

9<sup>th</sup> World Summit on  
**Mental Health, Psychiatry and Wellbeing**  
**August 10-11, 2022 | Paris, France**



Annual Mental Health 2022

# 9<sup>th</sup> World Summit on Mental Health, Psychiatry and Wellbeing August 10-11, 2022 | Webinar

Volume: 24

## The link between trauma and physical/emotional dysregulation

### Abigail Barragry

Abigail Barragry Psychologies, UK

The main component of trauma informed work is that we need to use a bottom-up approach. This means rather than using language and cognitive reasoning to help individuals manage their feelings, we start with the body. We need to ask not 'what's wrong with you', but 'what's happened to you'. Physical dysregulation is a major difficulty for children with trauma but also many other issues such as anxiety, ADHD, ASD and many more. Bessel Van Der Kolk recently said he advocates that all children in all years should receive teaching on how to self-regulate. This includes understanding of how the brain works, breathing, interactive techniques, noticing and moving. This can then facilitate an understanding of 'who they are'.

Although ADHD can't be 'cured', research shows that through self-understanding and recognising how our brains and body work, that neural fine-tuning can be tweaked and symptoms better managed. Gabor Mate questions whether most physical dysregulation doesn't have a basis of trauma somewhere upstream, whilst acknowledging for many there may be a biological predisposition.

In this presentation I draw upon the work of the most current trauma informed practitioners, including the above mentioned along with Stephen Porges (Polyvagal theory). I also draw on my work with a 3,000 strong group of adults across the world who have/feel they have ADHD. Finally, I draw upon my own experience of trauma, ADHD and self-understanding. All life is work, and all work should, I feel, be life.

### Biography

Dr Abigail Barragry, She has held a doctorate in Educational Psychology, she has undergone training in a wide variety of therapeutic modalities to work with children and adults. These include ACT, CBT, Creative Arts Therapy and Trauma Informed practice. She also holds a Masters degree in performing arts. My approach is solution focused, supporting individuals through body-mind integration and to re-connect to their inner child. After all, all life is improvisation

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## Anxiety attacks, emotion management and tools to help patients

### Sally Das

Clinical Psychologist, Belgium

Consultation requests for anxiety attack reasons have increased in our consulting rooms since the pandemic. Admittedly, anxiety attacks have always existed and they were already present before the covid crisis. But the postulate is that the virus, confinement, fear of the future have increased the frequency of anxiety attacks in patients and triggered crises in patients, a priori, not very anxious, who would not have consulted for this reason before. After analysis of some clinical cases seen at the consultation office, for a reason of anxiety attacks, emotional management may be also responsible for triggering the anxiety attack. Mismanagement of emotions can trigger an anxiety attack or accentuate the signs of anxiety. The primary goal here is to discover the reason for the anxiety attack and to lessen or eliminate it. The second goal is to provide practical tools for the patient, for the management of emotions on a daily basis, such as the wheel of emotions, the emotions notebook or the emotional trash can.

The postulate is that if the patient can better manage his emotions thanks to the proposed tools, the anxiety attacks will be less frequent or non-existent.

### Biography

Sally Das is experimented Clinical Psychologist since 15 years in her own Clinical Office. She works with differents problematics with children, teenagers, adults, couples and family. She is interested by a lot of fields of psychology. She writes articles of psychology for some sites and answers in somenewspaper'sinterviews.

