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The depression conundrum and the advantages of uncertainty

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A ccording to the WHO (2012), the prevalence of unipolar depressive disorders is rising, even in those places where mental health treatments are widely available. The WHO predicts that these disorders will be the leading contributor to the global burden of disease by 2030. This sobering projection fits poorly with how psychological treatments for depression are presented in the mainstream scientific literature: as highly effective therapies, based upon a sound understanding of the causes of distress. There is a clear discrepancy between the rising prevalence figures on the one hand, and the confident claims of this effectiveness research on the other. This discrepancy prompts a set of complex interlinked questions, which we have called 'The Depression Conundrum'. In search of a partial answer, the aim of our study was to critically analyse five meta-analytic studies investigating the effectiveness of psychological EBTs for depression, all of which had been published in high impact factor journals. Our examination established a number of methodological and statistical shortcomings in every study. Furthermore, we argue that the meta-analytic technique is founded upon problematic assumptions. The implications of our analysis are clear: decades of quantitative research might not allow us to conclude that psychological EBTs for depression are effective. The uncertainty and questions raised by our findings might act as a catalyst to broaden the way in which depression and associated therapies are researched. In addition, it might contribute toward a more vigorous and interdisciplinary debate about how to tackle this soon-to-be global public health priority number one.

Biography

Jan Edmund Celie is a Clinical Psychologist/Psychoanalyst with a private practice. His main perspective on treatment is a Freudian-Lacanian perspective. He has been puzzled and fascinated at the same time, by the rising prevalence figures for depression worldwide. Five years ago, at the age of 50, he went back to research and study at Faculty of Psychology of University of Ghent (Belgium). In 2018, following upon this research, he will defend a doctoral dissertation in which he develops mainly three arguments: the diagnostic construct of depression lacks scientific foundation; and neither the psychotherapeutic nor pharmacological EBTs for depression are as firmly 'evidence-based' as their proponents claim.

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Integration of behavioral and mental health care into primary care clinics: a program evaluation

Paulette Sides Sasser

Duquesne University School of Nursing, USA

Pragmentation of physical, mental, and chemical dependency care delivery systems has led to significant gaps in care for individuals with severe mental illness and substance use disorders. A shifting international focus to chronic illness and the default provision of mental health care demands new approaches. In the US, the rise in numbers of those identified with mental health conditions has risen, while the resources to care for those patients have declined, creating a gap in service to a vulnerable population. This DNP project is a program evaluation of an integrated behavioral health and mental health program provided by a patient centered medical home primary care clinic. This DNP Project's purpose was to evaluate the impact of the implementation of integrated behavioral and mental health services within a primary care clinic on patient's adherence to the treatment plan, staff and patient experiences and cost of care for patients with severe mental illness. Qualitative and quantitative data was collected 12 months prior to and after the program change which included the addition of a licensed mental health expert and workflow adjustments. Upon completion of data collection and analysis, results showed that the integration of mental health into primary care has had a positive impact on patient adherence to treatment, patient satisfaction and staff satisfaction.

Biography

Paulette Sides Sasser has completed her Doctorate in Nursing Practice with a focus on the integration of mental health into primary care systems. This project level program evaluation includes three components: Context Evaluation; Implementation Evaluation and Outcome Evaluation. Post doctorate work includes the implementation of the recommended quality assurance program and associated pilot studies, development of new staff education instruments and recommendations for innovative staff roles to address the most commonly cited barrier to full integration identified by extensive literature search of international publications. This will be the first implementation of a complete integration program in New Mexico, USA. Additional expertise relevant to this submission includes management of community mental health clinics and psychiatric emergency services, and provision of clinical specialist services at University of New Mexico Hospitals.

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Depression, anxiety and satisfaction with primary health care: is there any connection?

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Background & Aim: Anxiety and depression are among the most common psychiatric disorders in primary health care (PHC). These diseases are associated with disability and poor quality of life. There is high comorbidity between anxiety, depression and other chronic somatic diseases. Anxiety and depression are also associated with worse treatment outcomes and higher amount of complications in chronic somatic diseases. However, connection between this diseases and patient's satisfaction with PHC services has not been previously well studied. The main aim of this study is to determine the connections between depression, anxiety and patient's satisfaction with PHC services.

