



3rd International Conference on

Mental Health and Human Resilience

June 21-23, 2017 London, UK

Poster

Mental Health 2017

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Military service effects on personality and psychological well-being

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There has been a recent spike in media coverage regarding military personnel shootings. These incidents have a tendency to leave the public wondering if military service plays a role in this violence. Further, could experiences in the military lead to shifts in a person's character? In this study, researchers are interested in investigating the effects of military service on personality and psychological well-being. A quantitative one-way analysis of variance (ANOVA) was conducted involving 6660 total participants, 4846 of which report having never served in the military and 1814 report that they have served on active duty. Findings are later discussed, along with implications for research on military systems and their surroundings, overlapping systems. Researchers also argue that extension of this research should be done to further explain the effects of military service on personality and psychological well-being, as well as the effects they may have on individuals and families. Researchers conclude by highlighting the possibility of clinical therapeutic intervention as having a positive impact on military personnel and their systems. Learning objectives: By the end of this presentation, participants will be able to understand the relationship between military service and the effects it may have on personality and psychological well-being constructs; identify ways personality and psychological well-being could impact an individual's behavior; interpret how changes resulting from service in the military within these constructs could affect interpersonal relationships; and conceptualize how certain therapeutic services could have a positive impact in these systems.

Biography

Alexandra Alfaro is currently pursuing PhD in Marriage and Family Therapy at Nova Southeastern University, USA. She comes from a heavily systemic background, which shows itself through her keen attention to contextual layers. As she cultivates her background in research, she has become interested in the overlap of mental health and current social issues. Most recently, she has directed her attention toward linkages between mental health and military service.

Paula Boros is currently a Marriage and Family Therapy PhD student at Nova Southeastern University and a Registered Marriage and Family Therapist Intern. Her background is in systemic theory and application from a postmodern perspective, which is demonstrated through contextual layers and understanding. Her research background thus far focuses on social justice issues and mental health concerns, from a systemic application. Her current attention is focusing on the military service population and mental health. By further understanding this population and bringing attention to these topics, she is able to consider future research, which will be clinically relevant to the population and the field.

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Analyzing interactions: A review of treatment options for schizophrenic patients on Clozapine with pulmonary tuberculosis

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Statement of the Problem: Studies have observed that the incidence of pulmonary tuberculosis has been significantly higher in patients with schizophrenia in countries where pulmonary tuberculosis is endemic. Patients on clozapine who are diagnosed with tuberculosis often present clinicians with a management dilemma. Several anti-tuberculosis medications have significant interactions with clozapine with isoniazid being an inhibitor of the cytochrome P450 system, increasing the level of clozapine and rifampicin being an inducer of the cytochrome P450 system decreasing the level of clozapine. To date, clozapine is still the only evidence-based medication for treatment-refractory schizophrenia.

Orientation: A literature search was performed on several databases such as PubMed.

Findings: Patients on lower doses of clozapine could benefit from increasing the dosage of clozapine with monitoring based on serum clozapine and norclozapine levels and clinical response. Alternatives to rifampicin which have been used in case reports fluoroquinolones such as ciprofloxacin. However, there is concern about the development of fluoroquinolones resistance in *Mycobacterium tuberculosis*. Streptomycin is another anti-tuberculosis medication; however, there are concerns with streptomycin given the potential ototoxicity, hepatotoxicity as well as neuropsychiatric manifestations. Conversely, increased plasma concentrations have been reported with concurrent use of clozapine and isoniazid with such a scenario requiring close monitoring of the patient's clozapine and norclozapine level. Clozapine is associated with a dose-dependent seizure risk at a rate higher than that seen with most other antipsychotic drugs which should be closely monitored.

Conclusion: Several different management strategies are available based on small anecdotal case reports. No large study has been done to determine the best treatment option for such patients. Each treatment decision should be tailor-made based on a multidisciplinary approach for the best outcome.

