a potentially dangerous message to vulnerable people by portraying suicide as a powerful means of potentially causing suffering to perpetrators of bullying and abuse. Furthermore, it perhaps misses an opportunity to better educate the public about mental illness and existing resources for young people.

If you or anyone you know needs help:
Lifeline: 13 11 14 www.lifeline.org.au
Beyond Blue: 1300 224 636
www.beyondblue.com.au



ELEVEN EPIC TIPS FOR BALANCE

DANIEL MIRMILSTEIN

1. Ensure you get a good night's sleep
2. Make sure you're hydrated all the time
3. Regulate your caffeine and alcohol intake
4. Eat regularly - keep it fresh, whole & natural
5. Practice Mindfulness
6. Exercise & Move regularly
7. Connect with family, friends and community
8. Minimize tech use
9. Spend time in nature
10. Set aside time for play!
11. Find a Mentor or three



HOW TO MAKE A MINI ZEN GARDEN

GABBI MATTA

Starting a new job in a new service is high stress. Hence it was opportune when I came across the perfect aide-meditation on the desk of the Medical Director of my new mental health service - a mini zen garden. These are the perfect reminder of the importance of being mindful and taking time out for oneself. It is simply serene to rake sand and move smooth rocks around. The zen garden is an imitation of nature - stylised in a way to evoke themes of flow, journeys and water. They are refined and paired back. One of many things of sophistication we can adopt from Japanese culture.

I coveted my Medical Director's mini zen garden so much, that I conceived to make my own. Here, was also an occasion to be thankful to my boyfriend (can do woodwork) for his contribution. I have listed the materials and method below. A trip to Bunnings will provide you with nearly all the necessary items and can be cathartic in itself. Sand can be collected from a beach or bought from a craft shop e.g. Lincraft / Spotlight.

You will need:

Tenon saw
Drill and drill bits
Sandpaper - various grades
4 or 5mm Balsawood dowel

- 4mm or 6 mm hardwood dowel
- 6 x 6 mm or 9 x 9 mm Dressed All Round hardwood
- Wood glue
- Wood open box
- Paint brush
- Undercoat Paint in colours of your choice e.g. gloss black, grey, white
- Smooth pebbles and anything else you want in your zen garden
- Sand
- Measuring tape / ruler
- Pencil

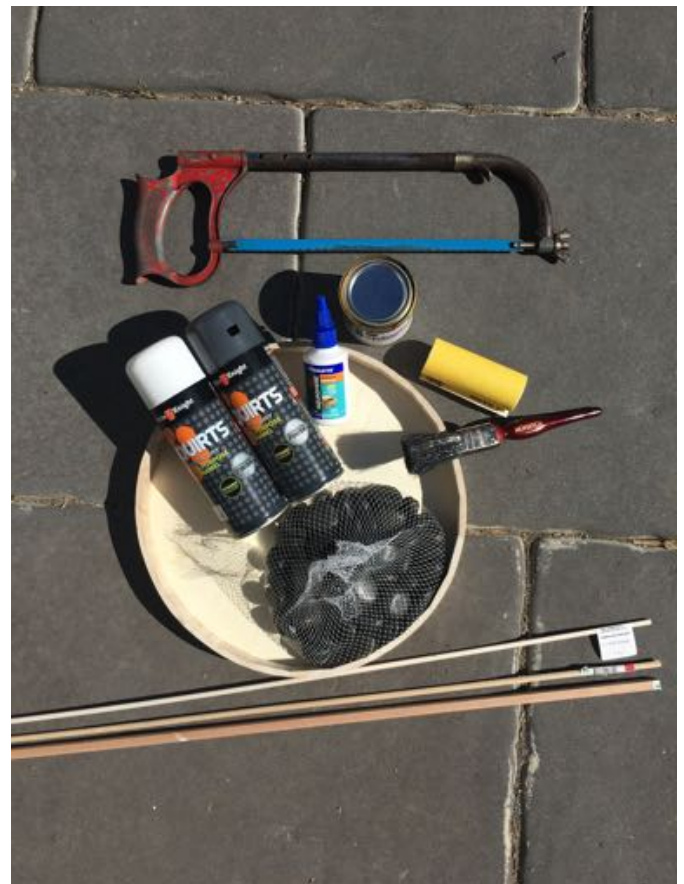


Figure 1 - Equipment and tools

Method:

