

Children and Young People's Mental Health

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Welcome to the inaugural edition of the Children and Young People's electronic journal. The journal will be disseminated throughout the mental health and youth sector quarterly. The journal will provide latest citations on a range of topics related to youth mental health, co-morbidity and mental health

The citations come from the Medline, PSYCH Info and ProQuest databases. The full text of the articles may be available online. Search for journal titles via CIAP full text journal list, or the ProQuest journals list.

For Central Coast Local Health District Staff the library may have the journals on shelf. Search the NEWCAT Catalogue for journal titles available online e-journals in the Gosford and Wyong Hospital Library.

Anxiety and Depression

The effectiveness of simple psychological and exercise interventions for high prevalence mental health problems in young people: a factorial randomised controlled trial.

Hetrick SE. Jorm AF. Yung AR. McGorry PD. Mackinnon A. Moller B. Purcell R

Background: The prevalence of mental illness in young people is the highest of any age group, with the onset of depression, anxiety and substance use peaking between 18 and 24 years. Effective treatments that target sub-threshold or mild to moderate levels of disorder in young people are required to reduce the risk of persistence and recurrence. The aims of this study are to evaluate whether treatments that are less intensive than cognitive-behaviour therapy, such as problem solving therapy and exercise treatments, are acceptable and effective in managing depression and anxiety symptoms in young people and to identify possible attributes in those who are likely to respond to these treatments.

Methods/design: This is a factorial randomised controlled trial conducted at a large, metropolitan youth mental health service. Participants are young help-seekers aged 15-25 years with sub-threshold or mild to moderate levels of depression and anxiety (with or without comorbid substance use). The interventions comprise 4 treatment combinations delivered by psychologists over 6 sessions on a weekly basis: a psychological intervention (problem solving therapy versus supportive counselling) and an exercise intervention (behavioural exercise versus psychoeducation).

Structured assessments occur at baseline, mid-point, end-point (6 weeks) and at a 6- and 12-month follow-up. The primary outcomes are depression and anxiety symptoms as measured by the Beck Depression and Anxiety Inventories.

Secondary outcomes include remission (defined as no longer meeting the diagnostic criteria for a disorder if threshold level was reached at baseline, or no longer scoring in the clinical range on scale scores if sub-threshold at baseline), substance use, and functioning.

Discussion: The effectiveness of less complex psychological and exercise interventions in young help-seekers with sub-threshold or mild to moderate presentations of high prevalence disorders is yet to be explored. This study has been designed to examine the effectiveness of these interventions delivered alone, or in combination, in a youth-specific service. If effective, the interventions have the potential to prevent the progression of early symptoms and distress to later and potentially more serious stages of mental disorder and reduce the likelihood of ongoing problems associated with the risk of persistence and recurrence.

Source: *Trials* [Electronic Resource]. 12:76,

Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V.

Beesdo, Katja. Knappe, Susanne. Pine, Daniel S.

Institute of Clinical Psychology and Psychotherapy, Department of Psychology, Faculty of Science, Technische Universitat Dresden.

Abstract: This review summarizes findings on the epidemiology and etiology of anxiety disorders among children and adolescents including separation anxiety disorder, specific phobia, social phobia, agoraphobia, panic disorder, and generalized anxiety disorder, also highlighting critical aspects of diagnosis, assessment, and treatment. Childhood and adolescence is the core risk phase for the development of anxiety symptoms and syndromes, ranging from transient mild symptoms to full-blown anxiety disorders. This article critically reviews epidemiological evidence covering prevalence, incidence, course, and risk factors. The core challenge in this age span is the derivation of developmentally more sensitive assessment methods. Identification of characteristics that could serve as solid predictors for onset, course, and outcome will require prospective designs that assess a wide range of putative vulnerability and risk factors. This type of information is important for improved early recognition and differential diagnosis as well as prevention and treatment in this age span.

Source: *Psychiatric Clinics of North America*. 32(3):483-524, 2009 Sep



Alcohol and Other Drug Use and Families

Child maltreatment as a risk factor for opioid dependence: Comparison of family characteristics and type and severity of child maltreatment with a matched control group.

Conroy, Elizabeth; Degenhardt, Louisa; Mattick, Richard P; Nelson, Elliot C.

Objective: To examine the prevalence, characteristics and risk factors for child maltreatment among opioid-dependent persons compared to a community sample of similar social disadvantage.

Method: The study employed a case-control design. Cases had a history of opioid pharmacotherapy. Controls were frequently matched to cases with regard to age, sex and unemployment and were restricted to those with a lifetime opioid use of less than five times. The interview covered child maltreatment, family environment, drug use and psychiatric history. **Results:** This study found a high prevalence of child maltreatment among both cases and controls. Despite the elevated prevalence among controls, opioid-dependent males had a higher prevalence of physical and emotional abuse; female cases had a higher prevalence and greater severity of sexual abuse. The prevalence of neglect was similar for both groups. Early parental separation was more prevalent among female cases compared to female controls; otherwise the prevalence of the risk factors was comparable for both groups. The risk factors significantly associated with child maltreatment were also similar for both cases and controls.

Conclusions: Given the documented association between child maltreatment and adult mental disorder, child maltreatment may be an important antecedent of current psychological distress in persons presenting to treatment for opioid dependence. Apart from a possible association between early parental separation and sexual abuse among female cases, the increased prevalence of child maltreatment associated with opioid dependence did not appear to be related to differences in early childhood risk factors considered in this paper. Other risk factors may be more pertinent for those with opioid dependence.

Practice implications: The high prevalence of child maltreatment among the opioid dependent sample has implications for the assessment and treatment of clients presenting with opioid dependence. Assessment of child maltreatment history could help inform the development of individual treatment plans to better address those factors contributing to the development and maintenance of opioid dependence. Specifically, management of comorbid mental disorder associated with child maltreatment could be the focus of relapse prevention programs and also have a positive influence on treatment retention.