Biography

Chao Tian Tang is a Psychiatry Resident with the National Healthcare Group, Singapore. He was graduated from the National University of Malaysia and is currently working at the Institute of Mental Health Singapore. He has experience working in high dependency psychiatric care units, adult neurodevelopmental services and general psychiatry units. He is actively involved in research and clinical work. His clinical interests include liaison psychiatry, neurodevelopmental disorders and old age psychiatry. He has published articles in the field of old age psychiatry and bibliometrics. He has attended and presented at conferences in fields such as intellectual disability and neurodevelopmental disorders.

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Treatment considerations for psychological and physiological problems in patients with Dyke-Davidoff-Mason syndrome in a pediatric population: A review

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Statement of the problem: Dyke-Davidoff-Masson syndrome is a rare clinical condition with characteristic clinical and radiological findings. First described in 1933 by Dyke, Davidoff and Masson, literature on this condition has been scant with the prevalence of this syndrome still unknown with a number of these reports being the first published cases in their respective countries. The classical clinical presentation includes intellectual disability with challenging behavior, recurrent seizures, contralateral hemiplegia or hemiparesis and facial asymmetry. We aim to review the treatment options for the various psychological and physiological issues that patients of this rare condition face.

Orientation: A literature search was conducted via several databases such as PubMed.

Findings: Based on our review of the existing literature, management strategies differ for each patient with priorities depending upon the key clinical features present. Antipsychotic medications such as Risperidone may be effective for reducing challenging behavior in the short-term, however in the longer term there is a risk of significant side effects. The management of the seizures, if present should be a priority which often necessitates the use of multiple antiepileptic medications. Some cases have demonstrated the effectiveness of hemispherectomy for adults with intractable unihemispheric epilepsy resulting in excellent long term seizure control. Management of the hemiparesis or hemiplegia depends on the severity of the disability with physiotherapy sessions and the use of orthotics useful in these instances. The involvement of allied health professionals such as physiotherapists and psychologists is desirable for the long term management of patients with Dyke-Davidoff-Mason syndrome. The prognosis for Dyke-Davidoff-Mason syndrome is better if the onset of hemiparesis is after two years of age and in absence of prolonged or recurrent seizure.

Conclusion: A multidisciplinary approach with the involvement of various specialties is advocated given the multifaceted issues faced by these patients.

Biography

Jiali Lau is a Medical Officer with MOH holdings, Singapore. She was graduated from the National University of Malaysia and is currently working in Department of Neonatology, National University Hospital, Singapore. She is actively involved in research and clinical work. She has clinical experience in the field of general pediatrics, pediatric emergency medicine and neonatology and pediatric surgery. Her clinical interests include adolescent medicine and neonatology. She has presented at international conferences as the lead oral presenter in the field of adolescent medicine with special interests in eating disorders. She is actively involved in ongoing clinical research in the field of general pediatrics and adolescent medicine.

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Alignment of life-story and electronic medical record as a medical diagnostic support tool (DST) for mental health disorders

Mohammad Reza Dawoudi

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Most diseases are the result of multi causes, therefore sometimes the actual etiology (the causes of diseases or pathologies) of disease is difficult to determine. To solve the problem of multi causes-diagnosis in mental health illnesses, alignment of life-story method and electronic medical record system as a medical diagnostic support tool (DST) is proposed. Mental health diseases are often chronic diseases with exacerbation that often result in a shortened life expectancy. We have explored the life stories and aligned with the electronic medical record of patients to ascertain comorbidity, prevalence, and prognosis of mental health among patients with common medical conditions as well as the effect of mental illness on the outcomes of patients in primary care. This study is pursued with three objectives related to diagnosing mental health disorders: (1) Identifying the correlation between medical evidence and time period, longitudinal studies have reported mixed results regarding the temporal association between illnesses and the emergence of disease. (2) Finding evidence and using that evidence to make clinical decisions (3) Alignment of life-story and electronic medical record as a medical diagnostic support tool (DST), as a resource to inform and assist clinicians who care for different patients.

Biography

Mohammad Reza Dawoudi is a Data Com Engineer, Bioinformatician for nursing students and is the CEO of Finno Bio Stock Oy, championing the business of biomedical stock in Finland as well as a Manager of Research, Development and Innovation Lab in FBSC.