1. Measure, mark and cut 4 equal pieces of balsawood dowel to 2 inches each for rake prongs
2. Measure, mark and cut hardwood dowel to approximately 7 inches for rake handle
3. Measure, mark and cut DAR hardwood (square piece) to approximately 2.5 inches for rake cross piece
4. Drill 1/3 way down in the centre of the square piece to fit the hardwood dowel handle of the rake
5. Drill 4 equally spaced holes on the other side of the square hardwood piece
6. Glue in the rake prongs and handle and let dry
7. Sand then apply undercoat and paint if desired
8. Undercoat and paint wooden box
9. Wash, dry and polish rocks with increasingly fine grades of sandpaper
10. Fill box with sand and arrange rocks / ornaments

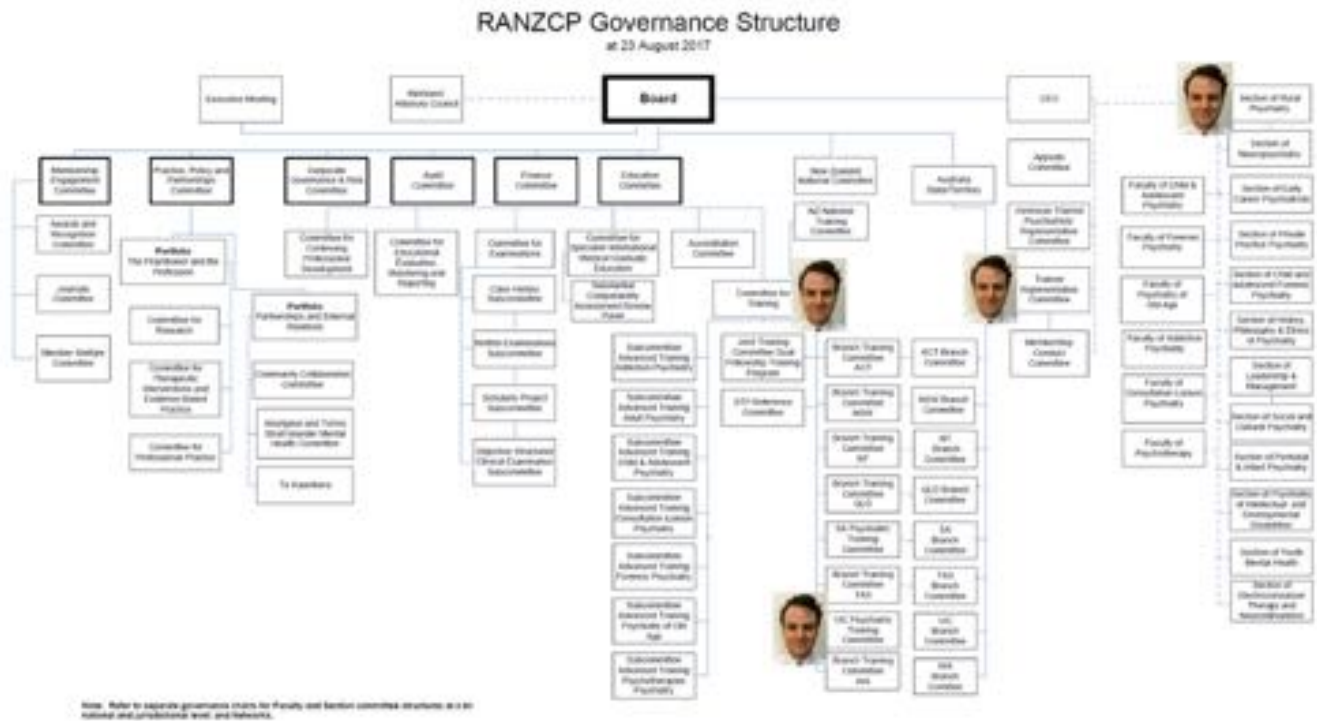


Figure 2 - Finished mini zen garden

Trainee Representative Committee Update

MALCOLM FORBES

This is your college....