Source: Child Abuse & Neglect. Vol.33(6), Jun 2009, pp. 343-352.

Assessment of families who have substance abuse issues: Those who maltreat their infants and toddlers and those who do not.

Scannapieco, Maria; Connell-Carrick, Kelli.

Abstract: Although an association exists among risk factors of age of child, substance use and child maltreatment, less is known about the differences between substance abusing families who maltreat their children and substance abusing families who do not maltreat their children. The relationship among substance use and maltreatment needs to be further explored to identify specific assessment techniques to discriminate between the two groups.

The study findings, based upon case records analyzed in 2002, show there is a set of significant characteristics of families who have a history of substance use and who maltreat their infant and toddlers and those families who do not. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: Substance Use & Misuse. Vol.42(10), 2007, pp. 1545-1553.



Alcohol & Other Drug Use and Mental Health

Depression, anxiety and substance use: Does the addition of integrated cognitive behaviour therapy and motivational interviewing improve the outcomes of standard care for young people with comorbid depression and substance misuse?

Leanne M Hides, Kathryn S Elkins, Antonietta Scaffidi, Sue M Cotton, Steve Carroll and Daniel I Lubman

Background: Children and adolescents who report psychotic symptoms appear to be at increased risk for psychotic disorders in adulthood – a putative ‘symptomatic’ high-risk group. However, little research has investigated whether those in this high-risk population have increased rates of exposure to traumatic events in childhood, as seen in patients who have a psychotic illness.

Aims: To examine whether adolescents with psychotic symptoms have an increased rate of traumatic experiences.

Method: Psychiatric interviews were carried out with 211 adolescents aged between 12 and 15 years and their parents as part of a population-based study. The interview enquired about a number of early traumatic events including physical and sexual abuse, exposure to domestic violence and bullying.

Results: Fourteen adolescents (6.6% of those interviewed) reported experiencing at least one psychotic symptom.

Adolescents who reported psychotic symptoms were significantly more likely to have been physically abused in childhood, to have been exposed to domestic violence and to be identified as abully/victim (that is, both a perpetrator and victim of bullying). Fourteen adolescents (6.6% of those interviewed) reported experiencing at least one psychotic symptom. Adolescents who reported psychotic symptoms were significantly more likely to have been physically abused in childhood, to have been exposed to domestic violence and to be identified as a bully/victim (that is, both a perpetrator and victim of bullying) than those who did not report such symptoms. These findings were not confounded by comorbid psychiatric illness or family history of psychiatric history.

Conclusions: Our findings suggest that childhood trauma may increase the risk of psychotic experiences. The characteristics of bully/ victims deserve further study.

Source: MJA 2011; 195 (3): S31-S37

Association of adolescent symptoms of depression and anxiety with alcohol use disorders in young adulthood: findings from the Victorian Adolescent Health Cohort Study

Maria McKenzie, Anthony F Jorm, Helena Romaniuk, Craig A Olsson and George C Patton

Objective: To examine the association of adolescent depression and anxiety symptoms with alcohol abuse or dependence in young adulthood.

Design, setting and participants: Cohort study of the health and wellbeing of adolescents and young adults in Victoria, assessed at 8 waves (periods) of data collection, from age 14 to 24 years, between 1992 and 2003. Young people who participated in the cohort study at least once during the six adolescent assessment points (conducted 6 months apart, from age 14 to 17 years), at least once during young adulthood and who were alive at Wave 8 (n = 1758).

Main outcome measure: Alcohol abuse or dependence assessed using the alcohol and substance abuse modules of the Composite International Diagnostic Interview at age 24 years.

Results: Adolescents with moderate to high levels of depression and anxiety symptoms (measured by the revised Clinical Interview Schedule) had an increased risk of alcohol abuse or dependence in young adulthood, compared with young adults with low levels of adolescent depression and anxiety symptoms, after adjusting for potential confounding factors. Risk was higher for those with symptoms at more than two adolescent assessment points (odds ratio [OR] 1.9; 95% CI, 1.7–2.0) and for those with symptoms at one or two assessment points (OR 1.3; 95% CI, 1.2–1.4), compared with those with no above-threshold symptoms in adolescence.

Conclusions: Adolescents with depression and anxiety symptoms are at increased risk for alcohol use disorders into young adulthood. They warrant vigilance from primary care providers in relation to alcohol use well into adulthood.

Source: MJA 2011; 195 (3): S27-S30

Carers

Burdens and difficulties experienced by caregivers of children and adolescents with schizophrenia-spectrum disorders: a qualitative study.[Report]

Knock, J., Kline, E., Schiffman, J., Maynard, A., Reeves, G.

Aim: The purpose of this qualitative study was to investigate the burdens and difficulties associated with the experience of caring for youth with schizophrenia-spectrum disorders.

Methods: Ten caregivers participated in a modified version of the Knowledge about Schizophrenia Illness interview.

Results: The most common areas of general difficulties reported by caregivers were emotional burdens and the everyday practical demands and sacrifices required in caring for their dependents. Results also suggested high levels of burden for caregivers concerning difficulties with mental health services.

Conclusion: Additional work is needed to learn more about the challenges that caregivers of youth with schizophrenia-spectrum disorders are facing, as well as to develop empirically based strategies for helping these caregivers and their dependents.

Source: Early Intervention in Psychiatry. 5(4):349-354, November 2011.

Sharing the load: Parents and carers talk to consumer consultants at a child and youth mental health inpatient unit

Geraghty, K., McCann, K., King, R., Eichmann, K.

