

Lisa Thurin Women's Health Centre

Cabrini Women's Mental Health

INFORMATION GUIDE
FOR MEDICAL PROFESSIONALS



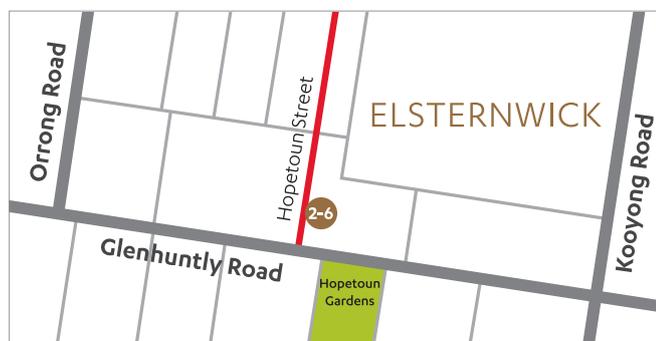


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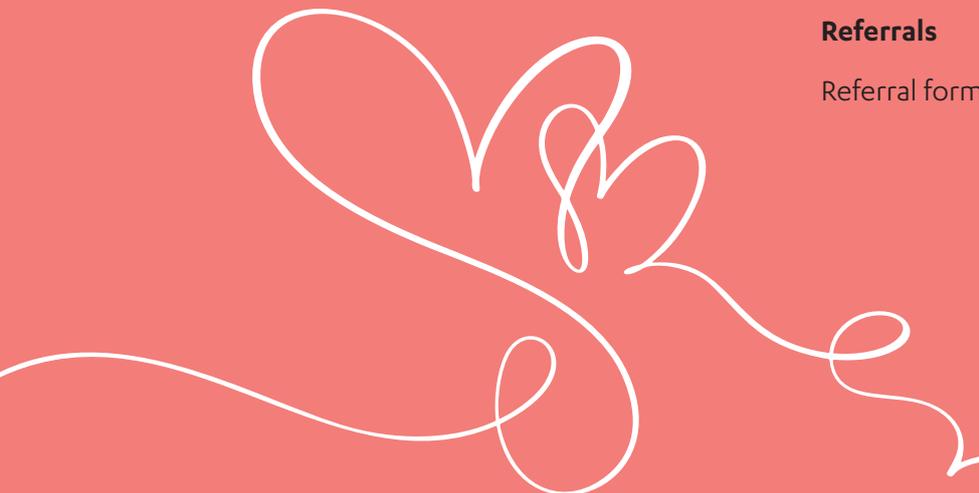
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Welcome

Australia's first private, voluntary, women's-only mental health inpatient and community facility.

Thank you for considering the Lisa Thurin Women's Health Centre at Cabrini Elsternwick for your patient's care. This is an exciting new approach to psychiatric care for women with mental illness.

Cabrini Elsternwick is a contemporary women's mental health facility and was the first of its kind in Australia and the prototype for subsequent services for women.

This unique facility provides specialised inpatient psychosocial treatment programs and individualised treatment strategies in a private, secure, sensitive and empowering setting.

Innovative treatments include hormone strategies and individually tailored medications combined with therapeutic interventions for the treatment of complex trauma, mood disorders and addictions.

Our team includes specialist psychiatrists, clinical psychologists, nurses, allied health staff and special therapists – all with expertise and experience in women's mental health.

Our mission is to provide world-class tailored mental health care for women living with mental health issues.

At the Lisa Thurin Women's Health Centre we have developed an innovative biopsychosocial package of care that provides holistic treatments, specially designed to optimise outcomes for women with mental ill health.

We hope your patients will reach their recovery goals with us in this purpose-designed women's-only facility.

On behalf of everyone at the Lisa Thurin Women's Health Centre, Cabrini Elsternwick, we welcome you and your patients.

