

HEART | MIND

In common with many organisations, 2020 proved challenging for the Centre as we worked out how to get the best out of working remotely. But it also brought good news for us, as other sections of the Newsletter will reflect, in that we were able to build on our vision of establishing the Cardiac Wellbeing Program as a truly national service.



From the Director

In common with many organisations, 2020 proved challenging for the Centre as we worked out how to get the best out of working remotely. But it also brought good news for us, as other sections of the Newsletter will reflect, in that we were able to build on our vision of establishing the Cardiac Wellbeing Program as a truly national service.

We were able to do this mainly through the Cardiac Counselling Clinic. This was made possible by the establishment of universal telehealth mental health by the Commonwealth Government. Through this we have been able to offer bulk-billed telehealth counselling to people recovering from cardiac events or surgery who live in every state and territory.

Partnerships

We have talked before about the strength of partnerships. The Clinic is no exception, with a Memorandum of Understanding between our Centre and the Heart Foundation for the Foundation to refer people from their national Helpline. This is working so well, that they now account for around one third of all of our referrals. In the next Newsletter we will give you some detail on who is coming to the Clinic and what benefit they get from doing so.

We look forward to signing a similar MoU with HeartKids, where they will refer parents of children with congenital heart disease (CHD) who might be struggling emotionally, and adolescents and young adults with CHD who need the specialist psychological and emotional support that we can provide.

I am delighted to report also that we have added Stanford University, one of the top Universities in the world, as a new research partner to our international Cardiac Distress Study. Our work on the development of another new clinical measure, the Parent Distress Questionnaire, is also strengthened by the number 3 ranked children's hospital in the US, Cincinnati Children's Hospital Medical Center, joining our research team.

The American Heart Association confirms our mission

Finally, in a recent statement, the American Heart Association confirmed what we at the ACHH have been arguing for a long time, that "... there is now an increasing appreciation of how psychological health can contribute not only in a negative way to cardiovascular disease (CVD) but also in a positive way to better cardiovascular health and reduced cardiovascular risk."

A handwritten signature in black ink, appearing to read 'Alun Jackson'.

Professor Alun C Jackson
Director

IN THIS ISSUE

02 Research Update

03 Cardiac Wellbeing program update

05 Keeping active in Autumn

06 Publications



Research Update



back on track PROGRAM

As you will be aware, we have been running a trial of our *Back on Track*

program to better understand how to support heart patients as they recover from their heart event. *Back on Track* is an online program designed to help patients make healthy lifestyle changes – including healthy eating, getting back into physical activity, quitting smoking, and managing their emotional wellbeing – after they leave hospital following a heart attack or heart surgery.

So far, we have had around 80 people register to be part of our trial. Participants are being randomised into two different groups – half the participants do the online program on their own, and the other half are supported by a trained lifestyle guide who provides additional support over the phone.

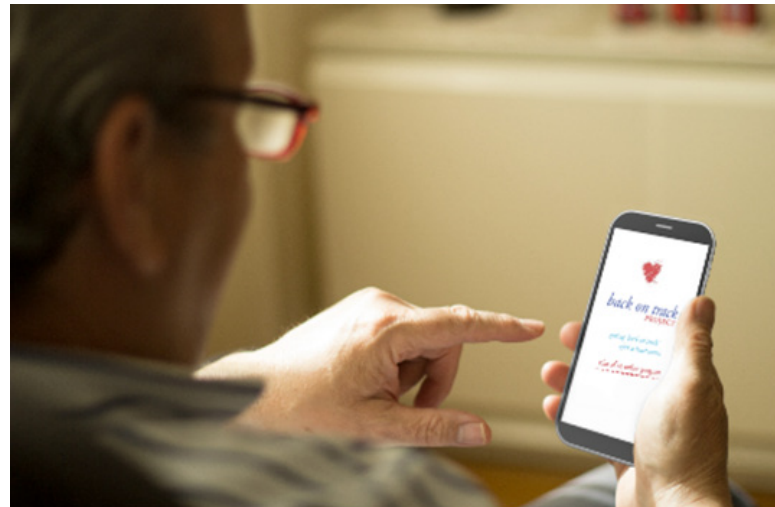
The program is being extremely well received by patients so far, and we are really encouraged by people's interest in participating in this exciting study.