Abstract: Caring for a child or adolescent affected by mental illness has been identified as imposing stresses and burdens in excess of those usually associated with child rearing. Peer support has been identified as one means by which these stresses and burdens can be reduced. This study investigated the work of a peer support service provided by Mater Child and Youth Mental Health Service in Brisbane, Australia.

Methods: The study took the form of a content analysis of records of consultations between consumer consultants and 50 families/carers of children admitted into the acute inpatient unit during the period May 2006-April 2008.

The content analysis identified four key themes or domains: experience of service provision, emotions and feelings associated with the admission, need for information, and coping with challenges.

Conclusion: The findings from the study affirm the role of consumer consultants in child and adolescent inpatient services. Some families value a peer perspective and the opportunity to seek advice and information around a wide variety of topics from people not directly involved in the treatment of their child.

Source: International Journal of Mental Health Nursing. 20(4):253-62, 2011 Aug.

Children of Parents with a Mental Illness

Children's experiences of parental mental illness: a literature review.[Review]

Gladstone, B., Boydell, K., Seeman, M., McKeever, P.

Aim: This paper provides a review of published qualitative research on children's experiences of parental mental illness.

Methods: We undertook a comprehensive search of Medical Literature Analysis and Retrieval System Online, PsycINFO, Cumulative Index to Nursing and Allied Health Literature, Sociological Abstracts and Applied Social Sciences Index and Abstracts databases, as well as citation searches in Web of Science and manual searches of other relevant journals and reference lists of primary papers.

Results: Although 20 studies met the search criteria, only 10 focused exclusively on children's descriptions of their experience - the remainder elicited adults' perspectives on children's experiences of parental mental illnesses. Findings are organized under three themes: the impact of illness on children's daily life, how children cope with their experiences and how children understand mental illness.

Conclusions: Despite references to pervasive knowledge gaps in the literature, significant information has been accumulated about children's experiences of parental mental illness. Considerable variability in research findings and tensions remain unresolved. For example, evidence is mixed as to children's knowledge and understanding of mental illnesses and how best to deploy resources to help them acquire optimal information. Furthermore, children's desire to be recognized as important to their parents' well-being conflicted with adults' perceptions that children should be protected from too much responsibility. Nevertheless, the cumulative evidence remains a key reason for advocating for psychoeducation and peer-support group interventions for children, which are endorsed by child and adult study participants alike.

Source: Early Intervention in Psychiatry. 5(4):271-289, Nov, 2011.

Do changes in parent mental health explain trends in youth emotional problems?

Karen S., Stephan C., Frances G., Barbara M. et al.

Abstract: There is evidence of a long-term rise in the prevalence of adolescent emotional problems in the UK and in other countries. The aim of this study was to test whether time trends in parents' emotional difficulties contributed to these increases using data from two national surveys of English teenagers and parents studied twenty years apart (1986 and 2006). The 1986 sample is the age 16 follow-up of the 1970 British Cohort Study (N = 4524 adolescents, N = 7169 parents). The 2006 sample included 16/17-year-olds and their parents drawn from the 2002 and 2003 Health Surveys for England (N = 711). Both studies used identical self-complete questionnaire assessments of adolescent (GHQ-12 and Malaise Inventory) and parent (Malaise) symptoms of depression and anxiety. Follow-up data on emotional problems and psychiatric service use at age 30 years (N = 2785) for adolescents in the first cohort was used to validate the role of parent emotional problems as risk factors for offspring mental health. We found that maternal emotional problems increased across all socio-demographic groups between 1986 and 2006, mirroring increases in adolescent emotional problems over this period. They were cross-sectionally and prospectively associated with adolescent emotional problems. Cohort differences in adolescent emotional problems were attenuated when accounting for the increase in maternal emotional problems. Rising rates of maternal emotional problems have likely contributed to, but do not fully explain, recent time trends in adolescent emotional problems.

Source: Social Science & Medicine: Jul 2011. Vol. 73, Iss. 2; pg. 293

Disability and Mental Health

Detecting and treating depression in people with mild intellectual disability: the views of key stakeholders

McGillivray, JA., McCabe, M.P.

Background: Some people with intellectual disability feel depressed and it is important that we find out about this early and that we try to help them. We asked some people with intellectual disability, some family and some staff about what depression is like and what sort of things led to depression in people with mild intellectual disability. The people we talked to told us that there are lots of things that might show that a person is depressed. For example, they may not want to do things, they may want to be by themselves, they may have tantrums or even hurt themselves. They also said there were lots of things that could help, like having good friends and having people to help them. Most people said it would be good if staff knew more about depression and could teach people how to cope with feeling sad.

Summary: There is a pressing need for the development of programs for the early identification and treatment of depression in individuals with mild intellectual disability. The aim of this study was to ascertain the perspective of 64 key stakeholders (people with intellectual disability, healthcare professionals, family/caregivers & support workers) regarding the risk factors and characteristics of depression, the support and service needs of individuals with intellectual disability/depression and those who care for them. Findings enhance our understanding of depression and its risk factors in people with mild intellectual disability and endorse the need for the development of screening and intervention programs suitable for delivery by staff in agencies providing services to people with mild intellectual disability.

Keywords: Depression, identification and treatment, intellectual disability, stakeholder views

Source: British Journal of Learning Disabilities, 38, 68–76

Population prevalence of psychopathology in children and adolescents with intellectual disability: rationale and methods

Emerson, E., Einfeld, S., Stancliffe, R.J.

Objective: To determine within a nationally representative sample of young Australian children: (1) the association amongst intellectual disability, borderline intellectual functioning and the prevalence of possible mental health problems; (2) the association amongst intellectual disability, borderline intellectual functioning and exposure to social disadvantage; (3) the extent to which any between-group differences in the relative risk of possible mental health problems may be attributable to differences in exposure to disadvantageous social circumstances.