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Perceived stress, resilience and mobile phone use among nursing students

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Statement of the Problem: The effect of perceived stress on students' health depends on their coping abilities. Resilience is a coping ability to keep on trying and bouncing back on adverse circumstances. Excessive mobile phone involvement has been found to have adverse health effect. This study was carried out to find out the level of perceived stress, resilience and involvement of mobile phone among nursing students. Further an attempt was made to explore the relationship between these variables.

Methodology & Theoretical Orientation: In this cross-sectional study, 110 undergraduate and postgraduate nursing students from various college of nursing in India who came to NIMHANS for clinical experience were selected using convenience sampling method. Data were collected using the Perceived Stress Scale, the Connor-Davidson Resilience Scale (CD-RISC) and Mobile Phone Involvement Questionnaire. The data were analyzed using descriptive and inferential statistics in the SPSS-22.

Findings: Majority of the students were female (90.9%) and undergraduate (59.1%). Mean age of the students was 23.70±4.04. Scores in Perceived Stress Scale, the Connor-Davidson Resilience Scale and Mobile Phone Involvement Questionnaire were 20.32±5.82, 29.30±8.41 and 70.16±12.36, respectively indicating that students were moderately stressed, used mobile phone to some extent and had good resilience.

Conclusion & Significance: College of nursing should provide facilities and opportunities for students in their educational program to learn stress management strategies including increasing resilience ability which may in turn reduce the unnecessary involvement with mobile phone.

Biography

Sailaxmi Gandhi is an Additional Professor and Head of the Department of Nursing at the National Institute of Mental Health & Neurosciences, India. Her areas of interest are psychiatric rehabilitation, school mental health, suicide prevention as well as maternal and infant mental health. She has received several awards and the most recent is by the President of India for Best Nurse Educator on International Nurses Day, 2014. She has 28 years of experience in neuro-psychiatric nursing. She has organized several conferences, workshops, seminars and symposium in this field. She has authored several books, the most recent being a book on activities of daily living for persons with mental illness and their caregivers one on standard operating procedures in neuro-nursing for diagnostic and interventional surgery.

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Stress, bullying, working ability index among academia: A second phase study

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A healthy work is possible to be one where the stresses on employees are suitable in relation to their capabilities and assets, to the total of manage they have over their work, and to the backing they obtain from individual who matter to them. As health is not merely the absence of disease or infirmity but a positive state of complete physical, mental and social well-being (WHO, 1986), a healthy working environment is that where there is not only an absenteeism of harmful conditions but plenty of health-promoting ones. Our objectives were to measure the prevalence of stress and bullying among the academic staff of the University in 2015, to measure working ability index among the academic staff and to assess the risk factors associated with bullying, working ability index and stress among them in 2015-2016. A cross sectional survey of 400 academic staffs in the University has been done using stress and bullying Questionnaire; The questionnaire consisted of several sections, collecting demographic data (age, gender, and marital status), work-related information (job title and working hours), Personality Type A/B Questionnaire. Some personality types seem to be more susceptible to effects of stress than others. for work Ability Index. We used the work ability index as a standardized tool for measuring work process, health, stress, work ability, and work-satisfaction. among 48.9 % male and 51.1% female with mean age 40.2 ± 11.2 years old among academia, 38.5 % of them were complaining from irritability, 38.8% of them contribute stress at work due to occupational problems, most frequent types of mobbing behaviors; 29.3 % lack of communication from management and 21.4 % depression. 6.5 % of the participants tend to leave the work as a result of bullying at the workplace. In conclusion, exposure to occupational stress, depression, bullying behaviors, are usually accompanied by psychological problems.

Biography

Mona Radwan has completed her PhD from Zagazig University and postdoctoral studies from Lund University School of Medicine and school of social sciences respectively. She is one of the steering committee of Women in Great Sciences at Lund University; WINGS. She has published in reputed journals and has been serving as an editorial board member of repute.

