

Mental Health

Chairpersons: M Lichtveld, C Williams

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The Determinants of Young Adult Social Well-being and Health (DASH) study: The influence of parenting and religious involvement on mental health

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Objective: The Determinants of Young Adult Social Well-being and Health (DASH) longitudinal study found better mental health for ethnic minorities compared to white British adolescents in the United Kingdom (UK), despite more disadvantage. This paper investigates the impact of parenting style and attendance at a place of worship on mental well-being from adolescence to young adulthood.

Design and Methods: In 2002/03, 6643 eleven to thirteen year olds in London, ~80% ethnic minorities, participated in the baseline survey. In 2005/06, 4782 were followed-up. In 2012–14, 665 participants, aged 21–23 years, took part in a pilot follow-up which included 42 qualitative interviews. Measures of socio- economic and psycho-social factors and health were collected.

Results: In adolescence, ethnic minorities generally experienced more adversity but reported better mental health. Regardless of ethnicity, low parental care vs high parental care (eg males coefficient: 1.32; 95% confidence interval 0.94, 1.70), high parental control vs low parental control (males: 1.37; 1.00, 1.74) and attendance to a place of worship vs no attendance were independently associated with mental health. At 21–23 years, the ethnic patterning of mental health appeared to track, with increasing parental care, but not religious involvement, continuing to have a protective effect on mental health. Education levels signalled potential for socio-economic parity across ethnic groups and family support appeared to reduce stress of transitions to adulthood.

Conclusions: The DASH study provides evidence for a protective effect from parenting styles and religious involvement for young people growing up in ethnically diverse and deprived urban contexts. This suggests the value of cultural and social resources for psychological well-being.

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Self-rated health, traumatic experiences and School of Arts and Sciences students' satisfaction with life

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Objective: To determine whether there is a correlation between early traumatic experiences, self-rated health and satisfaction with life.

Design and Methods: A 147-item close-ended, self-administered questionnaire was completed by 52% of students enrolled in the School of Arts and Sciences. The study forms part of a health behaviour survey among university students from low- and middle-income countries.

Results: Students were moderate in rating their health, with almost 75% rating their health between fair and good. They were generally dissatisfied with their lives (82.4%), with 58.7% being moderately dissatisfied and 23.7% being very dissatisfied. Twenty-four per cent of students reported experiencing serious injuries. Of those reporting traumatic experiences, 12.4% reported to have been hit by a sex partner, 10.6% reported to have been forced to have sex, 10% reported to have been physically abused as a child and 7.5% reported to have been sexually abused as a child. Satisfaction with life correlated with being physically abused as a child and being hit by a sex partner. Self-rated health correlated with being physically abused as a child and sexually abused as a child.

Conclusion: Self-rated health and satisfaction with life provide a good overall assessment of an individual's health and well-being. Further research is needed to understand the basis for the lack of satisfaction with life.

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Reducing re-admissions at St Ann's psychiatric hospital

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Objective: This study addressed the psychoeducational approach to understanding mental illness, illness self-management and social skills. It evaluated the effects of a structured-manualized psychoeducation programme that taught inpatients about their illness and how to maintain remission after discharge and avoid re-admissions.

Design and Methods: A total of 505 inpatients admitted with mental disorders were randomly assigned to either an experimental group or control group. The psychoeducation programme consisted of six teaching modules distributed in 219 sessions of 45-minute sessions in each of five wards, on a continuous, five days a week schedule. The effects were measured by reviewing the records of admissions and re-admissions after discharge.

Results: Results indicated that inpatients of the experimental group significantly improved their knowledge and performance of the skills taught in sessions, compared with the control group that did not participate in the educational group sessions. Re-admissions of participants of the experimental group were significantly less than the control group (2.1% versus 16.6%).

Conclusions: Not only can patients learn relatively complex materials during a typical inpatient stay despite the acuteness of their illness, but they can also meaningfully improve the continuity of their own care by participating in brief and highly structured teaching programmes in inpatient and outpatient settings.