Methods: The study included a secondary analysis of a population-based child cohort of 4,337 children, aged 4/5 years, followed up at age 6/7 years. The main outcome measure was the scoring within the 'abnormal' range at age 6/7 years on the parent-completed Strengths and Difficulties Questionnaire.

Results: When compared to typically developing children, children identified at age 4/5 years as having intellectual disability or borderline intellectual functioning:

(1) showed significantly higher rates of possible mental health problems for total difficulties and on all five SDQ subscales at age 6/7 years (OR 1.98-5.58); (2) were significantly more likely to be exposed to socio-economic disadvantage at age 4/5 and 6/7 years. Controlling for the possible confounding effects of exposure to socio-economic disadvantage (and child gender) significantly reduced, but did not eliminate, between-group differences in prevalence.

Conclusions: Children with limited intellectual functioning make a disproportionate contribution to overall child psychiatric morbidity. Public health and child and adolescent mental health services need to ensure that services and interventions fit to the purpose and are effective for children with limited intellectual functioning, and especially those living in poverty, as they are for other children.

Source: McGillivray Social Psychiatry & Psychiatric Epidemiology. 45(5):579-87, 2010 May.

Foetal Alcohol Spectrum Disorder

Facing the challenge and shaping the future for primary and secondary aged students with Foetal Alcohol Spectrum Disorders (FAS-eD Project) Literature Review.

Blackburn, C., Carpenter, P., Egerton., J.

Background: Foetal Alcohol Spectrum Disorders (FASD) is a broad spectrum of completely preventable intellectual and developmental deficits in individuals, resulting from maternal alcohol consumption during pregnancy. FASD can cause a range of physical and intellectual disabilities. Possible physical disabilities include facial differences and major organ damage, as well as hearing and vision impairments. Damage to the brain results in developmental disabilities, which can include general learning difficulties, language, social or motor skills impairment, memory impairment and attention deficits, poor consequential thinking, and poor planning ability. Children affected by FASD can also face misunderstanding about the often hidden cause of their very challenging learning behaviours. Teachers and teaching support staff will undoubtedly meet children with FASD in their classrooms. They need to know how to respond to their learning needs effectively,

enable them to maximise their potential, improve their life chances and take their places alongside their mainstream peers as citizens (DfES, 2004; HM Government 2004). FASD now accounts for the largest, non-genetic group of children presenting with learning difficulties/disabilities. The difficulties that children face in the classroom epitomise that much-used phrase 'complex needs' (Dittrich and Tutt, 2008; Carpenter 2009a). Their unusual style of learning and their extreme challenging behaviour is out of the experience of many teachers and, as there is significant shortfall in guidance for teachers on how to educate children with FASD in the UK, teachers find themselves 'pedagogically bereft' (Carpenter, 2009a).

Source: National Organisation on Fetal Alcohol Syndrome UK 165 Beaufort Park London NW11 6DA www.nofas-uk.org, 2009.

Executive function deficits in children with fetal alcohol spectrum disorders (FASD) measured using the Cambridge Neuropsychological Tests Automated Battery (CANTAB).

Green, C R. Mihic, A M. Nikkel, S M. Stade, B C. Rasmussen, C. Munoz, D P. Reynolds, J N.

Background: Chronic prenatal alcohol exposure causes a spectrum of deleterious effects in offspring, collectively termed fetal alcohol spectrum disorders (FASD), and deficits in executive function are prevalent in FASD. The goal of this research was to test the hypothesis that children with FASD exhibit performance deficits in tasks that assess attention, planning and spatial working memory.

Methods: Subjects (8-15 years male and female children) with a diagnosis of fetal alcohol syndrome (FAS), partial FAS (pFAS), or alcohol-related neurodevelopmental disorder (ARND), and age- and sex-matched controls, completed four tasks selected from the Cambridge Neuropsychological Tests Automated Battery (CANTAB).

Results: Compared with age-matched control children ($n = 92$), subjects with FASD ($n = 89$) exhibited longer reaction and decision times (effect size range; Cohen's $d = .51$ to $.73$), suggesting deficits in attention. Children with FASD demonstrated deficits in planning and spatial working memory that became more pronounced when task difficulty increased. The largest effect size in this study population (Cohen's $d = 1.1$) occurred in the spatial working memory task. Only one outcome measure revealed differences across the diagnostic subgroups, although all groups were different from control.

Conclusion: This study demonstrates that deficits in multiple executive function domains, including set shifting, planning and strategy use, attention and spatial working memory, can be assessed in children with FASD using an easy to administer, brief battery of computer-based neuropsychological tasks. The tasks appear to be equally sensitive for brain injury resulting from prenatal exposure to alcohol, regardless of the presence of facial dysmorphism.

Source: Journal of Child Psychology & Psychiatry & Allied Disciplines. 50(6):688-97, 2009 Jun.

Gay, Lesbian, Bisexual Transgender & Intersex

Effects of family and friend support on LGB youths' mental health and sexual orientation milestones.

Shilo, G.; Savaya, R.

Background: This study examined the effects of social support components and providers on mental health and sexual orientation (SO) milestones of lesbian, gay, and bisexual (LGB) youths. Data were collected on 461 self-identified LGB adolescents and young adults. Family acceptance and support yielded the strongest positive effect on self-acceptance of SO, whereas friends' support and acceptance yielded the strongest positive effect on disclosure of SO. Family support had the strongest negative effect on youth's mental distress, whereas friends' and family support had the strongest positive effect on well-being. These findings highlight the importance of the daily perceptions of LGB youth within social and familial settings, indicating that both positive and negative aspects of support affect youths' mental health and identity development.