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Health locus of control and its relationship with quality of life in HIV-infected patients

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Statement of the Problem: The influence of various psychological factors on quality of life (QOL) in HIV infected patients including health locus of control has been well established. In our study, health locus of control (HLOC) in Iranian HIV-infected patients was evaluated and its association with QOL among them investigated.

Methodology & Theoretical Orientation: In this cross-sectional study, 80 patients with HIV infection who referred to behavioral and infectious diseases consultation center in health departments of Mashhad University of Medical Sciences in 2015 were recruited by convenience sampling. Patients were assessed for demographic characteristics, HLOC and QOL. Health locus of control beliefs were measured with the multidimensional health locus of control (MHLOC) scale and quality of life with the medical outcome study short-form health survey (MOS-SF-36).

Findings: Participants had a mean internal HLOC score of 30.31 ± 3.87 , external HLOC score of 24.17 ± 5.03 and a mean chance HLOC score of 32.01 ± 4.49 . Positive correlation between internal HLOC scores and both physical dimension ($p < 0.001$, $r = 0.53$) and mental dimension of quality of life ($p < 0.001$, $r = 0.48$) was found.

Conclusion & Significance: Quality of life was positively influenced in the patients with HIV infection who had internal health locus of control. These findings suggest the importance of considering the psychological characteristics and psychosocial beliefs of patients in evaluation and treatment of patients with HIV infection.

Biography

Zahra Mostafavian has her expertise in researching about health including mental health. She has done several researches about validation of health questionnaire in her country.

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Mental impairment, from anxiety neurosis to schizophrenia psychosis including Alzheimer is chronic active bacterial encephalitis: Introduction

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Mental health problems in its wide spectrum are a prehistoric mankind suffering. It was managed according to the Era knowledge and capabilities, which are well known in a degree or other for everybody even outside the field. These management measures have evolved with advancement of physics and chemistry. Our primary medical teaching mentioned that mental health impairment could be a feature of an organic illness. According to my work in the field of biological bases of neurosurgical pathologies this opened a door wide to show this mental health impairment is far more than we imagine, principally, it is a pure organic illness, not mere a functional mental disorder in above mentioned spectrum. How is that come?! From two bases. First; through the manner I adopt to find the cause behind my neurosurgical patients complaints, I check the patient as a whole even he has simple back ache this lead me to realize that low back pain is a diseases in all and proved by trial treatment and PCR review. With this or that, there were an accompanying mental discomfort of different qualities and quantities. On treating the cause without analgesia and sedation the visiting complaint ameliorated much very readily accompanying mental alteration. When this is frequent, so it became a phenomenon, what the author terms as an accompaniment phenomenon/a (by definition; an event/s occur/s in a response to a certain act and it is/they are considered as a natural or definitive). That's to say the mental and the somatic are both features to a cause which was I am looking for and treated. Chronic Brucellosis is well known to cause sharp or vague condition/s of mental complaints we are working on for the last twenty years with supra imagination results. Here, in this series I shed the light to show its depth and width.

Biography

Abbas A Shakir Alnaji has completed his degree in Neurosurgery from University of Baghdad in 1999. He is interested in research work and has 12 papers published in the field of Surgical Pathology Causations.

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Mental impairment, from anxiety neurosis to schizophrenia psychosis including Alzheimer is chronic active bacterial encephalitis: Anatomic and physiologic aspects

