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Articles

Future directions in understanding and addressing mental health among LGBTQ youth

Author(s): Fish, Jessica N.

Abstract: Today's LGBTQ youth come of age at a time of dynamic social and political change with regard to LGBTQ rights and visibility, yet remain vulnerable to compromised mental health. Despite advances in individual-level treatment strategies, school-based programs, and state-level policies that address LGBTQ mental health, there remains a critical gap in large-scale evidence-based prevention and intervention programs designed to support the positive development and mental health of LGBTQ youth. To spur advances in research and translation, I pose six considerations for future scholarship and practice. I begin by framing LGBTQ (mental) health disparities in a life course perspective and discuss how research focused on the timing of events could offer insight into the optimum targets and timing of prevention and intervention strategies. Next, I argue the importance of expanding notions of "mental health" to include perspectives of wellbeing, positive youth development, and resilience. I then consider how research might attend to the complexity of LGBTQ youths' lived experience within and across the various contexts they traverse in their day-to-day lives. Similarly, I discuss the importance of exploring heterogeneity in LGBTQ youth experiences and mental health. I also offer suggestions for how community partnerships may be a key resource for developing and evaluating evidence-informed programs and tools designed to foster the positive development and mental health of LGBTQ youth. Finally, I acknowledge the potentials of team science for advancing research and practice for LGBTQ youth health and wellbeing. Throughout, these future directions center the urgent needs of LGBTQ youth.

Reducing Adolescent Psychopathology in Socioeconomically Disadvantaged Children With a Preschool Intervention: A Randomized Controlled Trial

Author(s): Bierman K.L.; Heinrichs B.S.; Welsh J.A.; Nix R.L.

Available at The American journal of psychiatry - from American Psychiatric Association Click on sign in then Log In Via Your Institution and choose Education Centre Library and enter your Athens details

Abstract:OBJECTIVE: Living in poverty increases exposure to adversities that undermine healthy development, impeding growth in the social-emotional and language skills that support adaptive coping and promote mental health. Evidence-based programs have the potential to improve current preschool practice and strengthen these early skills, potentially reducing risk for later psychopathology. The authors tested the hypothesis that an enrichment program in preschool would be associated with reduced levels of psychopathology symptoms at the transition from middle to secondary school. METHOD(S): The Head Start REDI (Research-Based, Developmentally Informed) intervention was used to enrich preschool classrooms serving children from low-income families with an evidence-based social-emotional learning (SEL)

program and a coordinated interactive reading program. Centers were randomly assigned to the intervention or usual practice, and 356 4-year-olds (58% White, 25% Black, 17% Latino; 54% female) were followed into early adolescence. Hierarchical linear models were used to evaluate intervention effects on teacher-rated psychopathology symptoms using the Strengths and Difficulties Questionnaire in grade 7 (ages 12-13) and grade 9 (ages 14-15), 8-10 years after the end of the intervention. RESULT(S): Statistically significant intervention-related reductions were observed in conduct problems and emotional symptoms in the intervention group. In addition, the proportion of youths with clinically significant levels of conduct problems, emotional symptoms, and peer problems was reduced in the intervention group, with rates one-third of those in the control group. CONCLUSION(S): The study findings indicate that enriching preschool programs serving at-risk children with a relatively inexpensive evidence-based SEL program with interactive reading substantially improved the later benefits for adolescent emotional and behavioral health. This kind of SEL enrichment represents an approach that can leverage public investments in preschool programs to enhance public health.

Child psychiatry: A model for specific goals for in-patient treatment linked to resources and limitations in out-patient treatment

Author(s): Wilkinson S.R.

Source: BJPsych Bulletin; Dec 2020; vol. 44 (no. 6); p. 272-274

Available at BJPsych bulletin - from HighWire - Free Full Text

Available at BJPsych bulletin - from Europe PubMed Central - Open Access

Abstract:I present a rationale for two different types of in-patient child psychiatric unit: 24/7 intensive units and 24/5 child and family units. Intensive units address safety requirements. The developing personality of young people is at the centre of in-patient approaches on the child and family units. This requires attachment-informed practice. Families must always be involved and placement of units must facilitate their participation. The primary skill characterising these units is use of the milieu for therapy and combining this with family therapy. In other words, nurses and allied professionals need to be the dominant force in unit development, under the reflective guidance of consultants and clinical psychologists.