It looks like a Kafkaesque nightmare of committees and subcommittees and sub-sub-committees (and it kind of is), but it's a pretty smooth-running machine. Almost all of the psychiatrists and registrars who sit on these College committees do so in their own time in a volunteer capacity. I'm your elected representative to the College, the Victorian trainee representative. My ugly mug sits on the Trainee Representative Committee (TRC), along three other committees within the College.



Franz Kafka by Robert Crumb

The role of the TRC is to provide formal representation for all trainees within the College organisational structure. This means advocating for trainee interests when it comes to College policies about training, assessments and welfare.

The TRC is made up of representatives from each state and territory across Australia, elected by the registrars in the respective state / territory, as well as two Kiwis (including our current Chair) and a few non-jurisdictional representatives. Sitting on the TRC provides a fantastic opportunity to put forward the trainee perspective about issues that affect us.

Since I started my term on 16 May 2018, these are the issues I've been working on for Victorian psychiatry registrars:

- Formal education courses (i.e. the Master's you have to do) – I've been working closely with Bharat (President) and Ben (Advocacy Officer) to see if we can increase the options of courses available to psychiatry registrars in Victoria. At the moment psychiatry registrars in Victoria are forced to pay at least \$16,000 to do a Master's level course to meet their College requirements for Stage 1 and 2. Did you know that most other states pay less than \$5000 and a number of states/territories get their course provided for free!? We're going to be working with the Australian Medical Association to do our best to ensure Victorian trainees stop getting a raw deal.

- Trainee welfare -- with former TRC members, we have recently published an article in Australasian Psychiatry on how to enhance psychiatry trainee welfare.

- Unsafe working hours -- along with our colleagues, we have been advocating for safer working hours for registrars in the Mental Health Department at the Royal Children's Hospital. We have been successful in getting extra clinician cover in the ED reducing the burden on registrars.

- Addressing the Stage 2 bottlenecks – There are a number of trainees who have taken a break in training in Stage 1 who are not being guaranteed Child and Adolescent or Consultant-Liaison terms (thus holding up their progression through Stage 2). We are advocating for these trainees on a case-by-case basis.

- Boosting the profile of psychiatry – Australia has a shortage of psychiatrists (particularly in regional and rural areas) so we need more of our medical colleagues choosing psychiatry as a specialty. In my role, I'm trying to do my bit to boost the profile of psychiatry. Most recently, I wrote a piece for OnTheWards (a free open access medical education website for junior docs) – <https://onthewards.org/a-day-in-the-life-of-a-psychiatry-registrar/>

I look forward to continuing my work on TRC and VAPT to improve things for psychiatry registrars in Victoria. I'll be in the job until May next year (when hopefully one of you will take over). If you want to get in touch, please shoot me an e-mail at vic.trc@ranzcp.org

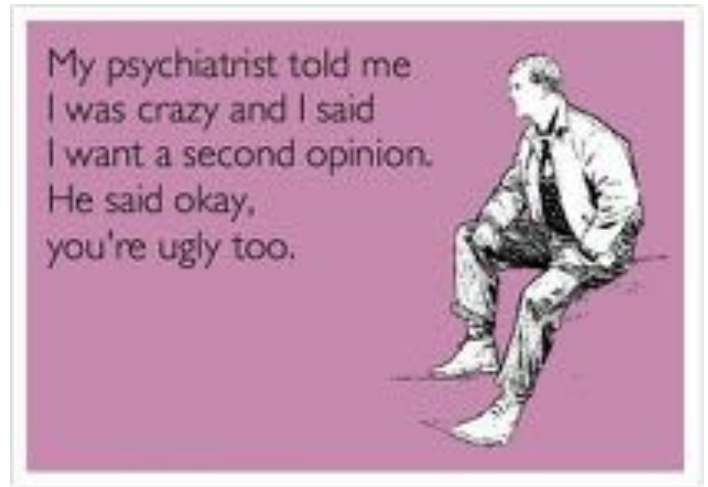


Lieu de Phonogelia

PLACE FOR LAUGHING OUT LOUD

How many psychiatrists does it take to change a light bulb?

Only one, but the bulb has got to really WANT to change!



PARAPRAXIS

VOL. 6 | OCTOBER 2018

Fin