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Mental capabilities is the function of our brain, in the words of today, they are the SOFTWARE SW and the HARDWARE HW respectively. The manipulator between SW and HW in present computers is the electrons of voltage only. In our brains it is the electrons, but in extremely complex chemical system/s. The governor in both of these, the brain and the computer, is the welfare of the hardware. Wildly, it means the sound *structure* brings to sound function. Structure is the micro and macro tooling (tooling is from tool, where a designer use his art to fuse the shape and the function for a given target, not necessarily or always the shape/structure means the aimed function!!). If we come back to the simplicity and the logic we conclude there is no functional mental dysfunction. But a reversible or irreversible alteration in *the brain's chemical systems! What is the brain's chemical system?* As the brain parenchyma is made of neurons in certain scheme, and the neurons are made of macro molecules to form also a given scheme, so the net or an equation to a coordinate which refers to the unity of a path, this is number one. Number two; these macromolecules building the neurons are very playable (not rigid) many factors affects its pre-instant geometry whether physiologic or pathologic. Here also a net or another equation shows the neuron structure is a dynamic one never a fixed one like the universe when you want to give an address to certain entity you has to point the time factor or else you are in stray state. If we combine one and two we will come out with a state described by the lack of linear structure (rigid and increase by simple summation) and hence the function. It is the same as when you wrap your finger with a piece of cloth (handkerchief) which itself will accommodate to your face differently. This is the GENERAL PLASTICITY GP which means not only brain as a whole do it, in fact GP has a depth which extends to the soul of neuron interior or the sub cellular geometry which tunes with the required molecular chemical event. It need no proof, chemical reaction is a play of pallet, it is well known for chemists, so why cells do the differ??!! It just want to be seen by us or at least feel it to better know our selves and see how it behaves. What is important here is COUNTER EQUATION. What is this?! It is the same as we mentioned above but expressed by a different and foreign cell/s which is termed as pathogenic microbe the same as the term of virus for the a aforementioned computer system where the SW of it is altered by a specially designed one but computer systems on its glory is a linear ones. Here we want to links all and say there is no functional and structural concepts a part. Here I try to explain the biological events behind mental dysfunction on the light of my work where much mental impairment were treated on cellular level of host and invader bases where it is not unknown and solved by tranquilizers, or be sent to me to slice the brain!

Biography

Abbas A Shakir Alnaji has completed his degree in Neurosurgery from University of Baghdad in 1999. He is interested in research work and has 12 papers published in the field of Surgical Pathology Causations.

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Demystifying ADHD and promoting student resiliency

Caroline Buzanko

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Attention deficit/hyperactivity disorder (ADHD) is known as a chronic, neurodevelopmental condition that impairs one's functioning and development. ADHD is believed to be one of the most common neurobehavioral diagnoses in childhood, affecting approximately 5% of children. ADHD is heterogeneous and intricate in nature and often overlaps with other disorders, which can complicate treatment. Overall, students with ADHD are at substantial risk for negative outcomes in all areas of functioning. Given the complexity of ADHD and its associated risks, professionals must have a thorough understanding of ADHD, along with its associated impairments and comorbidities, to create innovative, effective, quality, and individualized interventions to compensate for student difficulties and promote student resiliency. Understanding resiliency is important because, as the past fifty years of research has suggested, resiliency facilitates better adjustment than expected for individuals faced with significant risk factors, such as ADHD. This workshop is based on a systematic, comprehensive synthesis of recent research evidence regarding: (1) The different types of ADHD and how each manifests behaviorally, (2) executive functions deficits, (3) associated comorbidities with ADHD, and (4) effective interventions to build resiliency for students diagnosed with ADHD. The focus of this workshop session is to help participants understand the complexities of ADHD and delineate key interventions promoting student resiliency. Practical case-base material will be presented to teach participants how to adapt quality intervention programs to meet the unique needs of children across contexts and to build student resiliency.

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Running women's problem solving groups among Syrian refugees in Lebanon: A positive experience

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Lebanon is facing a major challenge with the influx of Syrian refugees into its territories since April 2011. The number of registered refugees in the UNHCR office has reached 1,200,000 in October 2016, with 75% of them being women and children. Refugees are in a great need for mental health support, especially that they have experienced various traumas and significant threats to their safety. Thus, given the current situation and the high need for sustainable interventions, the aim of the current project was to improve the readiness of health workers to respond to the psychological needs have displaced women Syrian Refugees affected by the civil war in Syria. Hence, they were trained in the delivery of a group psychological intervention aimed at enhancing problem solving skills among female Syrian refugees. These groups were also offered to Lebanese women from the host community, hence mixing the women, with the aim of bringing them closer to each other and bring the two communities closer together. The training in problem solving consists of 12 sessions which are semi structured in content. During each meeting the women in the group shared their experiences, problems and issues they needed help with. They ranged from personal, familial, social etc... The number of beneficiaries from this training has ranged between 160-200 Syrian and Lebanese women who would be affected directly every 3 months, hence between 640-800 women in one year. The evaluation of the women of these groups were very positive, they reported less depression and anxiety symptoms, less stress and better communication between them and other family members. They emphasized the importance of having similar groups for men.

