ABSTRACT BOOK

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Abstracts include Oral and Poster Abstracts, listed alphabetically by Main Author Surname
Detecting developmental delays in infants from a low-income South African community: Comparing the BSID-III and PEDS tools

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Parallel Session 1: The Mental Health and Wellbeing of Infants, Gala Room A, May 24, 2019, 2:30 PM - 3:45 PM

Objective: Detection of developmental delays is essential for early intervention, especially in low to middle income countries (LMICs), where prevalence is highest. Detection in infants can be challenging, however; therefore, this study compares the outcome of two measures, the Bayley Scales of Infant and Toddler Development III and PEDS tools.

Method: A cross-sectional, within subject, comparative design was employed to determine the performance of the PEDS tools smartphone application and the BSID-III to detect developmental delays in young children aged 3-18 months. The overall as well as domain specific performance of the screening and assessment tools were determined. Data was collected at a primary healthcare (PHC) clinic in Mamelodi, an underserved community with a high risk population, in South Africa.

Results: The PEDS tools identified 56% (n=97), and the BSID-III 35% (n=61) of the 158 children with possible developmental delays, with an overall agreement of 65% between tests. The PEDS tools referral rate was significantly higher (p=0.004) than that of the BSID-III.

Conclusion: The agreement between developmental assessment outcomes across the tools used in this study was poorer than expected. The high-risk nature and age group (<18 months) may have contributed to the poor agreement. Using a combination of tools for the screening and assessment of developmental delay in infants in a South African primary health care context may be necessary.
A Comparative Study of the Prevalence and Correlates of Mental Health Problems among Almajiris and Public Primary School Pupils in Zaria, North-West Nigeria

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Background
‘Almajiris’ are children and adolescents sent far away from their homes to study in Islamic schools under the care of Muslim scholars. Over the years, there has been a decline in the capacity of the scholars to cater to these pupils. Consequently, Almajiris spend significant periods of time on the streets begging and carrying out menial jobs to earn a living thereby increasing their risk for physical and mental disorders. The aim of this study was to compare the prevalence of psychiatric disorders among Almajiris and public primary school pupils in Zaria.

Methods
A comparative cross-sectional design was utilized to compare 213 Almajiris and 200 public primary school children and adolescents aged between 5 and 19 years. All participants were administered a Socio-demographic questionnaire and the Schedule for Affective Disorders and Schizophrenia for School-aged Children Present and Lifetime Version (K-SADS-PL). Data were analyzed using Chi square tests and logistic regression.

Results
The current prevalence of psychiatric disorders among Almajiris and public school pupils was 57.7% and 37.0% respectively. After adjusting for age and family characteristics, Almajiris were significantly more likely to have any psychiatric diagnosis, depression, enuresis, substance use, and post traumatic stress disorder but less likely to have separation anxiety disorder than the public school pupils

Conclusion
Psychiatric disorders are more prevalent among Almajiris and public primary school pupils in Northwest Nigeria than found in other prevalence studies with a significantly higher rate among the Almajiris. Joint efforts need to be made by the Government and Civil Society organizations including religious groups towards reforming the Almajiri education system and the provision of programmes aimed at reducing the prevalence of psychiatric disorders in both Almajiris and the school pupils

Keywords: Almajiris, Street children, Mental health, Zaria, Northern Nigeria.
Screen time use patterns and health trends in children attending a children’s psychiatric outpatient department

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Screen time refers to time spent on media devices including smartphones, televisions and computers. The American Association of Pediatrics have suggested that families individually tailor their screen time use plans (1).

During screen time a person is sedentary. Most American children spend between 3 to 5 hours a day watching television, and added together, all types of screen time can come to a total of 5 to 7 hours per day (2).

Screen time has been associated with parents, teachers and children reporting attention difficulties (3). Children’s eating behaviours are influenced by multiple factors – including, but not limited to, family meals, media use, parental behaviours and education. (4).

A systematic review on screen time use and sleep among children and adolescents found a delayed onset and shortened duration of sleep. (5)

The aim of this study is to describe the screen time usage of the children attending the Tara Children’s outpatient department, as well as compare the screen time use with the patterns of family socialisation, sleep and eating, as well as body mass index (BMI) and psychiatric disorders.

This study will be a cross-sectional study of the children and their caregivers attending the Tara children’s outpatient department during a two month period with an estimated sample of 197. Study consent and assent will be obtained after reading the information sheet provided. Data will be collected with a questionnaire completed by the children or caregivers. The weight and height measurements will be done by the attending health care professional, and the psychiatric diagnoses will be obtained from the clinical file.

This study will describe and compare the screen time usage as well as the patterns of family socialisation, sleep, eating and body mass index (BMI) and psychiatric disorders in a group of children attending the Tara children’s outpatient department.
The Traumatized Baby - a World Association for Infant Mental Health (WAIMH) Symposium

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Our world is burdened by trauma, physical and psychological. The fact that those who cannot speak or fend for themselves are the most severely affected, is not recognized or acknowledged. This workshop will present findings from diverse domains: research, particularly the neurosciences and clinical work in different settings and diverse contexts.
“We have been holding this thing in our hearts; we don’t have anyone to share it with...” Why a Reflective Parenting Intervention was feasible and acceptable.

Prof Astrid Berg
University Of Cape Town, Cape Town, South Africa

Parallel Session 1: The Mental Health and Wellbeing of Infants, Gala Room A, May 24, 2019, 2:30 PM - 3:45 PM

The Mothering-from-the-Inside-Out (MIO) model is an intervention that has the flexibility required for working in diverse cultural settings as it is based on two probably universally applicable and relevant theories, namely attachment theory and mentalization. The weekly intervention was conducted with three isiXhosa speaking mothers whose children had suffered burn injuries – the group approach was more likely to make the model more acceptable to mothers, as they would have the opportunity to share their experiences about a similar traumatic event that involved their child. Qualitative analysis of the group process reveals themes, some of which could be considered ‘universal’ in nature, whereas others are more related to socio-economic hardship, and family disruption due to urbanization. In addition, themes emerged that were specific to the cultural context of the mothers. The group was experienced as a confidential space in which feelings of guilt, anger and shame could be expressed.
Building courageous communities from the children up: Practicing engaged anthropology in the field of child protection amongst children, young adults and child protection officers.

Mrs Deirdre Blackie

We are currently observing the systematic disadvantaging and undermining of services aimed at the care and protection of children in communities around the globe. This is most evident in the reduction of funding to non-governmental organisations and public works programmes. The result is that communities can no longer rely on state funding or support for the child protection challenges that they are encountering on a daily basis. In this environment, the introduction of ‘engaged anthropology’ on the theme of child protection that encourages collaboration, advocacy and activism within communities is finding fertile ground. Using a picture-based community engagement toolkit developed for the purpose, workshops were conducted with children, young adults and child protection officers in a range of communities spanning South Africa, Zambia, Lesotho, Zimbabwe, and the Seychelles. The workshops (started in 2014 and still ongoing) are designed to assist participants in the identification, understanding and prioritisation of child protection challenges in their communities as well as the development of an ‘empowered community strategy’ to help solve these challenges. The workshops have revealed a number of insights into how communities perceive the role of children and their responsibility to them. They have also shown distinct differences in how ‘care’ is understood and practiced towards children, experienced by the children themselves, and the ongoing battle between a child’s rights, as recognised by global organisations such as the United Nations, versus local traditional cultural practices and beliefs.
Building courageous communities from the children up: Practicing engaged anthropology in the field of child protection amongst children, young adults and child protection officers.