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Non-fatal suicidal behaviour – Associated factors

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Objective: To investigate the factors that influence non-fatal suicidal behaviour.

Design and Methods: A cross-sectional study was undertaken and data were collected from a review of medical records of patients, in addition to structured interviews with patients using the Columbia Suicide Severity rating scale.

Results: The survey findings (n = 20) revealed that one-quarter of patients had more than one attempt. More than one-third of the patients began having suicidal thoughts years ago (n = 9; 45%). Half of the responders had suicidal thoughts ranging from twice a week to many times a day, and the thoughts lasted from one to four hours a day to most of the day in 60% of responders. Six patients told someone of their plan. While females used the method of overdosing on pills, males tended to drink a poisonous substance or use more lethal means of attempting suicide. From the case note review (n = 42), more females (n = 31; 74%) attempted suicide compared to males (n = 11, 26%).

Conclusion: These findings suggest that there were factors that may highlight at-risk persons eg those with past attempts, and those who confide in others about their plans. It appears that persons have suicidal thoughts for several years, the majority think about these on most days and these thoughts last at least one to four hours a day. There is therefore a role for health education of the public so that they are aware of warning signs and how to handle the situation if they are told about a planned attempt.

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Profile of suicidal behaviour in Guyana: A retrospective study from 2010–2012

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Objective: To assess cases of suicidal behaviour in Guyana to characterize the suicidal profile of Guyanese at present.

Design and Methods: A nationally represented sample of 899 cases involved in suicidal behaviour, 555 of whom committed suicide and another 344 who attempted suicides from 2010–2012, was surveyed using an epidemiologic study. Risk factors and other associations were identified by professionals through the use of a statistical review and the administration of questionnaires; the information was processed.

Results: Suicide was one of the biggest problems in Guyana, as evidenced by the country being listed as having the highest estimated rate of suicide worldwide (44.3/100 000) with an mean of 200 lives being lost each year due to suicide. Data on respondents (patient or parents) were used for analysis. The most affected age group was 20 to 49 years (50%). Males committed suicide more frequently, with a ratio of almost 4:1 and the most commonly used methods in suicide cases were poisoning (pesticide/herbicide) with more than 65% of cases, followed by hanging (> 20%). East Indians accounted for > 80%; most of the cases were geographically concentrated in Regions

6, 5, 4, 3 and 2, similar to the estimated cases of suicidal attempts.

Conclusions: The profile of suicide had been well identified in Guyana and it permits the development of a comprehensive multisectorial suicide prevention strategy to reduce the magnitude of suicidal behaviour in Guyana.

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Mobile health technology-enabled community health workers as pesticide interventionists in rural Suriname

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Objective: To bolster access for vulnerable communities to urgent pesticide-related health information and services using a mobile health technology-enabled community health worker (CHW) strategy.

Design and Methods: The project was designed to demonstrate the effectiveness of mobile health technology-

enabled CHWs in promoting safe pesticide use in pesticide-induced suicide-prone communities in Suriname. The team focussed on three interconnected components: message mapping, validation and delivery testing. The text messages were tested to assess content, literacy and the ability to solicit a recipient response to determine the effectiveness of mobile technology as a health intervention tool.

Results: Thirty-nine text messages addressed the following key themes: pesticide mis/overuse, pesticide accessibility contributing to its use as an attempted or successful suicide strategy, and pesticide handling and disposal. For each of these themes, at least three messages were developed. Most text messages emphasized safe pesticide handling as the root cause of both misuse and access. (The pesticide awareness and education campaign will be expanded country-wide.)

Conclusion: The mobile health technology-enabled CHWs functioning as pesticide interventionists demonstrated that bidirectional text messaging was a promising awareness and education intervention strategy. Focussing on safe handling was a reasonable target for intervention in the absence of a comprehensive national pesticide policy governing import, distribution, access, handling and disposal. Of note is that none of the messages to date directly focussed on suicide, confirming the strategy to address suicide prevention as a holistic public health issue under a safe pesticide use “umbrella” rather than as an isolated, stigma-provoking problem.