Source: Family Relations: An Interdisciplinary Journal of Applied Family Studies Vol.60(3), Jul 2011, pp. 318-330.

Lesbian, Gay, Bisexual, Transgender & Intersex People Mental Health & Suicide

Briefing Paper, 2011

Gabi Rosenstreich

Mental Health:

- The mental health of LGBTI people is among the poorest in Australia.
- At least 36.2% of trans people and 24.4% of gay, lesbian and bisexual people currently meet the criteria for experiencing a major depressive episode, compared with 6.8% of the general population.
- This rate soars to 59.3% of trans women (male to female) under 30 in a LaTrobe University study.
- Lesbian, gay and bisexual Australians are twice as likely to have a high/very high level of psychological distress as their heterosexual peers (18.2% v. 9.2%).
- More than twice as many homosexual/bisexual Australians experience anxiety disorders as heterosexual people (31% vs 14%) and over three times as many experience affective disorders (19% vs 6%).
- The rates are higher across any age group, country of birth, income level, area of residence or level of education/employment.
- Where differentiated data is available, it indicates that rates of depression and anxiety are highest among trans and bisexual Australians.
- Intersex adults show psychological distress at levels comparable with traumatized non-intersex women, eg those with a history of severe physical or sexual abuse.

Suicide and Self Harm:

- LGBTI people have the highest rates of suicidality of any population in Australia.
- Up to 50% of trans people have attempted suicide at least once in their lives. This rate soars to 59.3% of trans women (male to female) under 30 in a LaTrobe University study.
- Same-sex attracted Australians have up to 14x higher rates of suicide attempts than their heterosexual peers. Rates are 6x higher for same-sex attracted young people (20-42% cf. 7-13%).
- The average age of a first suicide attempt is 16 years – often before 'coming out'.
- Overseas research and anecdotal evidence in Australia indicate that intersex adults have rates of suicidal tendencies and self harming behaviour well above those of the general population.
- Indigenous LGBTI Australians, migrants and refugees, YP and those residing in rural & remote areas are likely to be at particularly high risk of suicide, in line with tendencies of high risk identified in the population as a whole.

Source: Rosenstreich, G. (2011) LGBTI People Mental Health and Suicide.

Indigenous Mental Health

Emerging themes in Aboriginal child and adolescent mental health: findings from a qualitative study in Sydney, NSW.

Williamson, A.B., Raphael, B., Redman, S., Daniels, J., Eades, S.J., Naomi Mayers.

Objective: To explore emerging themes related to the mental health of Aboriginal children and adolescents (“young people”) arising from focus groups conducted in Sydney, New South Wales.

Design, setting and participants: A qualitative study was conducted between April 2008 and September 2009 in three Aboriginal community-controlled health organisations in Sydney. A semi-structured approach was used in focus groups and small group interviews to elicit the views of 15 Aboriginal parents and 32 Aboriginal workers from a variety of health and social work backgrounds on important factors surrounding the mental health of Aboriginal young people.

Results: Major themes identified were the centrality of family and kinship relationships, the importance of identity, confounding factors in the mental health of Aboriginal young people, and issues related to service access and implementation.

Conclusion: Clinicians working with Aboriginal young people should be mindful of the critical importance of family and identity issues and should assess possible physical health or social factors that may complicate a diagnosis. Improvements in access to mental health services for Aboriginal families and a more holistic approach to mental health treatment are urgently required.

Source: MJA 2010; 192: 603-605

Racism and health among urban Aboriginal young people

Priest, N., Paradies, Y., Stewart, P., Luke, J.

Background: Racism has been identified as an important determinant of health but few studies have explored associations between racism and health outcomes for Australian Aboriginal young people in urban areas.

Methods: Cross sectional data from participants aged 12-26 years in Wave 1 of the Victorian Aboriginal Health Service’s Young People’s Project were included in hierarchical logistic regression models. Overall mental health, depression and general health were all considered as outcomes with self-reported racism as the exposure, adjusting for a range of relevant confounders.

Results: Racism was reported by a high proportion (52.3%) of participants in this study. Self-reported racism was significantly associated with poor overall mental health (OR 2.67, 95% CI 1.25-5.70, $p = 0.01$) and poor general health (OR 2.17, 95% CI 1.03-4.57, $p = 0.04$), and marginally associated with increased depression (OR 2.0; 95% CI 0.97-4.09, $p = 0.06$) in the multivariate models. Number of worries and number of friends were both found to be effect modifiers for the association between self-reported racism and overall mental health. Getting angry at racist remarks was found to mediate the relationship between self-reported racism and general health.

Conclusions: This study highlights the need to acknowledge and address racism as an important determinant of health and wellbeing for Aboriginal young people in urban areas of Australia.

Source: BMC Public Health 2011, 11:568 <http://www.biomedcentral.com/1471-2458/11/568>

Non Suicidal Self Injury

Specific Psychological Treatment Versus Treatment as Usual in Adolescents with Self-Harm: Systematic Review and Meta-Analysis.

Ougrin, D., Latif, S.

Background

Despite recent advances in the understanding and treatment of self-harm, poor engagement with therapy remains a serious problem. Aims: To investigate whether offering specific psychological treatment (SPT) leads to better engagement than offering treatment as usual (TAU) in adolescents who have self-harmed.

Methods:

Data sources were identified by searching Medline, PsychINFO, EMBASE, and PubMed for randomized controlled trials comparing SPT versus TAU in adolescents presenting with self-harm.

Results:

Seven studies met inclusion criteria, and six were entered into the meta-analysis. There was no statistically significant difference between the number of subjects not completing four or more sessions of an SPT (27.7%, 70/253) than TAU (43.3%, 106/245), RR = 0.71 (95% CI: 0.49-1.05).