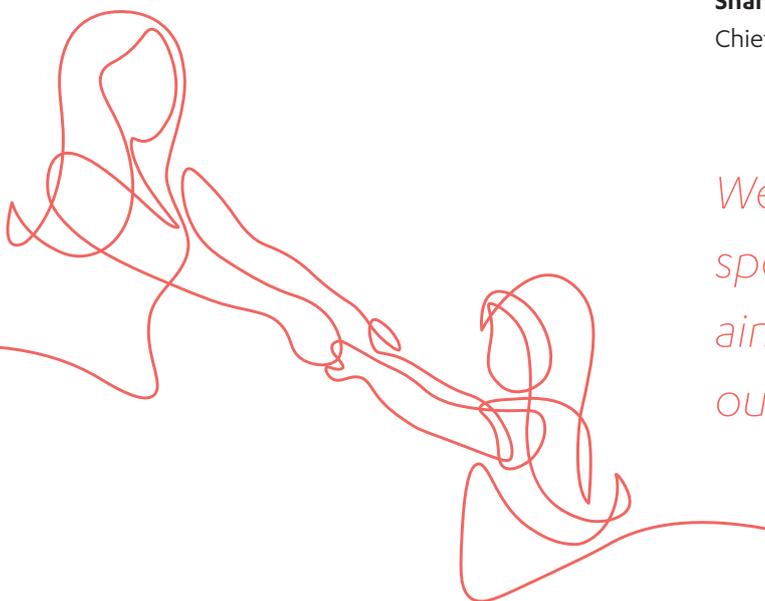
Professor Jayashri Kulkarni AM

Consultant Psychiatrist and Women's Mental Health Expert

Sharon Sherwood

Chief of Mental Health and Cabrini Outreach

We provide tailored, specialised care with the aim of improving overall outcomes for women.



ABOUT THE SERVICE

Located in the heart of Elsternwick, the Lisa Thurin Women's Health Centre provides biopsychosocial, holistic treatment for mental health conditions.

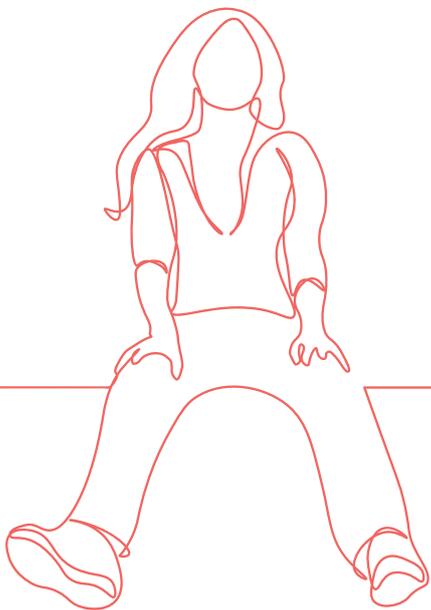
Following Cabrini's mission and values with adherence to governing principles and processes, this 30-bed unit with inpatient psychosocial treatment programs is coupled with new, individualised treatment methods in a private, secure and empowering setting.

MODEL OF CARE

Cabrini Women's Mental Health service offers a short-stay (7-10 day length of stay) mental health program supported with intensive day programs, telehealth and community support. We offer individualised treatment and support for improving women's mental health.

The Lisa Thurin Women's Health Centre offers:

- 30 inpatient beds
- Multidisciplinary specialist workforce
- Inpatient stay with a range of programs including therapies and lifestyle modification
- Community day programs
- Individualised day programs



Mental disorders represent the leading cause of disability and the highest burden of non-fatal illnesses for women in Australia.

PRINCIPLES OF CARE

We operate under the principle that women experiencing acute phases of mental illness have a better response to treatment, better outcomes and better overall wellbeing when they receive treatment in a women's-only facility with treatments and programs that are individualised to the specific needs of women and to the specific characteristics of the illness that are specific to women.