Mrs Deirdre Blackie¹
Courage Child Protection, Johannesburg, South Africa

Parallel Session 2: Understanding and Treating CAMH Disorders in Context, Captains Room, May 25, 2019, 2:15 PM - 3:30 PM

We are currently observing the systematic disadvantaging and undermining of services aimed at the care and protection of children in communities around the globe. This is most evident in the reduction of funding to non-governmental organisations and public works programmes. The result is that communities can no longer rely on state funding or support for the child protection challenges that they are encountering on a daily basis. In this environment, the introduction of ‘engaged anthropology’ on the theme of child protection that encourages collaboration, advocacy and activism within communities is finding fertile ground. Using a picture-based community engagement toolkit developed for the purpose, workshops were conducted with children, young adults and child protection officers in a range of communities spanning South Africa, Zambia, Lesotho, Zimbabwe, and the Seychelles. The workshops (started in 2014 and still ongoing) are designed to assist participants in the identification, understanding and prioritisation of child protection challenges in their communities as well as the development of an ‘empowered community strategy’ to help solve these challenges. The workshops have revealed a number of insights into how communities perceive the role of children and their responsibility to them. They have also shown distinct differences in how ‘care’ is understood and practiced towards children, experienced by the children themselves, and the ongoing battle between a child’s rights, as recognised by global organisations such as the United Nations, versus local traditional cultural practices and beliefs.
Evaluation of the Tests of Sensory Integration Function used with Infants.

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Parallel Session 1: The Mental Health and Wellbeing of Infants, Gala Room A, May 24, 2019, 2:30 PM - 3:45 PM

Introduction: Sensory integrative dysfunction occurs in 5-10\% of children. Various tests are used to identify sensory dysfunction in infants in South Africa but they have not been validated in this context. The purpose of this study was to explore the construct validity and diagnostic accuracy of two standardised assessments: the Infant/Toddler Sensory Profile (ITSP), a parent report tool and the Test of Sensory Functions in Infants (TSFI), a therapist administered test.

Methods: A cross-sectional, descriptive, correlation study design was used to investigate the equivalence between the United States of America normative data, and a convenient cluster sample of 60 typically developing South African infants, between the ages of seven and 18 months, recruited from child day care facilities in the East Rand of Gauteng.

Results: Overall reliability of the ITSP was found to be within an acceptable range. The internal consistency of the ITSP was found to be 0.84 for the total test, indicating the test was reliable for identifying the sensory integration functioning in this sample. For the TSFI a moderate Cronbach’s alpha of 0.69 for the total test was found for this sample and most subtests had internal consistency below acceptable levels. The TSFI had poor sensitivity and specificity for the total score and a number of sections. Construct validity was found to be divergent with no correlation between the sections of the two tests indicating that they do not measure the same constructs and cannot be used interchangeably.

Conclusion: The ITSP can be considered valid for this sample but standardisation on a South African population would be beneficial. Due to the poor internal consistency of the FSFI, further research is needed regarding the constructs assessed, before it can be recommended for use on a South African sample.
Interventions for Autism in Africa: Establishing a local evidence base

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Symposium 2: Interventions for Autism in Africa: Establishing a local evidence base, Gala Room A, May 25, 2019, 11:00 AM - 12:30 PM

Introduction. The prevalence of autism has increased world-wide and represents a growing burden of disease, particularly in low- and middle-income countries. Little research has been published documenting evidence-based interventions suited to low-resource, developing contexts. One philosophical principle for interventions in low-resource environments such as Africa is to focus on interventions that empower parents/caregivers to become active members of the intervention team. This can be done through a range of intervention strategies from broad parent education and training (PET) relevant to all developmental disabilities, to autism-specific PET, and on to targeted coaching of parents/carers using a range of modalities. Interventions that equip parents are essential in settings where most children have no access to expert clinicians.

Methods. In this symposium five presentations will outline ongoing activities and preliminary feasibility data from five projects investigating a range of PET and parent-mediated/implemented interventions for autism conducted in low resource settings in South Africa. Each presentation includes reference to their rationale for their work with parents, preliminary feasibility data, and their efforts to address the challenges implementing and sustaining their interventions across a variety of local contexts, including children waiting for school placement, non-profit organisations and the public health sector.

Results. The studies represented in this symposium indicate that an evidence base for caregiver training and coaching is beginning to develop in South Africa. Common themes that emerge across studies is the need to situate research efforts within the developing field of Implementation Science, and to employ comprehensive frameworks for establishing feasibility and effectiveness of the various autism interventions.

Conclusion. Parent/caregiver-focused interventions for children with autism may be a feasible and effective method to reach the many children without access to skilled clinicians. It is important to build on these preliminary findings to establish a robust evidence base for accessible autism interventions in Africa.
African Autism Treatment Network: Lessons Learned

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Introduction. The Centre for Autism Research in Africa (CARA) at the University of Cape Town (UCT) is home to a number of researchers who are actively involved in investigating the implementation and outcomes of early intervention for children with autism. A common focus of their research is the inclusion of parents / caregivers in the management of their children, through the evaluation of group caregiver education training programmes, through to individualised caregiver coaching. In light of their common theme of research, and common challenges faced in implementing and evaluating evidence-based interventions for autism in South Africa, the group formed a collaboration entitled the African Autism Treatment Network (AATN), which has met approximately every quarter since August 2016.

Method. AATN meetings were held to support the individual research teams in their work and consider ways where working collaboratively could enhance their research efforts. The AATN provided a forum where common challenges could be identified and problem-solved, and where expertise and resources could be shared.

Results. Activities in the AATN have resulted in the following: methods to track research participants to avoid duplication in two or more studies; evaluation and selection of common outcome measures to aid comparability across outcome studies; the development of common forms such as participant demographic forms; and, participation in an accredited course on Dissemination and Implementation Science in Health, thus benefiting from the expertise of team members, for example, in learning and applying Implementation Science theory and practice across the design and implementation of the different studies.

Conclusion. The AATN has made a positive contribution to the research efforts of each member of the collaboration and enhanced the quality of the individual projects. Developing and implementing evidence-based interventions for autism in low-resource settings is a challenging endeavour that is enhanced through mutual collaboration.
Objectives:

The study aimed to establish the perspectives of child and adolescent mental health (CAMH) among emerging mental health researchers and clinicians in Africa, using a social ecological framework.

Methods:

The perspectives of 18 participants from 6 African countries (Ethiopia, Kenya, South Africa, Tunisia, Uganda and Zambia), whose professional background included psychiatry, psychology, early childhood development, occupational and speech-language therapy, were collected at an African CAMH conference. Data was generated using a secure online survey platform. The survey included qualitative open-ended questions about CAMH in Africa. Data was analysed using content analysis, by two independent coders, using a combination of manual coding and NVivo 11.

Results:

Using the social ecological framework, the following were highlighted as emerging themes in the data: An increased need for political will from government to improve CAMH in Africa (health-related policy and environmental level), and addressing mental health stigma and discrimination through community awareness (community level). The need for specialised inpatient and outpatient facilities in CAMH on an organisational level were highlighted as being important, particularly in the public health sector (institutional / organisational level), and the need for the development and nurturing of multi-sectoral and multi-disciplinary partnerships for CAMH advocacy and service delivery to advance services and the continuity of care (interpersonal level). The CAMH professionals recognised their own knowledge, attitudes, beliefs, and motivations for developing CAMH in their respective countries. Additionally, participants were hopeful about the transformation of CAMH in the continent.

Conclusions:

Governmental and community level awareness were prioritised by the participants in order to increase the resources and support offered by CAMH services in Africa.
Exploring feasibility: A comparative study of two Parent Education & Training (PET) Programmes in a low-resource South African setting

Dr John-Joe Dawson-Squibb

Symposium 2: Interventions for Autism in Africa: Establishing a local evidence base, Gala Room A, May 25, 2019, 11:00 AM - 12:30 PM

Introduction: In spite of the need for post-diagnostic parent/carer education and training (PET) in ASD, the research evidence-base is relatively small, particularly in Low-and-Middle-Income Countries (LMIC). A wide range of programmes exist, but with no consensus on criteria to evaluate such programmes for implementation in culturally diverse settings. Here we performed a comparative feasibility study of two PET programmes in a low-resource setting. EarlyBird/EarlyBird Plus (EB/EBP), a UK-developed programme was compared to Autism Cares (AC), a locally-developed programme. Our two aims were 1) to examine acceptability, adaptation and perform limited efficacy testing of the programmes and 2) to use a newly-generated multi-stakeholder ASD PET Evaluation Framework to compare them.