Conclusions:

Engaging adolescents with psychological treatment is necessary although not sufficient to achieve treatment goals. Further research is needed to develop tools for maximizing engagement.

Source: Crisis: Journal of Crisis Intervention & Suicide. 32(2):74-80, 2011.

Borderline personality symptoms differentiate non-suicidal and suicidal self-injury in ethnically diverse adolescent outpatients.

Muehlenkamp, J. J., Ertelt, T. W., Miller, A.L., Claes, L.

Background: There is little research on how specific borderline personality disorder (BPD) symptoms relate to suicide attempts or suicide and non-suicidal self-injury (NSSI) within adolescent populations, which is important to know given the recent proposal of an NSSI disorder. Even less well known is whether specific BPD symptoms distinguish NSSI from suicide attempts or differentiate single from repeated acts of either suicide or NSSI.

Method: Archival, de-identified outpatient clinical charts from 441 ethnically diverse (4.3% Caucasian; 70.9% female) adolescents (mean age = 14.9, SD = 1.61) were reviewed. Data pertaining to NSSI, suicide attempt history, BPD symptoms, and psychiatric diagnoses were obtained from self-report measures and semi-structured interviews administered at intake.

Results: MANOVA and logistic regression analyses revealed significant differences across groups, with the BPD symptoms of 'confusion about self' and 'unstable interpersonal relationships' significantly predicting NSSI and NSSI+Suicide group status. The number of BPD criteria met plus high levels of confusion about self significantly predicted single vs. repeat self-harm group membership.

Conclusions: Two BPD symptoms exhibit distinct relationships to NSSI and suicide attempts, but there is not strong variation in their relationship to BPD. Treatment addressing BPD symptoms may be useful to reducing both NSSI and suicide in ethnically diverse adolescents. Copyright 2010 The Authors. Journal of Child Psychology and Psychiatry. Copyright 2010 Association for Child and Adolescent Mental Health.

Source: Journal of Child Psychology & Psychiatry & Allied Disciplines. 52(2):148-55, 2011 Feb.

Psychosis

To medicate or not to medicate, when diagnosis is in question: decision-making in first episode psychosis

Malhi, G., Adams, D., Moss, B., Walter, G.

Objective: This paper reports on a brief survey of clinicians' judgements when making treatment decisions in the context of diagnostic uncertainty. Specifically, attitudes and opinions were sought from practising consultant psychiatrists regarding two key areas of clinical decision-making in first episode psychosis (FEP), namely, when to initiate medication and, how long to continue treatment.

Method: Interviews were conducted with consultant psychiatrists using a combination of structured and semi-structured questions that examined and explored pharmacological treatment decisions in FEP.

Results: Twenty-three consultant psychiatrists participated in the interviews. The threshold to initiate pharmacological treatment was lower when a risk to self or others is present, when symptoms are primarily positive, when the patient is in distress, or where there is a family history of mental illness.

Atypical antipsychotics are routinely used as front-line medication in FEP and the choice of medication is determined largely by their likely side effect profile. However, the greater the perceived efficacy, the greater the anticipated tolerability burden. The ideal duration of treatment is considered to be 1–2 years in instances of full remission, and 5 years where only a partial response has been achieved or where recovery has not been sustained.

Conclusions: The 'first episode' represents a unique period in the management of psychosis where by definition there is no history of pattern of illness, diagnostic certainty is rare, and the patient usually does not have any prior exposure to medications. Therefore, each management decision needs to be considered following a risk benefit analysis which takes into account the context of the individual.

Source: Australasian Psychiatry June 2010, Vol. 18, No. 3, Pages 230-237

Cannabis Use and Earlier Onset of Psychosis - A Systematic Meta-analysis

Large, M., Sharma, S., Compton, M.T., Slade, T., Nielssen, O.

Context: A number of studies have found that the use of cannabis and other psychoactive substances is associated with an earlier onset of psychotic illness.

Objective: To establish the extent to which use of cannabis, alcohol, and other psychoactive substances affects the age at onset of psychosis by meta-analysis.

Data Sources: Peer-reviewed publications in English reporting age at onset of psychotic illness in substance-using and non-substance-using groups were located using searches of CINAHL, EMBASE, MEDLINE, PsycINFO, and ISI Web of Science.

Study Selection: Studies in English comparing the age at onset of psychosis in cohorts of patients who use substances with age at onset of psychosis in non-substanceusing patients. The searches yielded 443 articles, from which 83 studies met the inclusion criteria. **Data Extraction:** Information on study design, study population, and effect size were extracted independently by 2 of us.

Data Synthesis: Meta-analysis found that the age at onset of psychosis for cannabis users was 2.70 years younger (standardized mean difference=-0.414) than for nonusers; for those with broadly defined substance use, the age at onset of psychosis was 2.00 years younger (standardized mean difference=-0.315) than for nonusers. Alcohol use was not associated with a significantly earlier age at onset of psychosis. Differences in the proportion of cannabis users in the substance-using group made a significant contribution to the heterogeneity in the effect sizes between studies, confirming an association between cannabis use and earlier mean age at onset of psychotic illness.

Conclusions: The results of meta-analysis provide evidence for a relationship between cannabis use and earlier onset of psychotic illness, and they support the hypothesis that cannabis use plays a causal role in the development of psychosis in some patients. The results suggest the need for renewed warnings about the potentially harmful effects of cannabis.

Source: Arch Gen Psychiatry. Published online February 7, 2011. doi:10.1001/archgenpsychiatry.2011.5



Recovery

Making Recovery a Reality

Shepherd, G., Boardman, J., Slade, M.