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## The need to contextualise local mental health solutions

### Charity Muturi

Global Advisory Non-Communicable Disease (NCD), KENYA

I was diagnosed with bipolar disorder in 2015. My experiences & of many peer & family support group members have provided me unscientific yet crucial perspective to mental health. We experience cultural stigma as bewitched and demon-possessed. We are discriminated in accessing rights to inclusion, leadership, voting, justice, family & property ownership. Human rights violations in health facilities include poor infrastructure, poor sanitation, overcrowding, inadequate personnel, undignifying seclusion and cheap 1st generation drugs with adverse side effects. High out of pocket expenditure leads us to a cycle of poverty, hospitalisation, abandonment & imprisonment. Aligning to rights based community mental health is discussed in policy meetings while the public remains unaware. We have inadequate specialists while families and communities ignorant of symptoms do late interventions. Negative psychiatric practices have thrived for a century as investment in mental health remains neglected. Well intended but undue influence by first world countries to align to global standards in psychiatry, mental health and disability brings in confusion. Our governments and civil society sign global commitments within unrealistic timelines without the necessary technical & financial capacity or genuine goodwill to build our own locally realistic, authentic and appropriate solutions. These include training spiritual and traditional healers, strengthening comprehensive mental, neurological and substance use disorder management; and addressing poverty as the biggest social determinant through stronger state socioeconomic protection systems. Our solutions may be awkward but local contextualisation is necessary to prevent us from pitfalls paved with noble intentions as we achieve UHC & SDG 3 together.

### Biography

Charity has lived experience with a mental health condition & caregiver to parents with 6 Non-Communicable Diseases (NCDs). She has promoted rights based patient inclusion in health policy, integrating mental health in chronic disease management, mental health financing & socioeconomic protection at the UN General Assembly, UN Women, WHO, Kenya Parliament & Senate. She served in the National Task Force on Mental Health & is a court petitioner in decriminalising suicide. She chairs Tunawiri CBO with extensive experience in mental health, criminal justice & disability. Trainings include Community Health & Development, WHO mhGAP LMIC, UNICEF-UON Adolescent Mental Health & UNCRPD.

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## Prevalence and predictors of depressive symptoms among attendees of a tertiary care dermatology clinic in Muscat, Oman

**Al Moatasem Al Mamari**

Sultan Qaboos University (SQU), Oman

**Background** Various studies have suggested that depression is more prevalent among patients with skin disorders than in the general population. Most of the studies addressing this subject involve Euro-American populations.

**Objectives** The present study aimed to estimate the prevalence of depressive symptoms among patients with dermatological disorders and, then, to decipher the clinical–demographic factors associated with depressive symptoms.

**Methods** A cross-sectional analytical study was conducted among a random sample of patients attending a dermatology clinic in Muscat. The Patient Health Questionnaire-9 (PHQ-9) was used to screen for depressive symptoms. A logistic regression model was used to find the adjusted and unadjusted odds ratios (ORs).

**Results** A total of 260 patients participated in this study, with a response rate of 81%. The prevalence of depression symptoms was 24%. According to regression analysis, family history of depression, comorbid medical disorders, and treatment with topicals or isotretinoin were significant predictors of depression (OR = 9.41, 95% confidence interval [CI]: 2.27–39.05,  $P = 0.002$ ; OR = 2.0, 95% CI: 1.2–3.21,  $P = 0.05$ ; OR = 2.28, 95% CI: 1.09–4.76,  $P = 0.028$ ; and OR = 2.78; 95% CI: 1.08–7.19,  $P = 0.035$ , respectively).

**Conclusion** This study indicates that depressive symptoms are common among patients with dermatological disorders in Oman, particularly in those with a family history of depression and medical comorbidities, and those who use a specific dermatological medication. Screening for depression in patients attending dermatology clinics is essential in order to detect and promptly treat patients suffering from depression.

### Biography

Al-Moatasem Al-Mamari graduated from the medical college at Sultan Qaboos University (SQU), in Oman, in 2014. Then joined the psychiatry residency program in Oman Medical Specialties Board (OMSB) in Oman. Currently, he is in his final year of residency program.