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Relation of personal anxiety with other psychosocial factors in female population aged 25-64 in Russia/Siberia: MONICA-psychosocial epidemiological study

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Purpose: To study prevalence of personal anxiety and its association with family stress and other psychosocial factors in female population aged 25-64 years in Russia.

Methods: Under the third screening of the WHO Monica-psychosocial (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. Anxiety levels were measured at the baseline by means of Spilberger's test.

Results: High level of personal anxiety (HLA) in female population of 25-64 years was 60.4%. The rate of poor sleep increased in three times in persons with HLA compared without anxiety ($p<0.01$). Major depression also had a peak in women with HLA and made up 13.5% ($p<0.001$). High values of vital exhaustion and hostility were more frequent for HLA compared to lower anxiety levels ($p<0.01$). 80% of those women with HLA had low indices of close contacts ($p<0.001$). There was increasing of conflicts in family up to 58.9% and changes in marital status with growth of anxiety levels ($p<0.01$). There was a tendency of increasing for job stress in those with HLA (29.5% with high and 52.6% with moderate job stress levels).

Conclusion: The prevalence of HLA in female population 25-64 years in Russia is large. Women with HLA more likely have major depression, high hostility and vital exhaustion, poor sleep, low social support, high family and job stress.

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The bleaching syndrome: Mental health diseases and women of color

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Influenced by Western culture women of color have internalized a pathological appreciation for light skin. Travelers to Asia, India, Africa and the Americas will be struck by the various skin bleaching applications utilized by the women there in their efforts to acquire light skin vis-à-vis the bleaching syndrome. The bleaching syndrome is a social disease invisible to the casual observer but is immune to dispute in the aftermath of bleached skin as the universally preferred skin color ideal. According to Webster's Dictionary bleach is a verb that means to remove color and in the case of the Bleaching Syndrome to make one otherwise white. A syndrome consists of a grouping of symptoms i.e., behaviors that occur in conjunction and make up a recognizable pattern. These literal definitions provide a context for the bleaching syndrome which contains three basic components. They consist of the following: (1) psychological according to internalized ideals; (2) sociological according to reactions to those ideals; and (3) physiological according to the bleached ideals manifested via bleach creams. The mental health implications of western skin color ideals are universal and extend to the norms of the total non-European population. Without exception, Eurocentric skin color ideals are an environmental force that impairs the mental health of women of color resulting in a predisposition to disease i.e., bleaching syndrome. Although the literature acknowledges racism among the list of social pathologies, amidst idealization of light skin the neglect of the bleaching syndrome has been all but institutionalized. Greater focus on skin color would enhance the ability of human service professionals to alleviate social pathogens that accommodate the bleaching syndrome and serve the mental health interests of their clients, in-toto.

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Mental health and well-being – whose job is it anyway? (What western Australian Catholic Schools report as to the impact of mental health issues in schools and what they need to support students)

Jacqueline Reid

Catholic Education Western Australia, Australia

The Student Engagement, Mental Health and Wellbeing in Western Australian Catholic Schools Audit (the SEMHW Audit) was conducted in response to formal and in formal feedback from schools about the impact of students with mental health issues in schools. The SEMHW Audit was considered an important way of informing Catholic Schools and Catholic Education Western Australia (CEWA) about the current status of these students and the role of schools in supporting mental health and well-being of students. The intention of the SEMHW Audit was to share information collected across the system which would then be used to inform service delivery from the system in the area of student engagement and associated mental health and well-being. The audit was conducted in August 2015 and 156 Catholic schools (97%) across the state completed the survey. It was anticipated that the SEMHW Audit would provide information that would assist with identifying the impact and needs of students with mental health concerns in schools, promoting understanding of the roles and responsibilities of schools, CEWA support teams and the Catholic Education Office in supporting students with mental health concerns, understanding how to build the capacity of Catholic schools to meet the needs of these students; examining the relationship between mental health and its impact on behavior and learning; understanding the current issues and what support/resources/guidance are needed by schools to support students and staff and identifying good practice already in schools to support students with mental health issues.

