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IACAPAP 21st World Congress **ABSTRACTS**

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Methodology: In the first (qualitative) phase of the research, semi-structured interviews were conducted with 12 adolescents aged between 13 and 16 years. Thematic analysis was used to identify, classify and analyse recurring patterns within the data. In the second (quantitative) phase of the research, a structured questionnaire informed by the qualitative evidence was administered to 204 adolescents in Grades 8 and 9 at a public high school in Cape Town. The survey instrument included a grandparental involvement scale, a parental involvement scale, and a demographic questionnaire. Adolescents' mental and behavioural health was assessed using the Strengths and Difficulties Questionnaire. Data were analysed using Pearson correlation coefficients and multiple regression models.

Results: The majority of adolescents had regular contact with their grandparents. The qualitative data showed that grandparents played five roles in relation to their grandchildren: they served as caregivers, surrogate parents; sources of emotional support; teachers and mentors; family historians; and sources of tangible (financial) support. The "generation gap" was identified as a barrier to communication with grandparents. Nevertheless, shared interests, parental encouragement and geographical proximity fostered contact and emotional closeness. Hierarchical multiple regression results indicated that greater grandparental involvement was significantly associated with more adolescent prosocial behaviour, independent of the level of parental involvement.

Conclusions: The findings support and extend previous research conducted in the global North. Further research is needed to explore the processes underlying the association between grandparental involvement and prosocial behaviour.

Parental and grandparental involvement: Associations with adolescent mental and behavioural health

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Objectives: In order to promote adolescent mental health, it is important to identify risk factors that increase the probability of mental and behavioural health problems, as well as protective influences that can strengthen positive attributes. This study examined whether maternal, paternal and grandparental involvement are associated with adolescents' psychological difficulties, prosocial behaviour, and substance use.

Methodology: The sample consisted of 512 black South African learners in grades 8 and 9 at two public schools in Cape Town. The mean age of the participants was 14 years, and 57% were female. Adolescents completed a structured survey. Questionnaires assessed parents' and grandparents' emotional, behavioural and cognitive involvement with adolescents as well as a variety of demographic characteristics. Adolescents' psychological and social well-being was measured using the Strengths and Difficulties Questionnaire. Substance use was assessed using items asking about adolescents' past-month cigarette and alcohol use, and past-year cannabis use. Where possible, measures were selected that have demonstrated reliability and validity in South Africa.

Results: Hierarchical linear multiple regression analyses, controlling for age, sex and socio-economic status, showed that mother and father involvement were independently negatively associated with adolescents' psychological difficulties ($p < .01$), whereas mother and closest grandparent involvement were independently positively associated with prosocial behaviour ($p < .01$). Hierarchical logistic multiple regression analyses, controlling for age and sex, revealed a negative association between parental involvement and cigarette smoking ($p < .01$) but

no associations between parental or grandparental involvement and alcohol or cannabis use.

Conclusions: Further research is necessary to establish the direction of effects observed in this study. Nevertheless, the findings suggest the importance of considering both close and more distal family relations in designing interventions to improve adolescent mental and behavioural health.

Trends and factors of mental illness: The case of psychiatry ward in Jimma University Specialized Hospital, Ethiopia

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Objective: The main objective of this study was to investigate the trends and factors of mental illness of psychiatric patients in the psychiatry Ward of Jimma University Specialized Hospital.

Methods: Purposive sampling technique was used to select the participants of the study. Accordingly, 636 patients' cards were analyzed. Moreover, 55 psychiatric patients, 56 care givers and 13 psychiatric ward staff were involved in the study. The instruments designed to obtain data were observation check list, document analysis form, and semi-structured interview guide. The collected data were analyzed using both quantitative and qualitative techniques. Importantly, the study was ethically cleared by Institutional Ethical Review Board.

Results: The results of the study revealed that schizophrenia, major depression disorder, brief psychosis and anxiety disorder respectively were the frequent mental illnesses in the ward, by looking into the patients' documents of 51/2 years. These disorders generally attacked the productive age group (20 to 30 years of age), the major reasons of which could be attributed to drug use (mostly 'Khat'), stress caused by academic failure, joblessness, and lack of youth friendly recreation areas. In addition, the findings showed that the trends of the mental illnesses in the ward were increasing. The result of the study also revealed that drug default, substance use, economic problem, family conflicts, divorce, loss of family members, poor social support, stigma and discrimination and repeated chronic illness were the major aggravating factors of mental illnesses in Jimma areas in particular.

Conclusions: The alarmingly increasing number of psychiatric patients, due to various factors, need serious attention. In addition to aggressively working on awareness creation and sensitization, quality services should be provided to the ones who are visiting the ward.

Play therapy as a self-healing and life-skills enhancing tool for children under problematic situations: Two orphanages in Addis Ababa (Ethiopia) in focus

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Objective: The objectives of the study were to know whether play therapy can facilitate the self-healing process, to improve the academic performance, increase the attentive level, and to ensure self-confidence and esteem of children under difficult circumstances.

Methods: Data for this study were the case works of the researcher (for about two years), as a play therapist and Clinical Supervisor. Pre- and post-therapy measures using the SDQ (The Goodman's Strengths and Difficulties Questionnaire) were obtained from 17 children (9 females and 8 males) and analysed. The study used quantitative data as



its major source of information even though there were some qualitative data obtained from the direct observation of the children, focus group discussions and interviews with counsellors, social workers, teachers and caregivers.

Results: The results of the study revealed that there was a statistically significant difference between Pre-SDQ and Post-SDQ results showing a reliable improvement of the conditions of the children, which could mostly be due to therapeutic play sessions.