A model for specific goals for in-patient treatment linked to resources and limitations in out-patient treatment

Author(s): Davies V.

Source: BJPsych Bulletin; Dec 2020; vol. 44 (no. 6); p. 275-276

Available at BJPsych Bulletin - from HighWire - Free Full Text

Available at BJPsych Bulletin - from Europe PubMed Central - Open Access

Abstract: The author reflects on the Norwegian inpatient service descriptions contained in Wilkinson's article, considering the challenges laid out in his piece from the perspective of a child and adolescent psychiatrist working in a hospital crisis setting, as well as within the context of child and adolescent mental healthcare staffing across the UK.

Leveraging clinical informatics to improve child mental health care

Author(s): Benson, Nicole M.; Edgcomb, Juliet B.; Landman, Adam B.; Zima, Bonnie T.

Source: Journal of the American Academy of Child & Adolescent Psychiatry; Dec 2020; vol. 59 (no. 12); p. 1314-1317

Abstract: This article discusses the leveraging of clinical informatics to improve child mental health care. Acceleration in the use of health information technologies has stimulated an equally increasing need for workforce development in clinical informatics. The near universal adoption of electronic health records (EHRs), centralization of medical records within care networks, development of specialty-adapted physician support tools, and production of vast clinical data mines provides new opportunities to leverage these technologies to improve access and quality of care. Recently, many physicians have newly implemented video appointments with minimal training on how to integrate with EHR systems. Yet despite these advances, child and adolescent psychiatrists are underrepresented among physicians working in clinical informatics, and gaps in the translation of health information technologies to child and adolescent mental health care are apparent. For example, many EHR work flows and decision-support systems are developed for adults in medical settings that do not readily map to psychiatric and pediatric care. In addition, patient-facing technologies, that is, technologies designed to promote patient engagement in their care, have emerged as additional means to facilitate data sharing and communication between child and adolescent psychiatrists, patients, and families. The digital transformation of the subspecialty necessitates a corresponding increase in the number of child and adolescent psychiatrists with skills to strategically deploy health information technology in child and adolescent mental health care.

Preventing eating disorders in young women: An RCT and mixed-methods evaluation of the peer-delivered Body Project

Author(s): Vanderkruik, Rachel; Gist, Darcy; Dimidjian, Sona

Source: Journal of Consulting and Clinical Psychology; Dec 2020; vol. 88 (no. 12); p. 1105-1118

Available at Journal of consulting and clinical psychology - from ProQuest PsycARTICLES - NHS

Abstract: Objectives: Young women are at increased risk for eating disorders during adolescence (age range = 16–19), and there is the need for effective, sustainable prevention programs delivered during this critical window of development. The Body Project is a dissonance-based program that reduces key risk factors for disordered eating. Few studies have evaluated the program or the participant experience when peer-delivered at the high school level. The objective of this study was to evaluate using mixed-methods the Body Project program when peer-delivered among high school women. Method: Three studies were conducted among young women in high school in the United States: (a) an open trial evaluation of a peer-delivered Body Project program (n = 112), (b) a pilot randomized controlled trial (RCT) comparing the Body Project with assessment-only control (n = 74), and (c) a qualitative investigation of participants' experiences (n = 131). Results: Open trial participants reported significant reductions in eating disorder risk factors and improvements in mood and self-attitude constructs over the intervention period (ds = .32–.77, ps < .01). Intervention effects for Body Project participants in the RCT compared with control were significant for body dissatisfaction, thin ideal internalization, dietary restraint, self-compassion, body surveillance, and loneliness (ds = .55–1.38, ps < .02). Thematic analyses of qualitative data highlight considerations for program delivery and engagement, including insights about why women join the program and

perspectives on peer leaders. Conclusions: Findings support the effectiveness of the peer-delivered Body Project with high school-aged women and highlight key recommendations for increasing engagement and strengthening prevention programs among young women.