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Overcome compassion fatigue and burnout

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Statement of the Problem: Compassion fatigue; puts healthcare workers and patients at risk. Everyday care workers struggle to function in care giving environments that present heart wrenching emotional challenges.

Compassion Fatigue (CF): The profound emotional and physical erosion takes place when helpers cannot refuel and regenerate. Helping professionals open their hearts and minds to clients/patients, this empathy makes helpers vulnerable to be profoundly affected and possibly damaged.

Burnout: The physical and emotional exhaustion is experienced when there is low job satisfaction, feeling powerless and overwhelmed.

Signs of CF & Burnout: Overtaxed by work, showing similar symptoms to traumatized clients; difficulty concentrating, intrusive imagery, feeling discouraged, hopelessness, exhaustion, irritability, high attrition (helpers leaving) and negative, dispirited, cynical workers remaining in the field, boundary violations which affect the workplace and create a toxic environment.

Factors causing CF & Burnout: The Individual: Life circumstances, coping style, personality type and life stressors like taking care of both young children and aging parents, in addition to managing a heavy and complex workload. Helpers are not immune to pain in their own lives; they can be vulnerable to life changes such as divorce & addictions.

The Situation: Helpers often do work, others don't want to hear about, spend time caring for people who are not valued or understood in society, homeless, abused, incarcerated or chronically ill. The working environment is often stressful and fraught. The work is very stressful, clients/patients who are experiencing chronic crises, difficulty controlling their emotions, or who may not get better.

What can be done?

Fatigue and burnout can be overcome by working in a healthy organizations access to a supportive and flexible management. Reduction of trauma exposure and ongoing staff education, timely, good quality supervision and reducing hours of working directly with traumatized individuals can be done to sort out the problem. Personal strategies: strong social support, home & work; increased self-awareness regular self-care. Making life changes, prioritize personal health/wellness Develop stress resiliency skills.

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Promoting protective factors in UK secondary schools to moderate risk factors for adolescent self-harm

Rachel Parker

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Self-harm has a strong prevalence within adolescent populations in Europe and a potent relationship with suicide. In the UK, adolescent self-harm hospital admissions are rising each year. These statistics reflect the tip of the iceberg with the majority of incidents hidden from public health networks. This invisibility creates barriers to: Epidemiological information, the planning and evaluation of evidence-based support, health management within the complexity of adolescent self-harming behaviors to ensure recovery and healthy adolescent trajectories. It is also a serious health risk for this population group and accidental death from self-harm is one of the common causes of injury-related adolescent death. This paper outlines the results of a recent UK county-wide complex public health project targeting adolescent self-harm, and makes key recommendations for future developments to support the needs of this population group. The pilot program was designed to develop protective factors within secondary schools settings in the overarching context of the increase in adolescent self-harming behaviors and this population's invisibility to health services for support. Detail is given of specific barriers and facilitators in regards to planning support for, and meeting the needs of, the adolescent self-harm population group in UK secondary school settings, which provides detail and insight for future public health planning improvements. Significant barriers include the lack of knowledge regarding adolescent self-harming behaviors and the sparse evidence-base. Key recommendations are made to continue to develop research and programs that establish protective factors in UK secondary schools to moderate risk factors for adolescent self-harm.

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Resilience among wives of alcohol-dependent men in rural southern India: A comparative study

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Statement of the Problem: Resilience is a process of adapting well in the face of an adversity and has been studied among victims of disasters/natural calamities, people living with HIV and cancer survivors. Literature lacks evidence on resilience among wives of alcohol-dependent men. This study was undertaken with an objective of comparing the resilience and marital quality of life in wives of alcohol-dependent men and wives of non-alcohol-dependent men.