Methods: A mixed-method, quasi-experimental design was used to collect pre, post and 3-month follow-up data. Measures included standardised and custom-designed quantitative outcome measures (including Parenting Stress Index, Autism Treatment Evaluation Checklist, Parent Involvement Questionnaire) and qualitative semi-structured interview data.

Results: Eighteen parents/carers participated in the EB/EBP programmes, and eleven in the AC programme. Strong parent/carer acceptability for both programmes was found along with the need for some adaptations to the local context. Limited efficacy testing showed positive changes in parental stress, knowledge of ASD and changes in child, more so for EB/EBP than AC. The multi-stakeholder panel acknowledged strengths and weaknesses of both programmes, but judged EB/EBP as more suitable for next-step research, citing factors relating to implementation.

Conclusion: Our findings contribute to the limited evidence-base for ASD PET in low-resource environments, but highlight the need for global collaboration to identify consensus measures. The ASD PET Evaluation Framework provided a useful structure for comparison of the two programmes, and emphasised the need to align measures with evaluation criteria. The study underlined the need for the evidence-base of ASD PET programmes to include not only outcome data, but also feasibility evaluation of processes & procedures in the context of the implementation landscape.
Parent Education and Training for Autism: Scoping the evidence

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Parallel Session 2: Perspectives on Autism, Selective Mutism, and Revenge, Boundary Room, May 25, 2019, 2:15 PM - 3:30 PM

Introduction
Empowering families of children with ASD through education and training is best practice. A wide range of Parent Education and Training (PET) programmes are delivered around the globe, but there is limited knowledge about the characteristics of these programmes, or about the research methods and outcomes used to evaluate them, particularly in countries outside the USA. We therefore performed a scoping review of all peer-reviewed PET publications outside the USA.

Methods
A search was conducted between March and May 2017 of all peer-reviewed PET papers outside the USA ever published. Two reviewers independently screened titles and abstracts for inclusion. Four reviewers extracted data, focusing on descriptive characteristics of PET programmes, research methodologies and evidence base, and if implementation factors had been explored. Reviewers also performed a mixed-methods quality appraisal of publications.

Results: A total of 37 publications representing 32 unique programmes were identified. Publications described a highly diverse range of PET programmes across 20 countries and all continents except South America. Only 3 (15%) of the countries were Low or Low- and middle-Income Countries and only one was from Africa. The majority were group-based, but varied significantly in goals, modalities and duration. The majority of studies (86.4%) reported positive outcomes in relation to the core study objectives and only 2 studies reported some negative findings. Quality appraisal rated only 27% of studies to have met all the methodological quality criteria. Implementation factors such as manualisation, fidelity, and cost were commented on infrequently.

Conclusion: In spite the clear need for PET programmes, our findings show that the research evidence-base in ASD outside the USA was relatively small, non-representative, and in need of methodological quality improvements. The need for increased implementation research focusing on PET in LMIC is emphasised.
A Pilot of Parent Child Interaction Therapy in South Africa: A novel intervention

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Parallel Session 2: Understanding and Treating CAMH Disorders in Context, Captains Room, May 25, 2019, 2:15 PM - 3:30 PM

Introduction
There is a stark divide in South Africa between the need for and access to child mental health services. Despite the need, few sustainable and scalable evidence-based interventions addressing early treatment of child mental health are available in the country. Parent-Child Interaction Therapy (PCIT) is an evidence-based therapeutic programme designed for children with behavioural and emotional difficulties, and is currently being piloted for the first time in Africa. This study examined preliminary outcomes to determine the efficacy and acceptability of PCIT in this context.

Methods
This presentation will highlight family and therapist outcomes, as well as feasibility and acceptability indicators, including therapist reflection data. Caregivers participating in PCIT completed measures at pre and post-treatment assessing their child’s behavioural and emotional functioning. Data were also collected at weekly sessions including child behaviour ratings and caregiver use of treatment skills. Participating therapists rated their integrity to the PCIT protocol after every session, and engaged in reflective diaries after select sessions, commenting on perceived benefits and challenges to implementation.

Results
Preliminary results suggest that PCIT led to improved child behaviour and increased positive parenting skills in participating families. Additionally, therapist self-assessment of treatment integrity was high. Therapist perceived facilitators to implementation included staff and research motivation, strong evidence-base for PCIT, and supervision support. Perceived barriers to implementation included transport and financial challenges, dedicated PCIT time for staff, cultural diversity and language. Strong support for PCIT and future clinician involvement was reported.

Conclusion
Pilot data assessing the implementation of PCIT in South Africa indicated positive results for children and families, and support by participating therapists. Therapists conducted the model with high fidelity, and felt optimistic about the use of PCIT, although barriers to scale-up of the intervention were marked. Further research exploring implementation-related factors and including relevant stakeholders are suggested as next-steps.
A blended-care CBT program with applied game to treat children with selective mutism

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Parallel Session 2: Perspectives on Autism, Selective Mutism, and Revenge, Boundary Room, May 25, 2019, 2:15 PM - 3:30 PM

Introduction: Cognitive behavioral therapy (CBT) is the first-line treatment for children with selective mutism, an anxiety disorder in which children do not speak in specific situations (e.g., school), although they are well able to speak in other situations (DSM-5, American Psychiatric Association, 2013). Given the relatively low prevalence (about 0.7% in childhood) and given the young age of the children, therapeutic materials for these children are scarce.

Method: We developed an innovative blended-care CBT protocol, combining online resources for therapists, parents, teachers and children, with face-to-face CBT sessions. A secured webportal facilitates cooperation between parents, teachers and the therapist of a child. An applied game was developed that symbolizes the anxiety hierarchy and motivates children in a playful way to take new steps and concur their fears. The game links to the webportal, so that a new level in the game opens as soon as a new step in real-life has been taken. The game aims to motivate children to use their voices and to offer opportunities to practice skills. We investigated usability and user-experience with the game, the secured webportal and the CBT protocol.

Results: The results show that the protocol, materials and modules for parents are highly valued by parents and therapists. The game is enjoyed by children. The majority of parents indicated that the game contributed to the therapeutic progress of their child.

Conclusion: A blended-care CBT that is online available is a valuable way to support professionals, parents and children. During the present presentation, the CBT program will be demonstrated and discussed in the light of the current state of evidence based practice for the treatment of children with selective mutism.
Life stressors and resources as predictors of adolescent suicide attempt

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Parallel Session 2: The Mental Health and Wellbeing of Adolescents and Young Adults, Gala Room A, May 25, 2019, 2:15 PM - 3:30 PM

Introduction: The rise in adolescent suicide worldwide constitutes a serious public health challenge. Although several environmental and personal factors have been link with this phenomenon, only a few South African studies have investigated the combined occurrence of these factors amongst the different racial groups. This study aimed to explore and describe the role of demographic factors, psychosocial stressors and resources in attempted suicide among learners from high schools in the Free State Province, South Africa.

Methods: In this cross-sectional study demographic information as well as participants' experiences of life stressors and resources were obtained by various questionnaires. Data were analysed by means of descriptive statistics, univariate analysis and logistic regression.

Results: Of the 1033 learners who participated in the study, 129 (12.5%) had previously attempted suicide. Being coloured (p ≤ .01), and female (p ≤ .01) significantly increased the likelihood of attempting suicide. Stressors significantly associated with the increased likelihood of attempting suicide for the whole group were stressors regarding Parents (p ≤ .05), Extended Family (p ≤ .01), Home and Money (p ≤ .05), and Negative Life Events (p ≤ .01). Resources significantly associated with the reduced likelihood of attempting suicide for the whole group were supportive relationships with Parents (p ≤ .01), with Boyfriend/Girlfriend (p ≤ .01) and Positive Life Events (p ≤ .01).

Conclusions: The findings of this study contribute to data regarding the prevalence of adolescent suicide in South Africa with 12.5% of the study population reporting they have attempted suicide before. The importance of supportive relationships and stable home conditions for the emotional well being of adolescents is highlighted.
Parent and professional perspectives of the acceptability of Enhanced Milieu Teaching (EMT) with children with developmental disabilities who reside in the Western Cape and speak Afrikaans or IsiXhosa at home.