The following principles underpin everything we do:

Client-centred

Client-centred care is an approach in which clients are viewed as whole persons; it is not merely about delivering services where the client is located. Client-centred care involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination, and participation in decision-making.

Recovery-focussed

Recovery means different things to different people and is personally defined by the woman. This involves a holistic approach addressing a range of factors that impact on wellbeing, such as housing, education, employment, family and social relationships. It encourages self-determination and self-management of mental health and wellbeing and works with principles of change.

Holistic

A holistic approach means to provide support that looks at the whole person, not just their mental health needs. The programs and treatments offered consider the woman's physical, emotional, social and spiritual wellbeing and is reflected in the programs offered.

Trauma-informed

Trauma-informed care understands and responds to the impact of trauma and creates opportunities for survivors to rebuild a sense of control and empowerment.



Our Programs

INPATIENT PROGRAMS

At the Lisa Thurin Women's Health Centre, women stay seven to ten days as an inpatient and are then supported in the community – which is proven to help people more effectively deal with their mental illness in everyday life.

Women who stay at the facility will have their own private, modern room with ensuite, have access to an integrated open plan living and dining area, and receive a individualised, intensive program of therapies.

Women are fully assessed by their private treating psychiatrist within 24 hours of admission and a documented treatment plan is established.

Comprehensive assessment and treatments are provided for women with:

- **Mood disorders** (including depression, bipolar, premenstrual dysphoric disorder, anxiety)
- **Complex trauma** (including post-traumatic stress disorder PTSD)
- **Addictions** (drugs and alcohol)

Individualised group therapy programs

During the inpatient stay there are structured group programs to support wellbeing.

The inpatient therapy program operates seven days per week and is run by our qualified and highly trained, multidisciplinary mental healthcare team. Inpatient programs consist of several core programs which all women will attend, and illness specific specialised programs, which are tailored to women within each diagnostic illness.

Psychoeducation groups

During the inpatient stay, psychoeducation groups which provide general principles about the understanding of mental ill health in women using a biopsychosocial framework will be delivered on mood disorders, PTSD and SUD. These sessions, held in the evenings, permit attendance by family members and other nominated support people for inpatients.

COMMUNITY PROGRAMS

In addition to inpatient care, we offer day programs.

Upon discharge as an inpatient, clients will be enrolled in an individualised therapy program, which is agreed upon by the individual and the multidisciplinary treating team.

Discharge summaries will be provided to patient's GP/clinical psychologist within 24 hours of discharge.

Some patients may directly enter the program where immediate risk does not require an inpatient admission, however intensive initial support is needed to safely support transition care to community providers.

Mental health care (transition to home care)

The focus of the community support program is to assist women to continue working on their recovery, developing and utilising coping strategies to maintain their mental wellbeing. Clients are encouraged to attend day program and can access integration support on an as needs basis.

Women still play the major role in caring for both children and older parents and hence, can experience negative impacts on their own mental health as a result.



PROGRAMS AND SESSIONS OVERVIEW

Group therapy programs

Empowerment Feminist Therapy (EFT)

Various studies and theories have introduced several factors and stages for the empowerment of women. Five stages of welfare, access, knowledge, participation, and control remain consistent across different empowerment theories. EFT has a well-studied historical basis with current day applications used to assist in healing for women with trauma histories.

Balance, mindset and body awareness through yoga, pilates and exercise

Obesity and physical ill health are experienced by many women with mental illness who have been prescribed weight gain inducing psychotropic medications. Physical health is often neglected, or worse the woman is 'blamed' by others and herself for her weight and health issues. These daily groups have several well evidenced objectives and strive to improve both physical and mental health, as well as educating the woman about the importance and ease of managing her physical health.

Self-care and lifestyle

Informed by a number of evidence-based therapies including ACT, CBT and Narrative Therapy, self-care are the techniques and lifestyle changes that better help manage the symptoms of anxiety, depression, SUD, cPTSD and more.