Impact statementWhat is the public health significance of this article?—This study supports the potential of the peer-delivered Body Project program to reduce risk for disordered eating and improve social and self-constructs among young women in high school, a critical developmental window when eating disorders are most likely to develop. Findings highlight key recommendations for strengthening and expanding eating disorder prevention programs to enhance engagement and promote lasting positive outcomes.

Experiences and satisfaction of children, young people and their parents with alternative mental health models to inpatient settings: a systematic review.

Author(s): Vusio ; Thompson, Andrew; Birchwood, Max; Clarke, Latoya

Available at European child & adolescent psychiatry - from Unpaywall

Abstract: Community-based mental health services for children and young people (CYP) can offer alternatives to inpatient settings and treat CYP in less restrictive environments. However, there has been limited implementation of such alternative models, and their efficacy is still inconclusive. Notably, little is known of the experiences of CYP and their parents with these alternative models and their level of satisfaction with the care provided. Therefore, the main aim of this review was to understand those experiences of the accessibility of alternative models to inpatient care, as well as overall CYP/parental satisfaction. A searching strategy of peer-reviewed articles was conducted from January 1990 to December 2018, with updated searches conducted in June 2019. The initial search resulted in 495 articles, of which 19 were included in this review. A narrative synthesis grouped the studies according to emerging themes: alternative models, tele-psychiatry and interventions applied to crisis, and experiences and satisfaction with crisis provision. The identified articles highlighted increased satisfaction in CYP with alternative models in comparison with care as usual. However, the parental experiential data identified high levels of parental burden and a range of complex emotional reactions associated with engagement with crisis services. Furthermore, we identified a number of interventions, telepsychiatric and mobile solutions that may be effective when applied to urgent and emergency care for CYP experiencing a mental health crisis. Lastly, both parental and CYP experiences highlighted a number of perceived barriers associated with help-seeking from crisis services.

Guideline Adherence of Monitoring Antipsychotic Use for Nonpsychotic Indications in Children and Adolescents: A Patient Record Review

Author(s): Dinnissen M.; Dietrich A.; van der Molen J.H.; Verhallen A.M.; Buiteveld Y.; Jongejan S.; Hoekstra P.J.; Troost P.W.; Buitelaar J.K.; van den Hoofdakker B.J.

Available at Journal of clinical psychopharmacology - from Unpaywall

Abstract:BACKGROUND: Antipsychotics are frequently prescribed to children and adolescents for nonpsychotic indications. Guidelines recommend regularly assessing treatment response and

adverse effects and the ongoing need for their use. We aimed to assess adherence to recommendations of available guidelines regarding monitoring antipsychotic use and to test the influence of children's age, sex, intelligence quotient, and diagnosis on adherence. METHOD(S): We reviewed 426 medical records from 26 centers within 3 large Dutch child and adolescent psychiatry organizations, excluding children with schizophrenia, psychosis, mania, or an intelligence quotient below 70. We investigated whether there was regular assessment of treatment response, adverse events (physical and laboratory), and at least annual discussion of the need of continued use. RESULT(S): On average, treatment response was assessed in 69.3% of the recommended treatment periods, height in 25.6%, weight in 30.6%, blood pressure in 20.6%, evaluation of adverse events in 19.4%, and cardiometabolic measures in 13.7%; discontinuation and/or continued need was discussed at least annually in 36.2%. Extrapyramidal and prolactin-related adverse effects, waist circumference, glucose, and lipids were rarely investigated. Higher age was associated with lower rates of assessment of treatment response. Most antipsychotics were prescribed long-term. In those children with sufficient documentation of the course of treatment, 57.7% was still using an antipsychotic 3 years after initiation. CONCLUSION(S): Our findings indicate insufficient adherence to guideline recommendations for monitoring antipsychotic use in children and adolescents, as well as long duration of use in the majority of children. Especially, older children are at higher risk of receiving suboptimal care.