Being a participant involves doing the online modules and completing an online questionnaire before and after the program and again 4 months later. If you or anyone you know would like to be involved in the trial, go to our website to register or email backontrack@australianhearthealth.org.au.

If you would like to see a short video presentation by Senior Research Fellow, Dr Michelle Rogerson, go to this link: <https://fb.watch/4qeWDDuqWT/>

A huge "thank you" to those of you who have provided financial support for us to offer this program to patients, including many of our readers as well as the HCF Research Foundation.

If you would like to contribute financially to the running of this trial – which is helping to support heart patients across Australia – please go to our website or give us a call to make a donation.




cardiac distress STUDY

We are currently running an international study about Cardiac Distress. The term "Cardiac Distress" covers a range of emotions and feelings often experienced by people in the aftermath of an acute cardiac event. The study involves recent patients – those who have had either a heart attack or heart surgery – about the types of emotions they have experienced during their recovery, including the things they have found most challenging and stressful.

If you have had a cardiac event in the past 12 months and you would like to participate in this important research study, please go to the study link on the homepage of our website at: www.australianhearthealth.org.au



Cardiac Wellbeing Program

How can I help cardiac patients in their emotional recovery after a heart event?

What help is there for cardiac patients experiencing anxiety or depression?

These are the questions many cardiac rehabilitation health professionals ask when they are working with cardiac patients in hospitals, community health centres or general practice settings. The good news is – we now have the answers!

Our **Cardiac Wellbeing Program** offers a stepped-care approach to managing the mental health of Australia's cardiac patients. By stepped-care we mean steps or levels of care of increasing intensity aimed at reaching patients with increasingly complex mental health support needs. Our **Cardiac Wellbeing Program** offers three levels of care to support the mental health needs of cardiac patients.



cardiac blues

Level 1:

All cardiac patients can access our **cardiac blues** resources which aim to raise awareness about the possible emotional challenges that patients might face as they recover from an acute heart event such as heart attack or heart surgery. We have an 8-page 'cardiac blues' written brochure and a 1-hour 'cardiac blues' online module. These resources outline the likely emotional responses to a cardiac event, help to reassure patients that initial symptoms are likely to resolve within the first two months post-event, alert patients to the 'red flags' that indicate risk of developing persistent or worsening anxiety or depression, and provide patients with strategies for how to manage their emotional health over coming months.

Level 2:



Patients who want more intensive support to make lifestyle changes or further manage their emotional recovery can access either **Back on Track** or **Teleheart**. These two programs offer more intensive