Methodology: 889 patients in PHC centers were randomly selected and asked to fill out the questionnaire. Patients came to their PHC centers for variouse reasons. Patient satisfaction questionnaire, short version (PSQ-18, Marshall and Hays), was used to determine patient satisfaction. The Hospital Anxiety and Depression scale (HAD, Zigmond and Snaith) was also used. Data analysis was performed using the SPSS 24.0. A ρ -value<0.05 was considered as indicative of statistical significance.

Findings: 887 questionnaires were used in data analysis. Both anxiety and depression subscales strongly correlated with each other (Spearman's correlation coefficient 0.742) (ρ <0.001). Also, the worse estimates of both anxiety and depression subscales correlated with the worse overall score and all subscales of PSQ-18 (Spearman's correlation coefficient -0.462 and -0.536 respectively) (ρ <0,001). The linear regression analysis of all data (the dependent variable was total PSQ-18 score) showed that the major factor leading to poorer satisfaction with PHC services was a higher depression subscale score (ρ <0.001) (Table 1). The correlation between anxiety and PSQ-18 score has gone.

Conclusion: The presence of depression leads to poorer satisfaction with PHC services. Depression is a strong factor influencing patients' perception of PSP services, which sometimes can be masked and stay unnoticed among the other factors.

Recent Publications:

- 1. Sundquist J, Ohlsson H, Sundquist K and Kendler KS (2017) Common adult psychiatric disorders in Swedish primary care where most mental health patients are treated. BMC Psychiatry. (17): 235.
- 2. Buszewicz M J (2011) Improving the detection and management of anxiety disorders in primary care. Br J Gen Pract. 61(589):489-490.
- 3. Sadeniemi M, Pikola S, Pankakoski M, Joffe G and all (2014) Does primary care mental health resourcing affect the use and cost of secondary psychiatric services? Int J Environ Res Public Health. 11 (9):8743-8754.
- 4. Wandell P, Carlsson AC, Gasevic D, Wahlstram L and all (2016) Depression or anxiety and all-cause mortality in adults with atrial fibrilation A cohort study in Swedish primary care. Ann Med. 48 (1-2): 59-66.
- 5. Treating depression and anxiety in primary care (2008) Prim Care Companion J Clin Psychiatry 10 (2):145-152...

Biography

Rima Kavalniene is pursuing her PhD at Vilnius University Medical Faculty in Lithuania. She works as Family Doctor in Primary Health Care Clinic. She is interested in current issues of Mental Health in Primary Health Care. Her PhD is about finding connection between some sociodemographic factors as well as most common mental diseases and patient satisfaction with primary health care services.

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Let's talk before the onset of depression in Thai troops: situational analysis and developmental program for mental health promotion

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Improving mental health and preventing mental illness such as depression are complementary strategies which, along with the treatment and rehabilitation of people with mental disorders, can significantly improve health and well-being. This is a combined study between the Mental health Center 10 and Fort Sunpasitthiprasong Hospital. It aims to describe the situation of mental health problem in Thai troops who are in deployment at the Thai-Cambodia border and to develop a program for mental health promotion. Severe depression, stress, and suicidal attempts are major mental health problems in Thai troops who are currently deployed in the field. Moreover, successful suicides have a great demoralizing effect on the rest of the troops. Therefore, stakeholders such as military doctors, nurses, medical corps, and troops have gathered to discuss and analyze the root cause of these problems. The resultant finding shows that there is a lack of sufficient psychological preparation for the troops before deployment. Currently, there are only screening tests for stress, depression, and suicidal tendency. Thus, the stakeholders have set up a program for building psychological resilience in pre-deployed Thai troops, namely, LIFE. (L=living with purpose, I=in positive ways, F=friendly connections E=Empowerment for all). Preliminary implementation of this program has shown to be effective in providing troops with the appropriate psychological support during deployments. Further adjustment would be needed in order for us to come up with a comprehensive and complete manual for this program.

Biography

Supaporn Sritanyarat is working at Mental Health Center, Thailand. Her research mainly based upon Mental Health and Human Resilience.

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