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Introduction: Enhanced Milieu Teaching (EMT) is an effective naturalistic developmental behavioural intervention (NDBI) to improve communication skills in children with developmental disabilities. Limited research exists regarding stakeholder perspectives of the perceived fit of NDBI's in the South African context. Documenting stakeholder perspectives is an important step in adapting EMT for culturally and linguistically diverse settings.

Methods: This study examined bilingual parents' and speech-language therapists' (SLT's) perceptions regarding the applicability of implementing EMT with young children with developmental disabilities who reside in the Western Cape and speak Afrikaans or isiXhosa at home. In this descriptive exploratory study five bilingual SLT's were interviewed and eleven bilingual parents participated in focus groups. Results were analysed according the Adaptome framework (Chambers & Norton, 2016) which delineates four sources of adaptations, namely, mode of delivery, cultural adaptations, target audience adaptations and service delivery adaptations.

Results: The data obtained from both parental and professional participants yielded a total of ten sub-themes which were assigned to the four sources of adaptation. Various facilitators of EMT implementation, as well as aspects which require adaptation within a setting such as South Africa were identified. Both parents and professionals reported that the core components of EMT are appropriate within the local context. The facilitators and potential adaptations identified align with findings from existing literature.

Conclusion: Bilingual parents and SLT's view EMT as a potentially valuable intervention in the South African context. Parental and professional participants taking part in this study believed EMT to be both acceptable and appropriate within this setting. However, participants suggested that certain adaptations are indicated, with the majority of the adaptations relating to diverse service delivery settings, mode of intervention delivery, and consideration of individual home/ cultural contexts.

Keywords: appropriateness, acceptability; developmental disabilities; enhanced milieu teaching; intervention adaptations; naturalistic developmental behavioural interventions; stakeholder perspectives; applicability (fit)
The relationships between speech-in-noise discrimination, musical pitch and rhythm discrimination and phonological awareness

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The importance of literacy skills for academic success is widely acknowledged. The foundational role that phonological awareness (PA) plays in reading acquisition was confirmed by The National Reading Panel (NICHD, 2000). A growing body of research details the use of music to develop children’s PA and literacy abilities. Music has been shown to be beneficial for overall development including language, mathematics skills, self-confidence, interpersonal relationships and cognitive abilities. These benefits may be because music is a complex stimulus that activates the central nervous system through sensory, emotional and cognitive functions. Activation of areas in the brain traditionally involved with language processing during musical processing is proof of this relationship. Pitch and rhythm discrimination appear to be the musical abilities that have the greatest effect on PA and emergent literacy. The relation between these skills may be that pitch and rhythm processing are dependent on auditory discrimination, as is PA and therefore literacy development. Young children require strong auditory discrimination abilities, in particular speech-in-noise (S-i-N) discrimination, to develop skills such as PA and literacy within the noisy classroom setting. Music instruction is known to increase the auditory system’s ability to overcome the impact of noise thereby decreasing the effects of background noise and reverberation. Although auditory discrimination links pitch and rhythm processing to PA and literacy development, there are contradictory findings within current research regarding this relationship, especially in children older than five years. Inconsistent correlations between rhythm discrimination and PA were reported and the relationship between rhythm discrimination and PA was hypothesised to be stronger in children younger than five years of age. The current study investigated possible relationships between S-i-N discrimination, musical pitch and rhythm discrimination and PA in children in grade R (reception year) and Grade 1 (approximately from the age of 5.5-7.5 years).
Twenty percent of people that go through traumatic events develop mental health problems and children are even at higher risk. Childhood traumatic experience remains largely hidden and unreported because of fear and stigma and the social rejection. Many children in low and middle income countries experience multiple traumatic events as a result of several risk factors, including community violence, extreme poverty, different forms of child abuse and internal displacement. It is very important to address the mental health status of young people. This study will explore the association between anxiety and depression in adolescence and experiences of traumas among secondary school adolescents in Ibadan North L.G.A. to discover the coping strategies used by the adolescents.

The study is a cross-sectional study. The study participants will be adolescents within the age range of 13-17 years in selected secondary schools in Ibadan North Local Government Area. The sample size will be 341 students using the random sampling technique. This study will increase knowledge into the long-term impacts of childhood trauma which is of great public relevance to clinical practice. In addition to this it will provide knowledge that will guide mental health professionals to ascertain the mental health impact on a child that has been traumatized.

Keywords:
Childhood trauma, mental health problems, anxiety, depression, coping.
Child and adolescent psychiatry is experiencing in all country a period of growth and of huge tensions. Indeed, we are at the crossfire of many paradoxical injunctions: lot of young patients with severe mental disorders are not treated while there is a pressure to provide cognitive enhancers to children and adolescents without real problems; science is supposed to show the way but it is not possible to have a global theoretical framework including genes, mind, body and culture; the words “mental health” appear everywhere while “psychiatry” disappears progressively; health insurances require efficient treatments but do not allow to take the time that is necessary for such treatments... To solve the puzzle, we have to select clear priorities, those that will really improve the situation: fighting against violence (in particular within families); training parents and teachers; organizing health care systems in an efficient way from primary care to highly specialized departments; making difficult choices: who should be screened and treated and who do what; never stopping the effort of research, to find evidence based and sustainable treatments
Towards better protection of child and adolescent mental health in Africa – the role of child rights, law and culture

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Plenary Session 2, Gala Room A, May 24, 2019, 4:30 PM - 5:15 PM

One of the most under-reported indicators of child and adolescent health in Africa is mental health. Most countries do not have the requisite facilities for addressing child mental health in their jurisdictions. Apart from the facilities, the causal factors of mental health problems are not properly contextualised to inform interventions for children and adolescents. When safe spaces such as the home, school, community, church and mosque become abusive environments, children may experience mental ill-health as a consequence. Notwithstanding this grim perspective on child and adolescent mental health, the forte of an enhanced child rights protection system, positive African value systems and national child protection systems provide an opportunity improving child and adolescent mental health in Africa. The continental child rights framework has witnessed significant improvement since the adoption of the African Charter on the Rights and Welfare of the Child (ACRWC) in 1999. National laws have been passed to give effect to these instruments. Further, countries like Ghana, Kenya and South Africa had adopted child protection systems which have child rights-based foundations. Ghana and Lesotho, for example, seek to incorporate positive cultural values in their child protection systems. The question remains, why these initiatives are still not able to better protect children, especially in the area of mental health.

This paper seeks to address this question by highlighting the synergies between child rights and African cultural values and their interaction in a child protection system. The paper believes that albeit the challenges in harnessing the strengths of these pillars stated above, they present many unexplored benefits for enhancing the protection of child and adolescent right to mental health and mental health services. The paper therefore makes recommendations for effectively utilising the rights paradigm, law and culture in this regard.
Pilot study to improve access to early intervention for autism in Africa

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Introduction: Vast gaps in our knowledge remain on how to implement early intervention for autism spectrum disorder (ASD) in diverse, low resource communities. This study aims to adapt a caregiver-coaching version of the Early Start Denver Model for implementation by non-specialist early childhood development (ECD) workers, in South Africa. South Africa provides a unique opportunity to assess feasibility and impact of a scalable early ASD intervention, in an environment with significant contextual challenges.

Methods: The Consolidated Framework for Implementation Research informed intervention tailoring for the South African context. In-depth interviews and focus group discussions with caregivers of young children with ASD and Western Cape policy makers and senior clinicians explored contextual and policy issues. Following intervention tailoring a pre-pilot was conducted with 2 caregiver-child dyads who received 12 sessions of caregiver coaching delivered by ECD workers. Both clinical and implementation outcomes were collected.

Results: Qualitative research with caregivers identified contextual factors relevant to early ASD intervention and in-depth interviews with Senior Management in Health, Education, Social Development and the non-profit sector identified potentially relevant policies and platforms for ASD-specific early intervention. The pre-pilot findings suggested that ECD workers can be trained and supervised to coach caregivers in the intervention. Given that both child participants in the pre-pilot demonstrated significant growth in social and communication scores on the Griffiths and the Vineland, results suggest that child measures can be sensitive to intervention change. In addition, pre-pilot data suggested that caregivers could implement intervention strategies to high levels of fidelity when coached by the non-specialists. Following the pre-pilot, implementation barriers and facilitators were assessed from stakeholders.