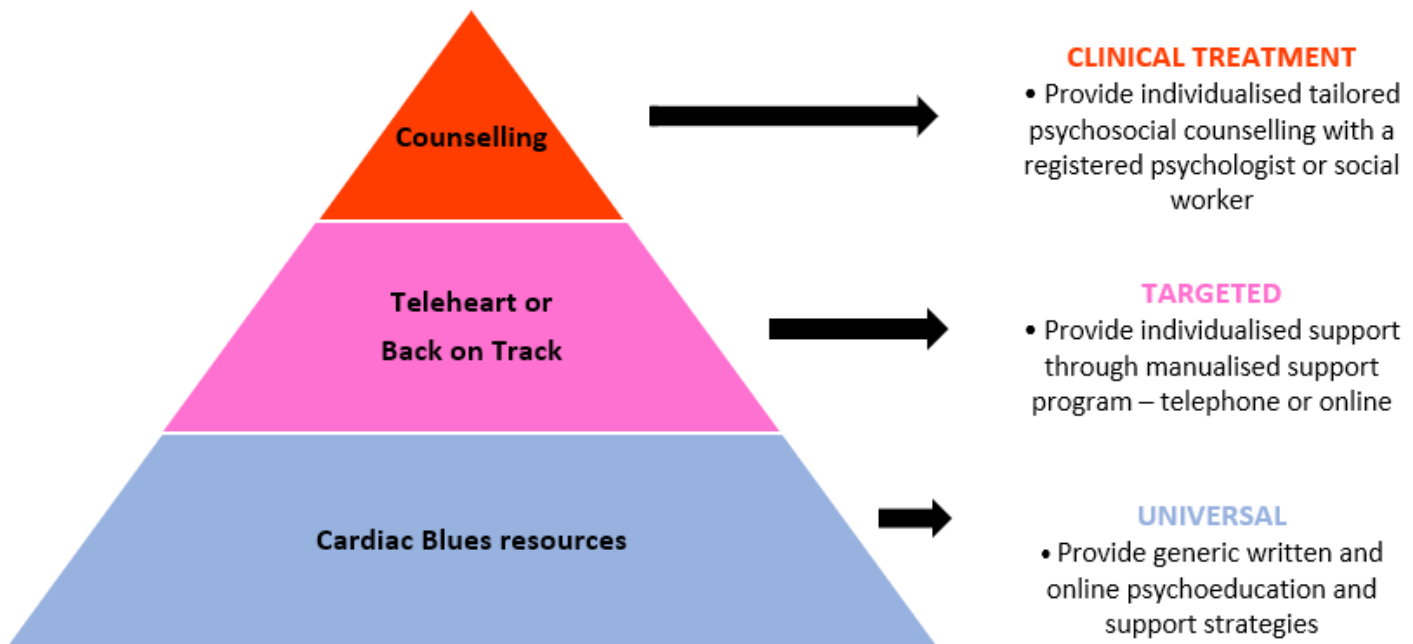
support across four specific lifestyle areas, namely emotional wellbeing, physical activity, healthy eating and smoking cessation. The programs differ in how they are offered – **Back on Track** is a five-module online program that patients do in their own time, while **Teleheart** is delivered over the phone in up to five sessions with a trained cardiac guide. Both programs guide patients through a range of self-management support strategies including goal setting around intended lifestyle changes, weighing up pros and cons of lifestyle changes, making action plans for implementing lifestyle changes, and making contingency plans for when things go off-track.

Level 3:

Patients who are experiencing more severe post-event anxiety, depression, post-traumatic stress or other mental health

challenges may require more intensive psychological support. This is where the **Cardiac Counselling Clinic** comes in. At the Clinic, cardiac patients are offered individualised support with a registered psychologist, social worker or counsellor. Patients can register for counselling on our website or by telephoning or emailing the Centre, or they can be referred through a health professional. Patients can access the service on a mental health plan – available through a GP – which enables them to access counselling at no cost. Counselling is currently being delivered online which enables us to offer this service to patients across the whole of Australia.

The model on the right shows the three levels of our Cardiac Wellbeing Program according to the Cardiac Psychosocial Preventive Health Model.



The Cardiac Psychosocial Preventative Health Model

Who do we help?

Based on yearly statistics, we know that around 55,000 Australians will have a heart attack in the coming year, and many will also have heart surgery. Based on our studies, undertaken over the past 15 or so years, we also know that around 40,000 of these patients will experience some form of the 'cardiac blues' in the first few months post-event, and almost 17,000 will be anxious or depressed by 6-12 months later.

These are the people we are helping through our Cardiac Counselling Clinic.

New members of our Cardiac Counselling Team

We are excited to announce that two new members have recently joined our Cardiac Counselling Team.

Dr Stephanie Mathews is a Registered Clinical Psychologist who joined our team in January this year. Steph works two days per week with our team.

Zoe Crerar is a Registered Provisional Psychologist on placement at the ACHH from the Federation University Clinical Psychology Program. Zoe joined our team in February and works two days per week.

Our other team members include Associate Professor Rosemary Higgins, Registered Health Psychologist, Nadine Saltmarsh, Registered Psychologist, and Professor Alun Jackson, Director of the Cardiac Counselling Clinic.



Cardiac Counselling Clinic team members – Zoe Crerar, Prof Alun Jackson, Dr Stephanie Mathews and A/Prof Rosemary Higgins (absent, Nadine Saltmarsh).