That is, matched t-test indicated that the means difference was statistically significant: $t(16) = 13.94, p < 0.05$. Moreover, qualitative data from direct observation of the children, focus group discussions and interview results obtained from counsellors, social workers, teachers and caregivers have supplemented the above quantitative results.

Conclusions: Play is the naturally pleasurable activity for children and play therapy is found to be an effective therapeutic technique for children and young adolescents. The process of play is a self-healing process for most children in problems. Ideas for future interventions were presented and implications about the wellbeing of the children were discussed.

This abstract was discussed and approved by Mentors on 4th Helmut Remschmidt Research Seminar, last December! The study was also ethically approved.

Attachment-based, developmental & trauma-informed care for female adolescents in unlocked psychiatric residential treatment facilities (prtfs) in Connecticut, Usa

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Since 2012, the Albert J Solnit Children's Center has undertaken a "filling-in" a level of care between Hospital Treatment and community/family reintegration for psychiatrically complex female adolescents. The PRTFs have strived over two years toward the goal of managing aggressive, suicidal and self-injurious behaviors free of physical restraint as a stabilization option. To assist in this, the adolescent, clinical team and milieu staff have relied on identifying antecedents to dysregulation and have implemented an amalgam of psychological strategies to prevent and/or resolve crescendos into acuity. Our practice is guided by the knowledge of the adolescent's personal trauma and/or psychiatric history and an awareness of how the content of a child/adult interaction can repair rather than reiterate the previous injuries (i.e. Trauma-Informed Care). The ARC and Distress Tolerance models have also been framing our approaches to these female youths. Departing from the "locked door" as a main provision of safety, has provided the PRTF staff, at all levels of expertise, opportunities to manage the associated risks of "the open door" by broadening talents for conflict resolution. Additionally, the provision of consistent structure by embedding daily routines, a "no opt out" set of expectations for youth: functioning at school, self-care, unit maintenance and group reflection, treatment team cohesion and cognitive flexibility of modifying, negotiating and improvising in the midstream of interactions, are also critical for the basic psychological security of the therapeutic milieu. Consequently the restraints and seclusions were minimal in this setting. Total numbers of restraints and seclusions in 2012 were 6 restraints and 2 seclusions. In 2013, there were 12 restraints and zero seclusion. In 2012 total number of PRTF beds available was 16 with number of admissions: 32. In 2013 the number of admissions was 51 with increased bed capacity of 24.

Association between dietary pattern and sleep quality among preadolescents in Taiwan

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Objectives: To investigate the relationship between diet preference and sleep quality in Taiwanese preadolescents. The moderating effects of gender and grade in this relationship were estimated as well.

Methods: A total of 441 5th and 7th graders were randomly selected from 26 public elementary and junior high schools in central Taiwan. Diet preference was indexed by frequency of punctual to eat three meals and food preferences. Sleep quality of all participants was measured by the Pittsburgh Sleep Quality Index (PSQI), and was divided into two categories in terms of good ($PSQI \leq 5$) and bad ($PSQI > 5$) when examining its relationship with punctual to eat three meals and food preferences in univariate analyses and multivariate analyses. Interactions between gender, grade and diet variables were tested in multiple regression models to explore possible moderating effects.

Results: Schoolchildren's punctual to eat three meals and food preferences are related to sleep quality. Punctual to eat three meals and preferring to eat vegetable and milk products are good for sleep quality in preadolescents. Grade and gender do not affect the sleep quality, but grades may interact with punctual to eat three meals to affect sleep quality.

Conclusions: Parents should pay attention to children's diet time, and provide more vegetables and milk products, to improve children's sleep quality. Schools should also consider providing more vegetable and milk products in children's lunch.

Exposure to artificial bright lights from modern electronic media before bedtime may contribute to sleep onset delay in children/young people with ADHD

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Introduction: Sleep onset delay commonly associated with ADHD may be worsened by exposure to artificial lights from modern electronic media with wavelengths similar to day light, potentially inhibiting the action of the sleep hormone melatonin responsible for sleep-wake cycle. (1, 2, 3) Current sleep hygiene advice for patients/families lack specific advice about the role of artificial lights in suppressing natural melatonin production.

Aim: Examine pre bedtime/bedtime activities including modern electronic media use in ADHD children with sleep onset delay and determine level of improvement following targeted sleep hygiene advice/support.

Methodology: Pre/post sleep hygiene interviews were prospectively conducted by ADHD Specialists in all ADHD patients (6-18 years) with sleep onset delay and carers presenting to a UK CDC over a 6 month period (June- December 2013). Post interview sleep education conducted included avoidance of exposure to artificial lights from modern electronic media before bedtime. Sleep packs/diaries containing further advice were given to carers. Sleep support via telephone/email was made available throughout the study period.

Results: Majority of ADHD patients kept electronic media/TVs in their bedrooms and played with these prior to their bedtime. At the end of the study period, majority of carers reported an improvement in sleep onset delay in their child when they followed advice about switching off

television and other electronic media. ADHD professionals need to consider the role of modern electronic media on sleep onset delay.

Families with ASD about ASD

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To study what kinds of knowledge (ASD) the families with ASD have, on 181 main caregivers with ASD and were studied in Guangdong province. The needs for knowledge, practical knowledge, and the ability to measure the specific knowledge were set according to the needs. First, our findings showed that the three kinds of knowledge were higher than the needs. The scores among the three kinds of knowledge were higher than the needs. The significant difference ($P=0.001$) in the analysis revealed that the families' needs were higher than the knowledge. In summary, our study showed that the families' needs for the knowledge of ASD were higher than the knowledge. The results also showed that the families' needs were influenced by their education level, the knowledge, the family income, and the gender.