Methodology & Theoretical Orientation: This was a comparative, cross-sectional study undertaken in a rural area of Bangalore district, southern India. The study subjects were randomly selected and included married women living with their husbands who were screened for psychiatric illness. They were studied in two groups namely those living with alcoholic-dependent men and those living with non-alcohol-dependent men (50 in each group). Assessment of resilience by resilience scale for adults and marital quality by marital quality scale was done.

Findings: The study found that resilience in wives of alcohol-dependent men [188 (IQR: 172-202)] was less as compared to wives of non-alcohol-dependent men [196 (IQR: 166-210)]. Similarly the quality of marital life among wives of alcohol-dependent men (105±8.4) was poor as compared to wives of non-alcohol-dependent men (99.1±13.5).

Conclusion & Significance: Though not significant, resilience in wives of alcohol-dependent men was lower than that in wives of non-alcohol-dependent men. Marital quality of wives of alcohol-dependent men, were significantly lower than that of wives of non-alcohol-dependent men. Similar studies can be undertaken in various settings to gain insight with reference to resilience among wives of alcohol-dependent men, with the objective of developing interventions targeting them.

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Notes:

3rd International Conference on

Mental Health and Human Resilience

June 21-23, 2017 London, UK

Health satisfaction and family impact of parents of children with cancer

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Statement of the Problem: The impact on the parents of caring for a child with cancer was intense and wide-ranging. A high level of distress and low level of resilience remains during treatment. Even completion of treatment can be a time of increased anxiety and stress for parents particularly with worries about recurrence or relapse. The purpose of this study to examine the associations between parental satisfactions with healthcare provided for their child and the impact of being a caregiver for a child with cancer.

Methodology: A descriptive, correlational and cross-sectional design was employed using data from Arabic versions of self-report questionnaires which were administered to 113 parents with children with cancer in Jordan during 2015.

Findings: The results indicated that family relationship functioning was ranked as the highest (better functioning) domain while daily activities was ranked as the lowest (poorer functioning) domain. Parents were generally satisfied with the healthcare provided, but their emotional needs were not met adequately. Parents with better social functioning were more satisfied in all areas of healthcare satisfaction other than emotional needs and communication. Parents who had a child with more emotional and behavioral problems were more likely to experience negative impact on the family and a poor level of family functioning.

Conclusion & Significance: Nurses and other health care providers should emphasis on family centered approach rather than child centered approach.

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Are the married women living in slums safe and mentally healthy at home? A cross sectional study from Bangalore, India

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Statement of the Problem: Ever married women who reside in informal settlements like slums experience numerous stressors in life, including intimate partner violence (IPV), which affects their mental health globally. So this study was undertaken with the objective of estimating the prevalence of IPV and psychiatric morbidity and factors associated with the same among ever married women aged 18-60 years residing in an urban slum of Bangalore.

Methodology & Theoretical Orientation: This cross sectional study was conducted in an urban slum in Bengaluru city, India. 300 women selected using systematic random sampling were interviewed using standard data collection tools viz. M.I.N.I screen, M.I.N.I Plus, Index of Spouse Abuse (ISA) and Family interview for Genetic Studies (FIGS).

Findings: The mean (SD) age of the participants was 32.37 (8.78) years. Prevalence of psychiatric morbidity was 30% (CI±5.19). Most common morbidities were depression and generalized anxiety disorders. IPV (adj OR=2.06, p=0.02) was an independent predictor of psychiatric morbidity. Alcohol dependence and having <4 family members were also found to be significantly associated with psychiatric morbidity. The lifetime prevalence of IPV was 67.3% (CI±5.31). Age>25 years (adj OR=6.08, p<0.01) and alcohol dependent spouse (adj OR=58.6, p<0.01) were significantly associated with IPV.

Conclusion & Significance: Intimate partner violence significantly affects mental health of married women. Alcohol dependence among husbands has also been found to be intricately linked with the women's mental health. Similar studies in different settings and follow up studies would enable us to identify other risk factors which could be aimed at in controlling the rising burden of psychiatric morbidity among married women.

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