Do you need help with mental health recovery?

If you or someone you know needs mental health support after a cardiac event, or if you are a carer or family member who is struggling emotionally while supporting a heart patient, you can access our services. Go to our website to register www.australianhearthealth.org.au. You can also telephone us on 03 93268544 or email us at wellbeing@australianhearthealth.org.au.

Do you want to support our service delivery?

If you would like to contribute financially to the delivery of our services to those who need it, please go to our website or telephone us to make a donation.

Keeping active in autumn

Autumn in Australia is a beautiful time of the year, and a perfect time for being active. The days are slightly cooler and great for getting out-and-about. Being physically active helps with many physical outcomes, such as lowering blood pressure and cholesterol, helping control weight and blood sugars, improving bone health and muscle strength, as well as helping with our emotional wellbeing and social connectedness. We know though that it can be difficult to stay motivated about physical activity. That's why we have come up with a list of tips to help keep your motivation and enthusiasm high so you can reap the benefits that come with being physically active:

- **Find physical activities that you enjoy.** There are so many options from walking, swimming, cycling, weight training, yoga, pilates, sports, dancing, golf, group exercises...the list goes on. You are far more likely to stick with exercise that you enjoy.
- **Vary your physical activities.** This will help keep your motivation high and allow your body and mind to experience various benefits.
- If you can, **be active with others** (this includes dogs!). This allows us to feel more socially and emotionally connected to others and can help with motivation and maintenance of physical activity.
- **Set achievable goals for your physical activity.** If you are just starting out or returning to an activity, start with a comfortable level and build

- up. If you have been doing it for a while, see if you can increase a little for added benefits.
- As much as possible, **work physical activity into your daily life.** For some people this will involve having a routine, others might combine physical activity into their daily lives such as when commuting to work or the shops. This can really help if we are feeling time-poor.
- **If you experience a setback, don't worry.** These things can, and do, happen. Get back to it as soon as you can.
- Try to **break up your sitting time** as much as possible. If some of your sedentary activities such as talking on the telephone, using screens or watching TV can be done whilst standing intermittently or lightly moving around, you will be getting many additional health benefits.



Updates...

'Pumphead' documentary

In our last Newsletter we talked about a new documentary about the experience of patients who have undergone open heart surgery which we had the pleasure to participate in. The filmmaker, Dr Andrew Pike OAM, who himself had coronary artery bypass graft surgery in 2011, has created what Jessica Cauldwell, a former patient and one of the participants in the film, has termed "an absolute masterpiece" which takes "a profound look at the effects of open-heart surgery on patients and their families. Both emotional and factual in nature it manages to balance the essence of the human spirit and the science and medicine behind our conditions".

The film is now ready to order.
Go to <https://www.roninfilms.com.au/feature/13773/pumphead.html>

PUMPHEAD

AVAILABLE NOW ON DVD! All-Region, PAL or NTSC versions available - with optional English subtitles for anyone who has trouble with Aussie accents!

Pumphead is a documentary feature film exploring patient experiences following major heart surgery - how to understand these experiences and how to live with them.

Through the stories of eight ex-patients, including the filmmaker himself, this documentary indicates the complex diversity of emotional and cognitive changes that often occur after open-heart surgery, simultaneous with physical recovery. In particular the film focuses on the phenomenon of "post-traumatic growth" which often co-exists with psychological challenges and is triggered by them.

Year: 2020

Classification: Exempt - Ronin Recommends: PG

Runtime: 74 min

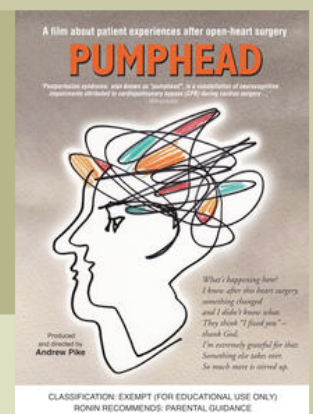
Produced In: Australia

Directed By: [Andrew Pike](#)

Produced By: [Andrew Pike](#)

Language: English

[Proceed with ordering this title and for pricing information »](#)



Publications

In some of our recent publications we have looked at issues such as rumination following a cardiac event where we are able to see the positive value of reflection, or people's thinking about the event, but the impacts on mental wellbeing of negative or intrusive rumination.