The Principles of Recovery:

- Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.
- Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness.
- Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives ('agency') and by seeing how others have found a way forward.
- Self-management is encouraged and facilitated. The processes of self-management are similar, but what works may be very different for each individual. No 'one size fits all'.
- The helping relationship between clinicians and patients moves away from being expert / patient to being 'coaches' or 'partners' on a journey of discovery.
- Clinicians are there to be "on tap, not on top".
- People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.

- Recovery is about discovering – or re-discovering – a sense of personal identity, separate from illness or disability.
- The language used and the stories and meanings that are constructed have great significance as mediators of the recovery process. These shared meanings either support a sense of hope and possibility, or invite pessimism and chronicity.
- The development of recovery-based services emphasises the personal qualities of staff as much as their formal qualifications. It seeks to cultivate their capacity for hope, creativity, care, compassion, realism and resilience.
- Family and other supporters are often crucial to recovery and they should be included as partners wherever possible. However, peer support is central for many people in their recovery.

Source: Making Recovery a Reality By Geoff Shepherd, Jed Boardman and Mike Slade. Published March 2008 © Sainsbury Centre for Mental Health, 2008. Recipients (journals excepted) are free to copy or use the material from this paper, provided that the source is appropriately acknowledged.

Recovering from recurrent mental health problems: giving up and fighting to get better.

Kartalova-O'Doherty, Y., Tedstone-Doherty, D.

Abstract: The purpose of this paper is to present selected findings of a grounded theory study that aims to explore individual processes and desired outcomes of recovery from recurrent health problems in order to build up a theoretical framework of recovery in an Irish context. Volunteers included mental health service users or participants of peer support groups who have experienced recurrent mental health problems for two or more years, consider themselves in improvement, and are willing to participate in individual interviews. The current paper is based on the analysis of 15 audiorecorded and transcribed interviews. We identified two open codes of 'giving up' and 'fighting to get better'. Giving up was associated with accepting a passive identity of a patient with a chronic mental illness and a lack of intrinsic motivation to get better. Fighting had both positive (fighting for) and negative (fighting against) dimensions, as well as internal and external ones. The fight for recovery entailed substantial and sometimes risky effort. Starting such a fight required strong, self-sustained motivation. Service providers might need to discuss internal and external motivators of fighting for recovery with service users, with a view to including such motivators in the care plans.

Source: International Journal of Mental Health Nursing. 19(1):3-15, 2010 Feb.

Suicide

Clinical Data Supporting a Sixth Axis for DSM-V

Van Orden, K.A., Witte, T.K., Holm-Denoma, J., Gordon, K.H., Joiner, T.E.

Background: Oquendo and colleagues (Oquendo, Baca-García, Mann, & Giner, 2008; Oquendo & Currier, 2009) recommend that DSM-V emphasize suicide risk assessment on a sixth axis, thereby increasing regularity of suicide risk assessments.

Aim: We propose that evidence of nonredundancy with Axis V – Global Assessment of Functioning (GAF) is one piece of data that can serve as a starting point for a line of research establishing incremental predictive utility for a separate suicide risk assessment in the DSM framework.

Method: A standardized suicide risk assessment protocol, measures of depressive, anxious, and eating disordered symptomatology, as well as an index of comorbidity were administered to a sample of 412 adult outpatients.

Results: Our data indicate that data from standardized suicide risk assessments are associated with indices of symptomatology severity as well as comorbidity, controlling for GAF.

Conclusion: These results support the nonredundancy of the assessments and suggest the utility of longitudinal investigations of the predictive utility of a sixth DSM axis in the assessment of suicide risk.

Source: Crisis 2011; Vol. 32(2):110–113 DOI: 10.1027/0227-5910/a000057

Comparative safety of antidepressant agents for children and adolescents regarding suicidal acts.

Schneeweiss, S. P., Solomon, A.R., Dormuth, D.H., Miller, C.R., Mehta, M., Lee, J., Jennifer C. Wang, Lee, j., Philip S.

Objective: The objective of this study was to assess the risk of suicide attempts and suicides after initiation of antidepressant medication use by children and adolescents, for individual agents.

Method: We conducted a 9-year cohort study by using population-wide data from British Columbia. We identified new users of antidepressants who were 10 to 18 years of age with a recorded diagnosis of depression. Study outcomes were hospitalization attributable to intentional self-harm and suicide death.

Results: Of 20,906 children who initiated antidepressant therapy, 16,774 (80%) had no previous antidepressant use. During the first year of use, we observed 266 attempted and 3 completed suicides, which yielded an event rate of 27.04 suicidal acts per 1000 person-years (95% confidence interval [CI]: 23.9-30.5 suicidal acts per 1000 person-years). There were no meaningful differences in the rate ratios (RRs) comparing fluoxetine with citalopram (RR: 0.97 [95% CI: 0.54-1.76]), fluvoxamine (RR: 1.05 [95% CI: 0.46-2.43]), paroxetine (RR: 0.80 [95% CI: 0.47-1.37]), and sertraline (RR: 1.02 [95% CI: 0.56-1.84]). Tricyclic agents showed risks similar to those of selective serotonin reuptake inhibitors (RR: 0.92 [95% CI: 0.43-2.00]).

Conclusion: Our finding of equal event rates among antidepressant agents supports the decision of the Food and Drug Administration to include all antidepressants in the black box warning regarding potentially increased suicidality risk for children and adolescents beginning use of antidepressants.

Source: Pediatrics. 125(5):876-88, 2010 May.

Trauma

Associations between childhood trauma, bullying and psychotic symptoms among a school-based adolescent sample

Kelleher, I., Harley, M., Lynch, F., Arseneault, L., Fitzpatrick, C., Cannon, M.

Background: Children and adolescents who report psychotic symptoms appear to be at increased risk for psychotic disorders in adulthood – a putative ‘symptomatic’ high-risk group. However, little research has investigated whether those in this high-risk population have increased rates of exposure to traumatic events in childhood, as seen in patients who have a psychotic illness.