Designing body image and eating disorder prevention programs for boys and men: Theoretical, practical, and logistical considerations from boys, parents, teachers, and experts

Author(s): Doley, Joanna Rachel; McLean, Siân Alexandra; Griffiths, Scott; Yager, Zali

Available at Psychology of Men & Masculinities - from ProQuest PsycARTICLES - NHS

Abstract: There are no published articles to guide researchers, teachers, and community leaders in the design and development of body image and eating disorder prevention programs for boys and men, and very few school-based programs to reduce body dissatisfaction among boys have shown evidence of success. This article presents the use of "design thinking" that incorporates the needs of end users to optimize a school-based program for boys that aims to reduce body dissatisfaction and the use of muscle-building supplements in adolescent boys (14–16 years). A range of data collection strategies were used to inform program optimization, including interviews with adolescent boys and parents, an open-ended questionnaire for body image experts, and trialing resources with teachers and adolescent boys. Five themes were identified in the guidance for developing body image programming for boys: the need for privacy and safe space, the need for interactive resources and multimedia, the need for evidence and authenticity, the need to understand social norms and attitudes, and the need to consider classroom practicalities. These findings have implications for teachers, health professionals, and researchers working with males in body image and broader health education contexts to inform program design, selection, and evaluation.

Impact statement Public Significance Statement —Body dissatisfaction and appearance- and performance-enhancing substance use are increasingly recognized as issues for boys (Levine, 2019; Murray et al., 2017); however, the majority of interventions available are designed for girls (Yager, Diedrichs, Ricciardelli, & Halliwell, 2013). Our development phase of Goodform identified that several aspects should be considered when developing programs specifically for

boys, including privacy, interactivity, authenticity, social norms, and classroom practicalities. This research provides instruction for those who wish to design and/or implement body image and appearance- and performance-enhancing substance use interventions for boys within the classroom setting.

Communication, self-esteem and prolonged grief in parent-adolescent dyads, 1-4 years following the death of a parent to cancer

Author(s): Angelhoff C.; Sveen J.; Alvariza A.; Weber-Falk M.; Kreicbergs U.

Available at European journal of oncology nursing : the official journal of European Oncology Nursing Society - from Unpaywall

Abstract: Purpose: Talking and grieving together may be advantageous for maintaining belief in a meaningful future and can help bereaved adolescents and their parents to cope better with the situation. The aim of this study was to explore communication, self-esteem and prolonged grief in adolescent-parent dyads, following the death of a parent to cancer. Method(s): This study has a descriptive and comparative design. Twenty family dyads consisting of parentally bereaved adolescents (12-19 years) and their widowed parents completed the Parent and Adolescent Communication Scale, Rosenberg Self-Esteem Scale and Prolonged Grief-13, 1-4 years following the death of a parent. Result(s): Twelve family dyads reported normal-high parent-adolescent communication, 11 dyads rated normal-high self-esteem. Two adolescents and three parents scored above the cut-off for possible prolonged grief disorder (>=35), none of these were in the same dyads. There was a difference (p <.05) between boys (mean 40.0) and girls (mean 41.9) with regard to open family communication, as assessed by parents. Girls reported lower self-esteem (mean 26.0) than boys (mean 34.1, p <.01). Conclusion(s): This study provides insights from parentally bereaved families which indicate that despite experiencing the often-traumatic life event of losing a parent or partner, most participants reported normal parent-adolescent communication, normal self-esteem and few symptoms of prolonged grief. The potential usefulness of identifying families who may need professional support in family communication following the death of a parent is discussed.
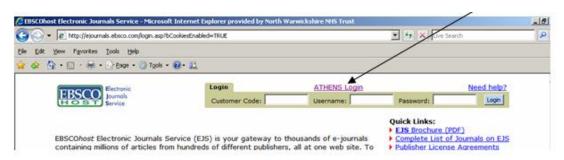
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