Nutrition and dietary considerations through cooking therapy

A recent meta-analysis review found that cooking interventions positively influence psychosocial outcomes for women with mental ill health. Evidence-based cooking interventions have been used to improve nutritional status, weight-related outcomes, and in specific patients with type 2 diabetes, cardiovascular disease, and cancer. Guided cooking groups have also been used in patients with eating disorders, such as anorexia nervosa, to improve cooking-related motivation and ability to prepare and eat healthy meals.

Sensory therapeutic engagement – gardening in the sensory garden

Nature-related activities such as gardening and farming have been used as part of mental health treatment around the world for centuries. The healing effects of people-plant interaction among psychiatric populations in residential care facilities and outpatient community settings have a large, well-evidenced literature base.

Self-discovery and stress management utilising creative art therapy

Creative art therapy effectively supports personal and relational treatment goals, as well as community concerns. Creative art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change (*American Art Therapy Association, 2018*).

Sensory and communication empowerment utilising music therapy

The topic of mental health recovery is one that has gained increased attention in the music therapy literature. Music therapy is to be conducted by therapists who acknowledge resources and potential of patients and the importance of connectedness, hope, identity, meaning in life, and empowerment (CHIME) beyond deficits or pathology alone.

Cardiovascular and emotional health utilising pet therapy

Animal-assisted therapy is defined as the aimed interaction between trained animals and patients, which is considered complementary to conventional therapies. Animal assisted therapy, as a complementary approach to traditional therapies, leads to several important benefits for patients suffering from mental illnesses.



Group therapy programs continued

Seeking safety program

Seeking safety is an evidence-based structured group therapy program specifically designed to support women with addiction who have experienced trauma. Seeking safety is suitable for women with a range of trauma-related mental health problems (including PTSD), and co-occurring addictive disorders (alcohol and other drug addiction, gambling or other behavioural addictions).

SMART recovery program

SMART (Self-Management and Recovery Training) recovery is a group program assisting any problematic behaviours, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, internet and others. It is a non-secular peer group program, and guided by trained peers and professionals, participants come to help themselves and help each other using a variety of cognitive behaviour therapy (CBT) and motivational tools and techniques.

Dialectical Behavioural Therapy (DBT)

DBT is a highly effective researched and internationally recognised treatment for those with significant emotional and relationship difficulties, resulting in self harm, mood dysregulation and other symptoms. The individual is allocated a therapist for one-on-one coaching, which aims to help provide individuals with the skills they need to create and maintain positive life change.

Cognitive Behavioural Therapy (CBT)

The cognitive behavioural therapies, of which cognitive therapy (CT) is the most widely practiced variant, assume that negative beliefs and maladaptive information processing contribute to the onset and maintenance of depression. Daily CBT sessions in both group and individual therapeutic settings will be conducted in 12 sessions.

Acceptance Commitment Therapy (ACT)

Behavioural interventions include contextual approaches based on functional analyses (contingency management and behavioural activation), social skills training, self-control therapy, problem-solving therapy, and behavioural marital therapy. This therapy will be delivered based on individual need.

Mindfulness skills

The concept of mindfulness has become popular in our culture for many reasons, but what is mindfulness, exactly? Does it require living a simple life on a mountaintop, meditation in a lotus position by a peaceful stream or maintaining a yoga pose on a mat? While those situations can certainly promote it, mindfulness can be utilised in everyday thought and behaviour.

Individualised one-on-one therapy

Psychoeducation

Broad based psychoeducation provides women with information about their mental illness, generally focusing on symptoms, stress-vulnerability, and treatment options. Adding simple psychoeducation (PE) in which patients are trained to identify prodromes and to seek prompt treatment is known to reduce risk for relapse/recurrence with respect to mood disorder, particularly mania.

Interpersonal psychotherapy

Interpersonal psychotherapy (IPT) springs from dynamic roots but draws on attachment theory and theoretical revisions that focus on interpersonal relationships. It is more structured than dynamic psychotherapy (but less so than cognitive or behavioural approaches) and focuses on current interpersonal difficulties rather than childhood recollections or the therapeutic relationship.