Conclusion: The African continent has an ASD treatment gap approaching 100%. This study, will inform the development of early ASD interventions in South Africa, with potential for further adaptation to other sub-Saharan African countries.
Introduction to the MEGA project: Towards improved primary care mental health screening and services for children and adolescents in South-Africa and Zambia

Dr Gerhard Grobler¹, Ms Ega Janse van Rensburg-Bonthuyzen², Ms Ronelle Jansen³, Ms Marita Coetzee², Mari Lahti⁴, Gunter Groen⁵, Lonia Mwape⁵, Joonas Korhonen³, E Breet, F Chapima, Heikki Ellilä⁵, Deborah Jonker⁶, Astrid Jörns-Prestati⁷, I Mbanga, Patricia Mukwato⁵, John Mundenda⁷, J Mutagubya, Prof Soraya Seedat⁶, Prof Dan Stein⁸, Sharain Suliman⁶, Thomas Sukwa⁵, Timo Turunen⁹, Kārlis Valtiņš⁹, Leigh Van den Heuvel⁶, R Wahila¹

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Introduction/background:
Literature shows a high burden of mental illness in children and adolescents word-wide. Many low-and middle-income countries experience a lack of public health care personnel, negatively affecting screening for mental illness. A lack of knowledge with reference to mental illness amongst primary health care (PHC) practitioners means that mental illness is not screened for, diagnosed and treated optimally.

Aim/objective:
The principal objectives of the MEGA project is to provide children and adolescents with improved access to mental health services and appropriate care, by mapping mental health care training; developing a mobile health screening tool to be used at point-of-care in PHC settings; and to provide additional mental health care training to PHC practitioners.

Design and methods:
The study will employ a mixed methods, multi-center study design, with both quantitative and qualitative elements. It will be conducted in the Free State, Gauteng and Western Cape Provinces of South Africa and in Lusaka, Zambia. The research population will be PHC practitioners. The study will be implemented in four phases. During phase 1 the mental health literacy of PHC practitioners will be gauged and their mental health-related training needs identified. Phase 2: Based on the needs identified by the survey a mobile-health (m-health) application to screen for common child and adolescent mental health problems will be developed. Phase 3: A tiered education and training program in the use of the m-health application and related mental health content will be developed, implemented and evaluated. Phase 4: The acceptability and feasibility of the m-health application will be evaluated. Data collection for the first phase commences in January 2019.

Findings/results:
Available findings and results, at time of presentation, will be presented.

Conclusion/recommendations:
A conclusion and recommendations derived from phase one of the study will be presented based on the available data at time of presentation.
Designing and implementing a caregiver skills training program in a LMIC setting: Process and outcomes

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Symposium 2: Interventions for Autism in Africa: Establishing a local evidence base, Gala Room A, May 25, 2019, 11:00 AM - 12:30 PM

Introduction: Implementing low-intensity interventions, such as caregiver skills training, is a cost-effective way of providing intervention for children with autism in low- and middle-income countries (LMIC). Relatively little research demonstrates the effectiveness of caregiver skills training in this context.

Methods: The study developed and piloted a caregiver skills training program (COMPASS) to improve interaction skills and self-efficacy of parents of young children with autism. The project followed an exploratory sequential mixed methods research design and used the Replicating Effective Programs framework. In the pre-implementation phase, we collected qualitative and quantitative data via questionnaires from two stakeholder groups (30 parents and 5 autism experts). In the implementation phase, we used a single group pre-test post-test design with 31 parents of children with autism. The primary outcome of the implementation phase, parent child interaction, was measured using the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), and the secondary outcome, parenting self-efficacy, was measured using the Parenting Sense of Competence Scale (PSOC) and the Parenting Self-Efficacy Measuring Instrument (P-SEMI).

Results: In the pre-implementation phase, experts agreed the training content was comprehensive and relevant, and that the manual was user-friendly. Parents felt confident that they could use at least one of the strategies taught during everyday routines or play with their child. Findings from the implementation phase indicated significant improvement in parenting interactions (p < .05, d = 1.26) and self-efficacy (p < .05, d = 0.35) after the training.

Conclusion: We developed and implemented a training program in a LMIC setting which resulted in increased interaction skills and self-efficacy for parents of children with autism. This study indicates that brief low-cost interventions in LMIC can be effective in improving parenting skills and feelings of competence. Further studies aim to evaluate the program using more robust research designs.
Depression in the Pool and other Maladies of premature Puberty

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¹Private Practice, Cape Town, South Africa

Parallel Session 2: The Mental Health and Wellbeing of Adolescents and Young Adults, Gala Room A, May 25, 2019, 2:15 PM - 3:30 PM

This presentation focuses on the overlap between endocrine disorders and psychopathology in children and teenagers. A summary of our historical, biological and clinical understanding of normal pubertal development is given, focusing on female children in particular. The relationship between pubertal timing and psychopathological risk is considered and the Early Timing Hypothesis is discussed. Premature Adrenarche (PA) is a cause of early maturation. The etiology, prevalence and clinical features of this condition are explained and the biological risk factors associated with this condition that contribute to psychopathology that presents comorbidly is explained. The concept of early adversity, adrenarche and health is introduced. Finally, measures of intervention are suggested to assist youngsters who present with psychopathology associated with conditions of premature puberty.
Communication technology support for caregivers of adolescents with mental health issues: a systematic review

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¹University Of The Free State, Bloemfontein, South Africa

Background: Caregivers of adolescents with mental health issues experience the ongoing challenge such as receiving support to, in turn, be effective in their caregiving role. Creative solutions are needed to support caregivers and positively strengthen caregiving behaviour. Current advances in communication technologies may offer this essential support to caregivers and strengthen caregiving behaviour. However, little is known about the use of communication technologies among caregivers of adolescents with mental health issues.

Objective: The study aimed to answer the review question: “What is the best evidence available to strengthen positive behaviour of caregivers of adolescents with mental health issues using communication technology?”

Methods: We conducted a systematic review of multiple study designs in articles published between January 2007 and February 2018 that included an update to August 2018. An electronic search of articles from EBSCO Host and Scopus was conducted with specific inclusion and exclusion criteria.

Results: We identified an initial 1310 and additional 172 articles from the electronic search. In total, seven articles (n=7) met the inclusion criteria and were included in the review for data synthesis. Data analysis and synthesis identified three thematic conclusions on the types of communication technologies used by caregivers as the target population and the strengthening of positive behaviour through determinants of the Integrated Model of Behaviour Prediction (IMBP).

Conclusions: The review concluded that communication technology can be useful for caregivers of adolescents with mental health issues. These caregivers comprised mostly of parents as the primary caregiver. Caregivers demonstrated an improvement in self-efficacy, knowledge, parent/child communication and parental skills. All these elements strengthened positive caring behaviour of the caregivers. Communication technology is well positioned to address caregiver challenges and is growing in popularity as a supportive intervention to caregivers. However, further research could explore the preferential methods of communication delivery in terms of technological advances.
The positive outcomes of a music therapy intervention, Guided Imagery and Music, on the psychological well-being of adolescents with mental health and substance-induced mental health problems

Mrs Petra Jerling¹, Dr Marita Heyns¹
¹Private Practice, West Acres, South Africa

Parallel Session 2: The Mental Health and Wellbeing of Adolescents and Young Adults, Gala Room A, May 25, 2019, 2:15 PM - 3:30 PM

Introduction

Mental health problems and importantly Substance Use Disorder (SUD) induced mental health problems among adolescents are a reality in South Africa. It is important to identify effective methods for treatment which can be empowering, relatable and accessible to this age group. The use of Guided Imagery and Music (GIM), has not yet been properly researched or implemented in South African settings. GIM is a psychodynamic, strength-building intervention in which music guides imagery to elicit emotions in the client. The aim of this study was to find out whether the music therapy intervention, GIM, has an effect on the level of hope, resilience, optimism and efficacy of clients with mental health problems. The findings can contribute to informing and motivating future implementation of this kind of intervention for adolescents who generally relate to music on an important level.