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## Brain activity and HRV changes after an eight-week mindfulness meditation

Sylwia Sumińska

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**Introduction:** Stress is one of the most common health problems in the European Union. It contributes to the deterioration in health, i.e. cardiovascular, psychosomatic, and musculoskeletal disorders. It is also linked to mental health problems, including depression and anxiety, and leads to reduced cognitive performance. One of the methods of overcoming stress is mindfulness meditation (or MBSR, Mindfulness-Based Stress Reduction). Many studies reveal that MBSR is helpful in the treatment of somatic diseases, as well as anxiety disorders, depression, and chronic pain. Regular practicing mindfulness meditation causes improvement in social functioning and quality of life as well decrease in the level of perceived stress and physical symptoms of stress. Stress could be observed in brain functioning e.g. electrical activity. Stress manifests itself in an increase in high beta activity and frontal alpha asymmetry. On the contrary, practicing meditation causes an increase in the alpha and theta bands and an increase in left hemisphere activity, and also an improvement in HRV. The project aims at assessing changes in brain functioning measured by EEG and in HRV after 8-week mindfulness meditation (or MBSR).

**Methods:** Forty people participated in the study in 2 measurements at an 8-week interval. Twenty people were qualified for the group participating in the MBSR and twenty for the control group. Inclusion criteria for the study were: subjective high level of stress, no subjective cognitive impairment, no history of severe head injuries, chronic diseases, psychiatric and neurological diseases. Measurements before and after the MBSR (and after 8 weeks in the control group) included: the level of stress, anxiety, and depression symptoms (DASS-21), mindful attention awareness (MAAS), rumination trait (ERRI), and physiological parameters recorded while meditation practicing and baseline, i.e. EEG, EKG. Results: Due to ongoing research the overall results will be shown at the conference.

### Biography

Sylwia Sumińska is a psychologist working in the Central Institute for Labor Protection - National Research Institute in Warsaw. She graduated in psychology and she has been working as a researcher in the Laboratory of Occupational Psychology and Sociology. She carries out projects in the field of psychophysiology of stress as well as cognitive skills and aging. Her research interests include understanding how paced breathing and meditation affect the human body and influence mental health.

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## Particularities of anxiety disorders among generation z individuals

**Nicoleta Dumitrescu**

Psychiatry resident, "Socola" Institute of Psychiatry, Romania

Using of Social Networks among teenagers has increased dramatically in recent years and seems to have a significant impact on their mental health.

**Aim:** We aimed to determine certain features of anxiety among Generation Z in correlation with the time its members spent in the online environment.

**Materials and Method:** This study was conducted through a survey based on a specific pre-designed questionnaire to investigate the interaction of Generation Z individuals from Romania with the online environment. The questionnaire was posted on online social platforms in May-July 2018. The participants were selected based on the date of birth (between 1995 and 2010), and the Questionnaire included two questions: "How much time do you spend in front of the screens?" and "How much time do you spend on social networks?", having answers from "<1 hour" to ">12 hours", as well as four items to identify symptoms of generalized anxiety disorder. The data were retrieved from the Excel database for statistical analysis. Results: We studied 672 Generation Z individuals, of which 15.69% identified themselves as anxious. 89% of anxious people are female, and 45% of them spend more than 6 hours in front of screens and 34% spend more than 6 hours on social networks. 59% of Generation Z anxious people cannot control their daily anxiety, 100% of them have difficulty of concentration, and 47% of them have difficulty in relaxing. Also, 54% of Generation Z anxious people claim daily irascibility in the last 6 months. Conclusions: Our study showed that spending more than 6 hours in front of screens and on social networks represent significant risk factors for anxiety among Generation Z individuals. Clinicians should focus on this generation, to detect the earlier onset of anxiety disorder and to develop appropriate treatment to restore the well-being of the patients.

## Biography

Nicoleta Dumitrescu, She is a 2nd year Psychiatry medical resident in Romania. While she was a student, she completed an internship on Forensic Psychiatry at Philippe Pinel Institute of Montreal, and later on another one on Adolescents Psychiatry at Maudsley Hospital, London. During her studies she participated to many medical events, where she received numerous prizes for my researches. Since she has started my residency, she is participating to conferences and summer schools about Psychiatry and she has published medical articles about my researches.

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