Brief dynamic psychotherapy

The dynamic psychotherapies represent the oldest treatments for so-called 'personality disorders'. cPTSD in the DSM classification system is categorised as 'Borderline Personality Disorder', and brief psychodynamic therapy is a well described therapy for this condition.

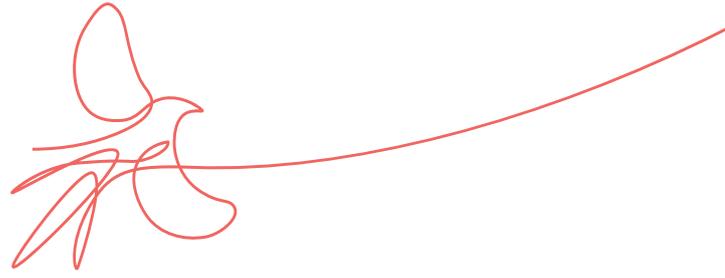
Marital and family therapy

Marital and family problems are common in depression and may contribute to its aetiology and complicate its treatment. Each patient will have an assessment of her need for marital/family therapy and then its provision by skilled therapists. At the very least, families/partners are invited to evening information/psychoeducation sessions about the illness, its presentation, course and treatments.

PROGRAMS TABLE

Program	Group	Individual	Inpatient	Outpatient
Empowerment Feminist Therapy (EFT)	✓	-	✓	✓
Balance, mindset and body awareness through yoga, pilates and exercise	✓	-	✓	✓
Self-care and lifestyle	✓	-	✓	✓
Nutrition and dietary considerations through cooking therapy	✓	-	✓	✓
Sensory therapeutic engagement – gardening in the sensory garden	✓	-	✓	✓
Self-discovery and stress management utilising creative art therapy	✓	-	✓	✓
Sensory and communication empowerment utilising music therapy	✓	-	✓	✓
Cardiovascular and emotional health utilising pet therapy	✓	-	✓	✓
Seeking safety program	✓	-	✓	✓
Self-Management and Recovery Training (SMART)	✓	-	✓	✓
Dialectical Behavioural Therapy (DBT)	-	✓	✓	✓
Cognitive Behavioural Therapy (CBT)	-	✓	✓	✓
Behaviour therapy	-	✓	✓	✓
Mindfulness skills	✓	-	✓	✓
Psychoeducation	-	✓	-	✓
Interpersonal psychotherapy	-	✓	-	✓
Brief dynamic psychotherapy	-	✓	-	✓
Marital and family therapy	-	✓	-	✓

MEET THE MEDICAL TEAM



Dr Ingrid Butterfield

Dr Butterfield is Medical Director of the Lisa Thurin Women's Health centre. She has a decade's experience as a consultant psychiatrist and has held leadership and

clinical roles in both public and private practice.

Dr Butterfield's clinical work involves holistic mental health care combining psychotherapy, psychosocial support and medication where necessary. She believes in working with the patients, and where appropriate their families and carers, to achieve the best possible outcome. Her expertise includes pharmacology across the spectrum of mental health diagnosis and also sub-specialty skills in psychodynamic psychotherapy. She is currently an accredited supervisor for the RANZCP and provides supervision for both basic and advanced trainees in both generalist and psychotherapy areas. In addition to women's mental health, Dr Butterfield has an interest in the interplay between sleep disorders and mental health. Dr Butterfield undertook her psychiatry training in Canberra after studying medicine in Adelaide, and subsequently worked in South Australia and Queensland.



Dr Shalini Arunogiri

Dr Arunogiri is a clinical addiction psychiatrist with extensive experience working across alcohol and other drug (AOD) and mental health services. She is a

senior lecturer and researcher at Monash University, with research interests focusing on methamphetamine use and co-morbidity, and women's health. She teaches on the Monash Masters of Addictive Behaviours course, and supervises and mentors junior medical staff and students.