Original Article

Impact of Rumination on Severity and Persistence of Anxiety and Depression in Cardiac Patients

Ying Yi Guan¹, Lisa Phillips¹, Barbara Murphy^{1,2,3}, Susan Crebbin^{1,2}, Michael Le Grande^{1,2}, Marian U Worcester¹, Alun Jackson^{1,4}¹School of Psychological Sciences, University of Melbourne, ²Australian Centre for Heart Health, Melbourne, ³Faculty of Health, Deakin University, Geelong, Victoria, Australia, ⁴Centre on Behavioral Health, University of Hong Kong, Hong Kong, PRC

Abstract

Background: Anxiety and depression are common after an acute cardiac event. While many studies have investigated the predictors of anxiety and depression, few have focused on the role of rumination. The aim of this study was to identify the ruminative styles that predict anxiety and depression in the 2 years' postcardiac event. **Methods:** A total of 426 cardiac patients, 210 admitted for acute coronary syndrome (ACS), and 216 to undergo coronary artery bypass graft surgery were recruited from three metropolitan hospitals in Melbourne, Australia. Participants completed self-report questionnaires at the time of their event and at 12- and 24-months postevent. Anxiety and depression were assessed at all three time points, whereas ruminative styles were assessed at 24 months. Clinical information was retrieved from the participants' medical records. Bivariate and multivariate analyses were undertaken to identify the factors associated with and predictive of anxiety and depression at 24-months postevent. **Results:** A diagnosis of ACS, history of depression, smoking, and brooding and intrusive rumination were associated with both anxiety and depression, while female gender was associated with anxiety only. **Limitations:** Generalizability of the findings is limited by the preponderance of men in the sample and by participant attrition over the study period. **Conclusion:** The findings indicate the importance of screening for rumination styles after a cardiac event to enhance targeting of psychological treatments for cardiac patients at risk of persistent

REVIEW



We have also been able to continue drawing attention to the needs of women with heart disease, through an invited article for the the Special Issue on Women's Heart Health in the journal Heart, Lung and Circulation.

We are also excited to have published results of our pilot study of a women's yoga cardiac rehabilitation program in the European Journal of Cardiovascular Nursing.

Heart, Lung and Circulation (2021) 30, 59–68
1443-9506/20/536.00
<https://doi.org/10.1016/j.hlc.2020.05.111>

How Does Mental Health Impact Women's Heart Health?

Adrienne O'Neil, PhD^{a,b,*}, Josephine D. Russell, BPsych^a, Barbara Murphy, PhD^{a,c,d}

^aHeart & Mind Research, iMPACT Institute, Deakin University, Melbourne, Vic, Australia
^bFaculty of Health, Deakin University, Melbourne, Vic, Australia
^cAustralian Centre for Heart Health, Melbourne, Vic, Australia
^dDepartment of Psychology, University of Melbourne, Melbourne, Vic, Australia

Received 29 January 2020; received in revised form 13 May 2020; accepted 24 May 2020; online published-ahead-of-print 5 July 2020

From adolescence until old age, women are more vulnerable to common mental disorders (CMDs; depression and anxiety) than men at all stages of the life course. By middle age, women who have clinical depression are at twice the risk of having an incident cardiovascular disease (CVD) than those without. This has important implications for the way we prevent, identify and treat both CMDs and coronary heart disease in women. In this paper, we discuss the various genetic, biological, ethnic/racial, and psychological pathways by which women's vulnerability to CMDs elevate their CVD risk and recovery from a cardiac event. We review the evidence from trials that have, to date, failed to show that treating depression can reduce or delay the onset or recurrence of CVD events, especially for female patients. We discuss the value of lifestyle-based therapies for treating depression, to which women may be more responsive, and finish by discussing how population-based approaches including risk factor assessment could be tailored to consider these factors.

