

NPATS

Autumn-Winter 2023

Northern Psychological Assessment
and Treatment Service

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Social Anxiety - and its concerning upward trend

The last five to ten years has seen an increased number of patients presenting with social anxiety difficulties. Not surprisingly, this has increased even further throughout the last two to three years with COVID-19 and its ramifications. The incidence of social anxiety in the community had been stable and estimated at around 2-3 percent of the population for several decades, however, most recent estimates have the condition occurring at around 7 percent of the population (ABS 2020-21). I believe there is a somewhat hidden epidemic in our society with 15-to-25-year old's in particular, struggling with social anxiety difficulties, leading not only to impairment in social functioning, but also an uphill battle to complete studies, enter the workforce and in general develop life-skills necessary for independent living.

Parents of such young people have been left unsure of the way forward, at times struggling with their own worries about 'pushing them too hard' and making things worse for them. As a parent, I do appreciate such concerns, however, I am also acutely aware of the greater challenges faced if such anxiety and associated social withdrawal is allowed to continue for years.

Some of the hidden signs of social anxiety include: school refusal or difficulty in motivation to attend university, avoiding classes and university during times of exams or presentations in class, feeling physically unwell when being asked to meet new people or see family or friends, always needing to consume alcohol to be social, spending inordinate amounts of time on a device (including gaming, Instagram, Facebook etc) and a lack of social network.

In terms of intervention, I believe the optimal approach is a discussion with a GP who will do some screening for social anxiety and mental health issues in general, followed by a referral to a clinical psychologist. This however, is quite difficult for many and families, or loved ones are best to encourage the following until GP attendance is possible: leaving the home where possible, some form of exercise (preferably walking) even with their loved one, non-threatening conversation about how they are feeling and what they believe would assist (other than being left alone), find an activity to do with your loved one (preferably outside the home), and reading about social anxiety online (<https://www.healthline.com/health/anxiety/social-phobia>).

It is never ok to force someone with social anxiety to just 'get over it' and 'face your fear head on' and in fact you risk re-enforcing that being social is emotionally dangerous/traumatising (and should thus be further avoided). Please pace yourself if you are trying to help someone you suspect has long term social anxiety. The journey to recovery can more often than not impact considerably on the treatment efficacy.

New Staff...

NPATS has expanded its admin team, welcoming the friendly and ever efficient Chloe Reitano late last year. We are more than pleased to have her on board.

NPATS is very pleased to welcome Ms Deborah Nielsen to our team of clinical psychologists. Deb has a vast amount of experience in both the public mental health service and private practice for many years.



Lewi Yiolitis
Principal Clinical
Psychologist NPATS

B. Sc. (Hons),
M Psych. (Clinical) MAPS
AHPRA endorsed Clinical Supervisor

Deborah Nielsen

Deb is an intuitive, caring, and passionate clinical psychologist who has extensive experience working in the field of adult mental health. Deb completed her psychology training in Auckland, New Zealand where she worked in both the hospital and community settings prior to moving to Melbourne. She commenced work in Melbourne in the public mental health sector where she held several clinical roles as well as management and leadership positions.

In 2010 Deb began working in the private mental health sector and has since transitioned into full time private practice. Deb has highly developed assessment and treatment skills and works with adults experiencing a broad range of mental health difficulties, including panic, generalised anxiety, adjustment disorder, depression, obsessive compulsive disorder and trauma. Her background training includes structural and strategic family therapy which informs her work with individuals, along with training in CBT and other therapy modalities. Her work is trauma informed.

Deb is registered as a provider of psychological services with Medicare, Workcover, DVA and TAC and is a registered clinical supervisor.



Deborah Nielsen

B. A., M.A. (Psych) Dip Clin Psych
MAPS
Registered Clinical Supervisor
(AHPRA)

Eating Disorder Update

Eating disorders are serious and complex mental illnesses that significantly impact a person's life. Given the complexity of eating disorders, an individual will require a care team that includes, a general practitioner, clinical psychologist, dietitian, and a psychiatrist.

An individual with an eating disorder can access up to 40 sessions of evidenced based treatment under an Eating Disorder Care Plan. At NPATS, we offer a comprehensive assessment of the individual's eating disorder and mental health issues as well as evidenced based treatment. Josie accepts referrals for individuals 17 years and above.



Josie Catania

B. Arts (Psych) G. Dip (Psych),
M Psych. (Clinical) MAPS, endorsed
Clinical Supervisor through AHPRA

Our Practice

NPATS was able to return to face-to-face consultations in the latter half of 2022. Although NPATS does continue to offer Telehealth sessions, the vast majority of people are attending in person. At this stage we continue to take a cautious approach with COVID-19, with the ongoing use of masks in the clinic. We have installed air purifiers to assist as much as possible in containing both COVID-19 as well as the debilitating influenza virus. The practice has also recently seen a major upgrade of our carpark which has been well received by all who attend.

Referrals

NPATS continues to accept referrals for both Lewi Yiolitis and Josie Catania, although there is a wait. If GP's or psychiatrists wish to discuss the urgency of referrals, please free to contact our rooms and discuss with the individual psychologist. As Deb Nielsen officially commenced working with NPATS in May, there is an opportunity (temporary) for referred patients, to be seen within a relative short space from time of referral.

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