Professor Jayashri Kulkarni

Prof Kulkarni is the founder and director of the Monash Alfred Psychiatry Research Centre (MAPrc), a large group dedicated to discovering new treatments, new

understanding and new services for people with a range of mental illnesses. Prof Kulkarni graduated from Monash University in 1981 and became a Fellow of the College of Psychiatrists in 1989. She has conducted ground-breaking clinical research since then and is internationally recognised as a leader in the field of women's mental health, in particular for her innovative work on reproductive hormones and mental illness. Prof Kulkarni received an Order of Australia (AM) in 2019 for her services to psychiatry.



Dr Adaobi Udechuku

Dr Udechuku is a perinatal psychiatrist with more than 20 years' experience in ensuring the emotional health and wellbeing of mothers, fathers and infants from

preconception, during pregnancy and post-pregnancy. She is passionate about supporting mothers to optimise their emotional health and wellbeing during the perinatal period. Dr Udechuku manages all emotional health concerns during this time including antenatal and postnatal depression or anxiety, pregnancy loss, adjustment to parenthood, impaired bonding as well as serious mental illnesses including bipolar disorder, schizophrenia and postpartum psychosis. Dr Udechuku uses evidence-based psychological therapies including parent-infant therapy if required. Dr Udechuku has expertise in the safe use of medication during pregnancy and breastfeeding.

FEES

As a private hospital we have arrangements with most major private health insurers. Subject to a client's level of cover, some out-of-pocket costs may be incurred. A fund eligibility check can be performed by the hospital to advise the client of their coverage.

Clients with restricted benefit cover (not fully covered for the service) may elect to upgrade their cover should they require admission without serving a waiting period, to a status that provides full cover. The option to do this is arranged with the client's health fund, with the client being required to pay an upgraded cover amount. The option to upgrade cover is available to a client only once. Once exercised, if the new level of cover is not maintained, the client will incur out-of-pocket expenses in the event a future admission is required.

Clients who seek to self-fund their admission will be provided with an estimate of the cost of their program by contacting the intake team on (03) 9508 5100.

For more information, go to cabrini.com.au/wmh

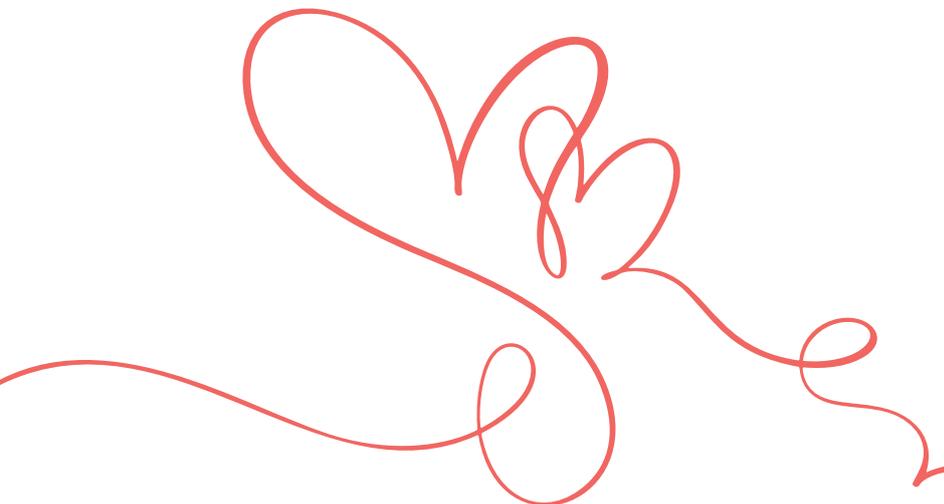
REFERRALS

Medical professionals can refer clients by submitting a referral form via the following methods:

- **Online referral form**
- **Download the referral form**, complete and email to wmh@cabrini.com.au
- **Find a copy of the referral form on pages 13 and 14**

Please submit any accompanying documentation such as psychiatric/psychology assessments, letters, correspondence, previous hospital discharge summaries and any other relevant information.