Keywords: Cardiovascular disease • Depression anxiety • Women • Sex differences

We are pleased that a mentoring arrangement that we began some time ago with a group of cardiac research nurses and their students in Iran is starting to bear fruit with the publication of our first joint paper on the fascinating topic of how people adjust to a heart transplant. This is especially impressive as these nurses were re-deployed to front-line nursing duties for long periods of time during 2020, which saw the suspension of research activities.

Original Article

Adjustment to a New Heart: Concept Analysis Using a Hybrid Model

Abstract

Background: Although the phenomenon of adjustment to a new heart in transplant recipients is very complex, very few studies have been conducted on this important issue. Therefore, no careful and clear definition exists for this concept. **Materials and Methods:** This concept analysis was conducted in Iran in 2018 on 13 patients undergoing heart transplantation. In the theoretical phase, a conceptual framework was created according to the existing data in the literature about the phenomenon. In this study, 13 participants were selected using purposive sampling with maximum diversity. In the fieldwork phase, 20 deep and semistructured interviews were conducted with patients undergoing heart transplantation over 4 months. After data saturation, interviews were analyzed using the qualitative content analysis method proposed by Granheim and Lundman (2009). At the final analytical phase, the results of the two previous phases were integrated using a hybrid model. **Results:** Adjustment to a new heart is a unique multiphase process in patients undergoing heart transplantation. The antecedents include the transplantation time, physical conditions, social and family support, relationship with congeners, and spiritual beliefs. The desirable consequences of adjustment to a new heart may include a new life, inner peace, and spiritual excellence, and the undesirable consequences may include psychological abuse and emotional stagnation. **Conclusions:** According to the results, the health-care team should consider the patient as a unique client and initiate discussions before and following heart transplantation that address patients' adjustment to a new heart in all their physical, sexual, and emotional aspects.

Keywords: Adjustment, concept formation, heart transplantation, Iran

Parvaneh Asgari¹, Alun C Jackson^{2,3,4}, Fatemeh Bahramnezhad⁵

¹PhD Candidate in Nursing Education, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran, ²Australian Centre for Heart Health, Melbourne Australia, ³Faculty of Health, Deakin University, Geelong Australia, ⁴Honorary Professor, Centre on Behavioural Health, Hong Kong University, Hong Kong, PRC, ⁵Departments of Critical Care Nursing, Nursing and Midwifery Care Research Center, Spiritual Health Group, Research Center of Quran, Health and Medicine, Tehran University of Medical Sciences, Tehran, Iran



European Journal of Cardiovascular Nursing
doi:10.1093/ejcn/zvab008

ORIGINAL ARTICLE

Enhancing the appeal of cardiac rehabilitation for women: development and pilot testing of a women-only yoga cardiac rehabilitation programme

Barbara M. Murphy^{1,2,3,8}, Sarah Zaman^{4,5}, Kim Tucker^{1,4}, Marlies Alvarenga^{1,4}, Jenni Morrison-Jack^{1,6}, Rosemary Higgins¹, Michael Le Grande^{1,2}, Arthur Nasis¹, and Alun C. Jackson^{1,2,7}

¹Australian Centre for Heart Health, 75-79 Chetwynd Street, North Melbourne, 3051, Melbourne, VIC, Australia; ²Faculty of Health, Deakin University, Melbourne, VIC, Australia; ³Department of Psychology, University of Melbourne, Parkville, VIC, Australia; ⁴MonashHeart, Monash Health, Clayton, VIC, Australia; ⁵Monash Cardiovascular Research Centre, Faculty of Medicine, Nursing and Health Sciences, Monash University, Clayton, VIC, Australia; ⁶Thana Yoga Centre, St Kilda, VIC, Australia; and ⁷Centre on Behavioural Health, University of Hong Kong, Pok Fu Lam, Hong Kong

Received 16 September 2020; revised 14 December 2020; accepted 20 January 2021

AUSTRALIAN CENTRE FOR HEART HEALTH

03 9326 8544

heart@australianhearthealth.org.au
www.australianhearthealth.org.au