Aims: To examine whether adolescents with psychotic symptoms have an increased rate of traumatic experiences.

Method: Psychiatric interviews were carried out with 211 adolescents aged between 12 and 15 years and their parents as part of a population-based study. The interview enquired about a number of early traumatic events including physical and sexual abuse, exposure to domestic violence and bullying.

Results: Fourteen adolescents (6.6% of those interviewed) reported experiencing at least one psychotic symptom. Adolescents who reported psychotic symptoms were significantly more likely to have been physically abused in childhood, to have been exposed to domestic violence and to be identified as a bully/victim (that is, both a perpetrator and victim of bullying) than those who did not report such symptoms. These findings were not confounded by comorbid psychiatric illness or family history of psychiatric history.

Conclusions: Our findings suggest that childhood trauma may increase the risk of psychotic experiences. The characteristics of bully/ victims deserve further study.

Source: The British Journal of Psychiatry (2008) 193, 378–382. doi: 10.1192/bjp.bp.108.049536

Prospective Study of Peer Victimization in Childhood and Psychotic Symptoms in a Nonclinical Population at Age 12 Years

Andrea Schreier, et al.

Context: Psychotic symptoms are commonly experienced in nonclinical populations of adolescents and adults and have been shown to be predictive of later schizophreniform disorders. Associations between adverse experiences in childhood and psychotic symptoms in adulthood have been demonstrated.

Objective: To examine whether peer victimization is associated with psychotic symptoms in a population based sample of 12-year-olds.

Design: Prospective cohort study.

Setting: Assessment clinic for 12-year-old members of the Avon Longitudinal Study of Parents and Children birth cohort in Bristol, England, where parents had participated since pregnancy and their children completed a range of physical and psychological annual assessments since age 7 years.

Participants: A total of 6437 respondents with complete interviews (mean age, 12.9 years).

Main Outcome Measure: The Psychosis-like Symptoms Interview developed for the study using stem questions, glossary definitions, and rating rules, adapted from the National Institute of Mental Health Diagnostic Interview Schedule for Children–IV and the Schedules for

Clinical Assessment in Neuropsychiatry. The interview, carried out by trained psychology graduates, investigated respondents’ experience of psychotic symptoms (hallucinations, delusions, and thought disorders) over the previous 6 months.

Results: The risk of psychotic symptoms was increased about 2-fold (odds ratio=1.94; 95% confidence interval, 1.54-2.44) among victims of bullying at ages 8 and/or 10 years, independent of other prior psychopathology, family adversity, or child’s IQ. Similar results were found using mother and teacher reports of victimization. Associations were stronger (up to odds ratio=4.60; 95% confidence interval, 3.24-6.50) when victimization was chronic or severe (ie, experience of relational as well as overt victimization reported).

Conclusion: Peer victimization in childhood, especially if it is chronic or severe, is associated with psychotic symptoms in early adolescence. These results lend further support to the relevance of psychosocial factors in the etiology of psychotic symptoms in nonclinical populations, which may increase the risk of adult-onset psychotic disorders.

Source: Arch Gen Psychiatry. 2009;66(5):527-536



Treatment

Self-reported side effects in children and adolescents taking risperidone.

Van Orden, K.A., Tracy K., Byrne, S., Walter, G., Hunt, G., Soh, N., Cleary, M., Duffy, P., Crawford, G., Krabman, P., Concannon P., Mahli, G.

Objective: We aimed to describe medication side effects in a cross-section of young people taking low-dose risperidone, using a self-report measure.

Methods: The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) was completed by 66 patients aged between 6 and 18 years who had been taking low-dose risperidone (alone or in conjunction with other medications) for up to 13 years.

Results: Young persons, overall, seemed to tolerate risperidone well, but longer exposure to the medication was

associated with higher side effect levels, particularly for the psychic (pertaining to mind and emotion) and extrapyramidal subscales. The most common complaints related to psychic side effects, such as tiredness, difficulty concentrating, difficulty remembering things and increased dreaming.

Conclusion: Clinicians need to monitor the side effects of young patients taking low doses of risperidone, and other psychotropics, and maintain vigilance in those who have been taking medication for extended periods.

Source: Australasian Psychiatry. 18(1):42-5, 2010 Feb.

Does stage of illness impact treatment response in bipolar disorder? Empirical treatment early intervention.

Berk, M., et al.

Objective: The staging model suggests that early stages of bipolar disorder respond better to treatments and have a more favourable prognosis. This study aims to provide empirical support for the model, and the allied construct of early intervention.

Methods: Pooled data from mania, depression, and maintenance studies of olanzapine were analyzed. Individuals were categorized as having had 0, 1-5, 6-10, or >10 prior episodes of illness, and data were analyzed across these groups.

Results: Response rates for the mania and maintenance studies ranged from 52-69% and 10-50%, respectively, for individuals with 1-5 previous episodes, and from 29-59% and 11-40% for individuals with >5 previous episodes. These rates were significantly higher for the 1-5 group on most measures of response with up to a twofold increase in the chance of responding for those with fewer previous episodes. For the depression studies, response rates were significantly higher for the 1-5 group for two measures only. In the maintenance studies, the chance of relapse to either mania or depression was reduced by 40-60% for those who had experienced 1-5 episodes or 6-10 episodes compared to the >10 episode group, respectively. This trend was statistically significant only for relapse into mania for the 1-5 episode group ($p=0.005$).

Conclusion: Those individuals at the earliest stages of illness consistently had a more favourable response to treatment. This is consistent with the staging model and underscores the need to support a policy of early intervention.

Source: Bipolar Disorders, 13 (1): 87-98, 2011, Feb.