Methodology

The methodology was two-fold. Firstly, a systematic review and evidence synthesis was done through utilising various data sources. Secondly, research participants filled in a questionnaire (PCQ-12), containing questions pertaining to their perceived levels of hope, optimism, resilience and efficacy, before and after four GIM interventions. Participants were also interviewed for their personal experience of this intervention type. The paradigm was post-positivistic which means that the lens of cause and effect was used.

Results

The systematic literature review provided better insight into the usefulness of GIM in various settings. It became clear that too little research has been done in South Africa. The pre- and post- intervention questionnaires were statistically analysed, and semi-structured interviews informed the results even further. The interrelatedness of constructs from the positive psychology perspective and the GIM perspective could be highlighted as well.

Conclusion

The findings serve as a motivator to do more research and implement this kind of intervention in treatment of adolescents with mental health problems.
LEGALISATION OF CANNABIS: CHALLENGES FOR ADOLESCENT FORENSIC SERVICES.

Dr Enver Karim

Ukzn, Durban, South Africa

LEGALIZATION OF CANNABIS: CHALLENGES FOR ADOLESCENT FORENSIC SERVICES.

Introduction:
Substance use is a significant risk factor for children coming into conflict with the law. Efforts to prevent reoffending need to address this risk factor. A study was conducted to describe the profile of substances used locally, to guide Child Mental Health and Substance Abuse services in developing relevant intervention programmes.

Concurrently there has been a popular campaign for the legalization of cannabis. Campaigners advance a view of cannabis as a benign and beneficial. Warnings of the serious negative effects of cannabis, in particular for adolescents have generally been overlooked. This campaign culminated in a Constitutional court judgement that legalized the possession, cultivation and personal use of cannabis by adults. Many have viewed this as a confirmation of the innocuous nature of cannabis.

Method:
A retrospective review was conducted of the charts of children in conflict with the law, who had undergone an assessment a probation officer as required by the Child Justice Act75 of 2008. All children who had undergone such an assessment at the Durban Magistrates Court offices during a full calendar year were included. The assessment took the form of a structured interview during which children were required to self-report their use of substances.

Results:
Of the 284 children evaluated, 62.9% (n=185) self-reported using at least one substance. Cannabis use was reported by almost half of all participants. This was second only to nicotine and followed closely by alcohol. Cannabis users more often faced charges related to theft 27.0%(n=50)

Conclusion
The already high rates of illicit cannabis use amongst children in conflict with the law, places considerable demand on preventative, rehabilitative and mental health services. The legalization of cannabis may undermine such services, through its increased accessibility, availability and by reinforcing perceptions of harmlessness.
While the global burden of mental health disorders in childhood and adolescence is currently the subject of investigation, costs associated with mental disorders in infancy in particular (birth to age 3 years) have remained largely invisible. At the level of service delivery systems and social policy, the concept of mental disorders in infancy is not widely recognized. This, in spite of the following facts: 1. Adverse early experiences may be especially harmful if they occur in the first three years of life, during formative periods for brain development, leading to enduring consequences and later psychopathology. 2. Due to the infant’s immaturity, the features of symptoms and disorders in infancy are somewhat different from those in the later years, requiring separate diagnostic descriptors. 3. During infancy, stressors on caregivers have particularly immediate consequences for the infant’s developing stress response systems and overall development, compared to later ages. 4. Early dependence on caregivers requires different modes of mental health intervention that involve both the infant and the caregiver. 5. Evidence-based intervention approaches have demonstrated success in improving outcomes for children and families. In 2016, the World Association of Infant Mental Health (WAIMH) has composed a position paper that defines the Infant's basic rights, which should be endorsed everywhere, regardless of society and cultural norms, and should be understood as the best way to prevent long lasting emotional and behavioral disturbances.
PREVALENCE OF EMOTIONAL AND BEHAVIOURAL DISORDERS AMONG CHILDREN AND ADOLESCENTS WITH ACTIVE EPILEPSY IN RURAL SOUTHWESTERN UGANDA

Dr Joseph Kirabira, Dr Alice Lam, Dr Godfrey Zari Rukundo

1Mbarara University Of Science And Technology, Kampala, Uganda; 2Massachusetts General Hospital and Harvard University, Boston, USA

Purpose
To determine the prevalence of emotional, and behavioral disorders among children and adolescents with active epilepsy aged 5 to 18 years in southwestern Uganda.

Methods
We conducted a cross sectional study among children and adolescents with active epilepsy at Mbarara Regional Referral Hospital psychiatry department and its three mental health community outreach clinics. Trained research assistants using a piloted electronic questionnaire collected data. Emotional and behavioral disorders were assessed using the parent version of Child and Adolescent Symptom Inventory 5, which is a Diagnostic Statistical Manual version 5 based rating scale.

Results
161 participants were assessed and the mean age was 12.64±4.4251. The prevalence of emotional disorders was 30.43% (95%CI 23.25-37.62) while that of behavioral disorders was 7.45% (95%CI 3.35-11.55). The commonest behavioral disorders included oppositional defiant disorder (3.7%) and conduct disorder (3.7%) whereas emotional disorders included binge eating (2.5%), selective mutism (1.9%), hair pulling (1.9%), skin picking (1.2%) as well as anxiety disorders and mood disorders. These emotional disorders were associated with older age (aOR= 1.12, p=0.020) and family history of epilepsy (aOR=0.22, p value = 0.042).

Conclusion
Emotional and behavioral disorders are highly prevalent among children and adolescents living with epilepsy in southwestern Uganda. Therefore, there is need to integrate routine screening and management of these disorders into epilepsy clinical care.

Acknowledgement
I would like to acknowledge MURTI under NIH grant number D43TW010128 for funding this study. I also appreciate Prof. Kenneth D. Gadow for providing us with the CASI 5 rating scale for use during this study.
Maternal & Infant Mental Health Research in South Africa - a journey from pregnancy to infancy

Dr Anusha Lachman¹, Dr Elsa Du Toit¹, MS Juane Voges¹, Ms Marlette Burger¹, Prof DJH Niehaus³
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Symposium 1: Maternal and infant mental health research in South Africa - a journey from pregnancy to infancy, Gala Room A, May 24, 2019, 11:30 AM - 1:00 PM

The World Health Organization reports an extensive lack of awareness about maternal mental health and its impact on child development in resource-constrained, low- and middle income countries. Mothers and children from lower socio-economic areas in the Western Cape are disproportionately exposed to multiple and cumulative socioeconomic and environmental risk factors which may compromise the infant's development as well as psycho-emotional outcomes for both the infant and mother.

This Symposium will present results from a large ongoing prospective observational study, The Maternal and Infant Mental Health (MIMH) study, based at Stikland Psychiatric Hospital in Bellville, Western Cape, South Africa. The MIMH study aims to investigate the impact of maternal mental illness (ante and postnatal) on both the mother, the infant and outcomes for the dyad. The MIMH study recruits participants from a state-based maternal mental health clinic at Stikland Hospital and a private-funded Well Baby follow-up clinic.

The presenters will discuss findings from their individual PHD research projects under the following domains:
1. Pregnancy and infant outcomes in the dyads of mothers with severe mental illnesses
2. Social communication in infants of mothers with mental illnesses
3. Neurodevelopmental outcomes in at risk babies
4. Maternal attachment and mental illness outcomes.

The symposium will discuss overall impact, recommendations and future research implications in the field of Maternal and Infant mental Health.
Nutritional Status And Psychosocial Stimulation: Implication For Psychosocial Functioning Of Perinatally Acquired HIV-Positive Children In South Africa

Dr Antonio G. Lentoor

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Parallel Session 2: Understanding and Treating CAMH Disorders in Context, Captains Room, May 25, 2019, 2:15 PM - 3:30 PM

Background
Children living with HIV may face increasing risk for undernutrition and poor psychosocial developmental outcomes, yet the interrelationship between these two factors among perinatally acquired HIV-positive children are poorly understood. The main objective of this study was, therefore, to examine the relationship between undernutrition and psychosocial functioning of children living with HIV.