If you need to speak to a member our assessment team, please call (03) 9508 5100 or email wmh@cabrini.com.au



CABRINI WOMEN'S MENTAL HEALTH REFERRAL

Office use only

Date of initial contact: / /

Cabrini staff member receiving referral:

.....

PATIENT DETAILS

Name: _____

Address: _____

Date of birth: _____

Phone: _____

Email: _____

Private health fund: _____

Member number: _____

Medicare number: _____

Client's number on Medicare card: Exp. date: _____

Aboriginal or Torres Strait Islander? Yes No

COVID-19 DETAILS

Do you have any symptoms relating to COVID-19 (e.g. cough, runny nose, sore throat, loss of sense of taste/smell, breathlessness, chills/sweats)? Yes No

Are you a known close contact of a positive COVID-19 case? Yes No

Have you been to any DHHS declared hot spot locations in the last 14 days? Yes No

ALLERGIES

Any allergies (medication/food): _____

OUTLINE OF ENQUIRY

Has the patient been admitted to a private facility in the last seven days? Yes No

Details: _____

REFERRING PSYCHIATRIST/GP DETAILS

Name: _____

Phone: _____

GP practice details: _____

PSYCHIATRIC HISTORY AND PREVIOUS PSYCHIATRIC ADMISSIONS

(Include any ECT/TMS, addiction history, trauma, history of self-harm/suicidal attempts or harm to others)
.....
.....

Current psychiatric treatment (include current medication/doses and who prescribes, treating team details - psychologist/psychiatrist etc.)
.....
.....

Current support network and any identified social needs (family support, housing, domestic violence etc.)
.....
.....
.....

About

LISA THURIN

Cabrini Health would like to sincerely thank Lisa Thurin and Gandel Philanthropy for their exceptional generosity in supporting the Lisa Thurin Women's Health Centre, Australia's first private, women's only mental health hospital.

We are incredibly grateful for their contribution, which has allowed us to create a contemporary, 30-bed inpatient unit where women can feel safe and supported as they deal with their mental health needs.

Thanks to the generous support from Mrs Thurin and her parents, John and Pauline Gandel, this service will offer compassionate, individualised, women-centric care, delivered in an empowering setting.

Mrs Thurin, Director of Gandel Philanthropy, noted that the rise of mental health issues in society, especially in women, made this a compelling project and the burden has only been magnified during the COVID-19 pandemic.

"Women deserve to prioritise their own mental wellbeing. They so often put others first – their family, children, parents, friends – but they need support as well, and that support should cater to their particular needs," Mrs Thurin said.

"I feel that through The Lisa Thurin Women's Health Centre, Cabrini will realise the unique opportunity to help women with their distinct and specific mental health needs in a nurturing, safe and secure environment."

CABRINI ELSTERNWICK

The building that is now home to the Lisa Thurin Women's Health Centre was built in 1890. It is the design of Charles Webb & Son, the architectural firm that built major landmarks such as the Windsor Hotel and the South Melbourne Town Hall. The rate book of 1890-91 valued the Italianate styled two-storey villa at £100.

After being leased to several professionals by the Webb family, the building known as 'Melrose' and later 'Moynsha' was sold to Charles Reeve in 1920 and became the Hopetoun Private Hospital in 1922.

In 1982, the Telfords purchased the hospital and embarked on a major renovation to restore the building and in 1994, it was transformed into a rehabilitation facility predominantly for orthopaedic patients.

In 2007, Cabrini took over the Hopetoun Street property to offer rehabilitation services. In 2021 the building became home to the Lisa Thurin Women's Health Centre, at Australia's first private women's-only mental health hospital.





Cabrini

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