Methods
In a hospital-based cross-sectional study design, 152 pairs of HIV-positive children aged 3-7 ½ years and their caregivers were recruited for the study. The WHO anthropometric method was used to assess nutritional status and psychosocial functioning were evaluated using the Strength and Difficulties Questionnaire. Caregivers completed the Home Screening Questionnaire as an evaluation of play material and quality of caregiver-child interaction. Correlation and multiple regression analysis was employed to assess the relationship and effects of nutritional status and psychosocial stimulation on children’s psychosocial functioning outcomes.

Results
The prevalence of undernutrition, particularly stunting (36.2%), was high in the overall sample of children. The results indicated that stunting and underweight were negatively associated with psychosocial functioning of the children. Younger age children presented more with stunting (X [n=152] = 14.79, p=0.005), had limited play activities, reading material, poorer child-caregiver interaction, and living in overcrowding.

Conclusion
Poor nutritional status is associated with poor psychosocial functioning of children living with HIV. The provision of adequate psychosocial support, in the form of an integrated home-based play assisted socioemotional stimulation and nutritional rehabilitation, needs to become an integral part of the package of care for children living with HIV and their caregivers.
Psychological Functioning of Perinatally HIV-infected children on cART in South Africa

Dr Antonio G. Lentoor

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Background: With effective Combination Antiretroviral Treatment (cART), children who acquired HIV infection from mother-to-child transmission can survive into at least the second decade of life.

Aim: To evaluate the psychological functioning of HIV positive children on cART.

Methods: In a cross-sectional survey, 152 HIV-infected children receiving cART was assessed on psychological functioning using the Strength and Difficulties Questionnaire, at a tertiary hospital in Eastern Cape, South Africa. HIV-related clinical characteristics were extracted from medical records.

Results: The results revealed poor psychological functioning in children living with HIV whilst on cART. More than 50% of the children exhibited mild psychological difficulties, whilst 25 % had significant psychological impairment. The children’s overall psychosocial difficulties mean score was 16.9 (SD = 5.05), with indications of the significant presence of psychological and behavioural symptoms. Hyperactivity problems was reported in 40.1 % (M = 5.27, SD = 1.72) of the children, emotional problems in 29.6 % (M = 4.31, SD = 2.34), conduct problems in 41.4 % (M = 3.13, SD = 2.18) and peer related problems in 51.3 % (M = 3.49, SD = 1.46). The most prevalent psychological symptoms among the children were distractibility (87.5%), nervousness (76.3%), restlessness, and being overactive (75%); fears (70.4%) and worries (70.4%) were the most common anxiety symptoms, whilst temper tantrums (59.2%), unhappiness and tearfulness (53.3%), and isolation (50.7%) were found to be the most prevalent depressive symptoms. Younger children’s psychological functioning was worse than that of older children.

Conclusion: The effects of HIV and associated illness on the developing brain of children may impede optimal socio-emotional, and physical functioning of HIV-positive children which can persist beyond childhood. The need for psychosocial intervention as early as possible is highlighted given that HIV-positive children are a particular vulnerable population for poor psychological and behavioural health outcomes.
GUIDELINES TO FACILITATE THE MENTAL HEALTH OF PSYCHIATRIC NURSES WORKING WITH CHILDREN DIAGNOSED WITH MENTAL ILLNESS

Mrs Rorisang Machailo
Wu, Mafikeng, South Africa

Background
In South Africa, psychiatric nursing is part of basic education of professional nurses in order to equip them to work as generalist nurses in the comprehensive health services of the country (Uys & Middleton, 2010:15). Psychiatric nursing is an interpersonal process in which the major knowledge and skills deal with interpersonal and intrapersonal dynamics of human beings (Keltner, Bostrom & McGuinness, 2011: 24). Child psychiatry is one of the specialisations in the psychiatric division.

Objectives
The objective of this article was to formulate guidelines that facilitate the robust training of mental health psychiatric nurses.

Methodology
Descriptive and explorative design was conducted. The population of this article was the psychiatric nurses in Gauteng, who work with children diagnosed with a mental illness. Individual interviews were conducted.

Results
Two main themes were identified with categories. These main themes are:

Theme 1: A challenging experience associated with tensions inherent to the contextual demands of psychiatric nurses working with children diagnosed with mental illnesses. Theme 2: Psychiatric nurses experiences of contextual demands which require continuous adjustment.

Recommendations
There is a clear need for an increased understanding of mental health practices amongst children. Nursing roles and functions in child psychiatric setting should be expanded.
Relationship between parenting styles and susceptibility to alcohol abuse among students in a South African University

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¹Sefako Makgatho Health Sciences University, Pretoria, South Africa, ²Moses Kotane Hospital, Rustenburg, South Africa

Introduction: Students in a university environment are exposed to alcohol. This study aimed to explore the relationship between parenting styles and susceptibility to alcohol abuse among university students.

Methods: The study used was correlational in nature with a sample of 350 students (46.86% females and 53.4% males) with the ages ranging from 18-38 years, (mean:3.7) who were sampled through a convenience sampling method. Participants completed a self-administered alcohol use disorders identification test and the Baumrind parenting authority questionnaire as a means of data collection. Pearson correlation and independent sample t-test statistics were used to analyse data.

Results: The results revealed a statistically significant negative relationship between perceived parenting styles permissive (r= -.3139, p< .001); authoritative (r= -.3680, p<.001); and authoritarian (r= -.3687, p< .001) and susceptibility to alcohol abuse with male students being more susceptible to alcohol abuse (t= 0.0034; DF=348; P<0.0116) than female students.

Conclusion: This study concludes that there is a significant relationship between parenting styles and susceptibility to alcohol abuse. As such, this study highlights a need for newer alcohol abuse intervention programs.
Child and Adolescent Mental Health Services in the Western Cape of South Africa – a SWOT analysis

**Mrs Stella Mokitimi**, Dr Kim Jonas, Professor Marguerite Schneider, Professor Petrus J de Vries

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Parallel Session 1: Understanding and Strengthening CAMH Research and Clinical Services, Boundary Room, May 24, 2019, 2:30 PM - 3:45 PM

**Background**

Mental Health (MH) problems represent the greatest global burden of disease among children and adolescents. There are, however, gaps in knowledge about the needs, barriers and facilitators in child and adolescent mental health (CAMH) services. The Western Cape has more CAMH resources than most other South African provinces, yet significant gaps and challenges exist.

**Objectives**

Here we set out to perform a multi-stakeholder SWOT analysis in partnership with CAMH service providers and policy-makers in the Western Cape, to identify perspectives of strengths, weaknesses, opportunities and threats in CAMH services.

**Methods**

A half-day multi-stakeholder workshop was conducted with a range of purposively sampled CAMH service providers and policy-makers across levels of care. With appropriate consent, all verbal and written data were recorded and coded for analysis. Two independent raters performed thematic analysis before generating consensus findings.

**Results**

Thirteen multi-stakeholders participated. The comprehensive bio-psycho-social approach and strong specialist and subspecialist CAMH service units were identified as strengths of CAMH services. Poor clinical capacity, clinical data collection demands, inadequate and inequitable resource allocation, poor implementation of preventative policies, and overall neglect of CAMH services, were identified as weaknesses. The integration of CAMH services into primary healthcare services through Departmental support (DoH) was identified as a potential opportunity to develop and improve CAMH services. Lack of multi-sectoral collaboration, social collapse, inadequate infrastructure and other resources, and lack of dedicated financing for CAMH were identified as threats to the development of CAMH services.

**Conclusions**

This SWOT analysis of CAMH services reinforced the widespread neglect of CAMH services in South Africa and in other LMICs. There is a clear need to explore the daily challenges in CAMH with service users and providers at the ‘grassroots’ to generate a comprehensive multi-stakeholder evidence-base to improve and expand CAMH service delivery, training and research.
Child and Adolescent Mental Health Services in the Western Cape of South Africa: User and Provider perspectives

Mrs Stella Mokitimi¹, Dr Kim Jonas³, Professor Marguerite Schneider⁴, Professor Petrus J. de Vries¹
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Parallel Session 1: Understanding and Strengthening CAMH Research and Clinical Services, Boundary Room, May 24, 2019, 2:30 PM - 3:45 PM

Background
About 10-20% of children and adolescents suffer from mental health disorders. Mental health disorders of children and adolescents therefore represent key areas of concern, yet child and adolescent mental health (CAMH) services are limited, particularly in low- and middle-income countries. In Africa there is significant neglect of CAMH services and very little research has been done to understand the needs of users and service providers. A SWOT analysis performed by us in the Western Cape Province of South Africa indicated a range of challenges, and suggested the need for participatory research at the ‘grassroots’ of services.

Objectives
This study sought to explore user and provider perspectives about (CAMH) services at the ‘grassroots’ in the Western Cape province.

Methods
Using focus group discussions and semi-structured individual interviews, qualitative data were collected from purposefully selected multidisciplinary providers and from CAMH users (children and caregivers). Data were entered into N-VIVO 11 (QSR), and thematic analysis was performed by two independent raters.

Results
Providers reported significant lack of CAMH resources, lack of intersectoral collaboration, lack of training, lack of consistency and uniformity, lack of support for staff, and negative staff attitudes. External contributing factors were also identified, such as poor socioeconomic circumstances, HIV and AIDS, substance use, and stigma. Themes from service users included slow, disorganized, inappropriate and unacceptable CAMH services at primary level of care, lack of dedicated CAMH resources, and negative staff attitudes. To improve CAMH services, users recommended that the processes and speed of access to CAMH services should be reduced, that separate, dedicated CAMH services should be developed, and that caregivers should be empowered.

Conclusions
Findings highlighted the urgent need for prioritization, quality improvement, standardization and scale-up of CAMH services in South Africa, and underline the importance of incorporating the voices from families and staff at the grassroots.
Nurturing Resilience Among Young People in the context of Sexual Violence

Prof Relebohile Moletsane

Plenary Session 3, Gala Room A, May 25, 2019, 9:00 AM - 10:30 AM

Sexual violence and coercive sex, particularly against girls and young women, are pressing concerns internationally. In many communities, these are exacerbated by the unequal gender regimes and practices that make up the social ecologies in which girls and young women negotiate their lives. For example, such social ecologies are often characterised by customary practices, including taboos relating to discussing sex and sexuality across generations. This silences dialogue and debate that could socialise young boys to respect women’s bodies and ultimately prevent the perpetration of violence in families and communities. Thus, girls and women are left to negotiate their lives in the context of this violence without the necessary normative social intervention.

This presentation will explore the ways in which challenging and ultimately transforming the unequally gendered social ecologies (in families, communities, institutions, the workplace and the streets) that make it possible for sexual violence to occur, might help build resilience among girls and young women. The presentation will explore how girls in rural communities might effectively negotiate their lives and overcome the negative impacts of violence, including sexual violence. In particular, using an ecological systems approach, it will explore resilience as a co-produced process of positive adjustment (Panter-Brick, 2015; Ungar, 2015) among girls and between girls and significant others in communities. Findings from ongoing research with girls and young women in rural KwaZulu-Natal (see Moletsane, 2018) suggest that creating spaces for critical dialogue, debate and action (through for example, the use of participatory visual methods), enables girls and young women to not only deepen their understandings of sexual violence, it also helps them to identify possible strategies for addressing it. PVM allows the girls and young women, through their agentic engagement with their peers, adults in schools and communities, and policy makers, to explore critical areas for intervention and strategies for promoting social change. Yet, some ethical dilemmas emerge from work that involves girls in speaking out and back to gendered violence in communities and institutions. For example, does their resilience and involvement in speaking back to such violence expose them to further danger of marginalisation or even violence? How might participatory researchers balance the need to ‘do least harm and most good’ and to “avoid any possible harmful consequences resulting from [participants’] identification” (Amnesty International, 2008, p.5), with the principles of participatory research that seek to nurture resilience among survivors of sexual violence?

References
The right to vote has long been denied to various groups of people around the world. Historical reasons for exclusion from suffrage include, but are not limited to gender, religion, race and criminality. These historical exclusions from the voting process have been “justified” by “philosophical” ideas regarding certain groups being incapable of applying their mind to the task of voting, or incapable of voting in line with what those in power felt was appropriate. The extreme South African example denied the right to vote to non-white South Africans during the apartheid era. It was for this reason that the right to vote was a founding principle of the new constitution adopted by post-apartheid South Africa in 1998.

Several international UN treaties and agreements on human rights issues have reinforced the need for universal access to, and participation in, the election process for all. Most recently, specifically for persons with disabilities. Part of the WPA 2014-2017 action plan was to examine and target social discrimination. “Voting rights for mental health care users” was identified as an area of on-going social discrimination. (1) Despite this, most democracies have some limitations on voting rights in mental health care users.(1) Current South African electoral legislation places restrictions on voter registration of “detained” mental health care users, as well as those declared by a high court to be of “unsound mind”.

In this poster presentation, the ethical and legal arguments, as well as published evidence regarding limitation of voting rights for mental health care users will be further explored, specifically within the South African setting. A summary of current legal challenges to electoral legislation will be presented.

Association of Cannabis and clinical presentation in adolescents with first episode psychosis in KwaZulu-Natal

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Objectives: Cannabis use in adults with psychosis is associated with earlier onset of psychosis, increased positive symptom severity and decreased depressive symptoms but is poorly researched in the adolescent population. We aimed to determine the association of cannabis use with clinical variables of first episode psychosis (FEP) in adolescents.

Method: Forty-five adolescents (10-18 years) with FEP were assessed by clinical interview and the following tools: PANSS, Symptom Onset in Schizophrenia (SOS) inventory and WHO ASSIST for substance use.

Findings: Twenty-five (55%) adolescents reported lifetime cannabis use (LCU). Eighteen (40%) had current cannabis use (CCU). The mean age of first exposure was 13.9 years. While LCU was not associated with duration of untreated psychosis (DUP) or age of psychosis onset, it was associated with higher total score (p=0.04), positive (p=0.02), negative (p=0.03) and general symptom (p=<0.01) sub-scores, higher impulsivity and hostility item scores(p=0.05) on the PANSS, and greater co-morbid alcohol and nicotine use (p=<0.01) than those without cannabis use. Cannabis initiation before/at age 14 was associated with later age of psychosis onset (p=0.03) and depression score compared to those initiating cannabis later (p=0.03).

Implications: Cannabis use (especially current use and early initiation) in adolescents is associated with delays in accessing care, greater symptom severity and increased other substance use. This has public mental health implications in resource limited settings and suggests need for integrated health care that screens early for mental illness and substance use in adolescents at primary health care level. The potential implications of cannabis exposure on the developing brain particularly should guide the recent debate on the legalization of cannabis in South Africa and implications for mental health of vulnerable youth. There is an urgent need for further research on implications of early cannabis exposure on mental health outcomes for young people.
Emotional and Behavioural Problems in Children with HIV infection

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Introduction: Emotional and behavioural problems in HIV-infected children are often neglected. The aim of the study was to determine the prevalence of parental/caregiver report of emotional and behavioural problems in HIV-infected children and to explore possible associations between socio-demographic/clinical variables and reported emotional/behavioural difficulties in HIV-infected children.

Method: A cross-sectional questionnaire survey was administered to 198 parents/caregivers of HIV-infected children (2-12 years) attending a paediatric HIV out-patient service in KwaZulu-Natal. A socio-demographic questionnaire and the parent version of the Strengths and Difficulties Questionnaire (SDQ) were used to assess emotional and behavioural problems in children. Symptoms of depression, anxiety, hyperactivity/inattention, conduct and peer problems were screened and scored using sub-scales in the SDQ.

Results: The majority of parents/caregivers were single, unemployed, HIV-infected females without a tertiary education. Sixty (30.3%) parents/caregivers reported abnormal total SDQ scores and 57 (28.8%) reported abnormal sub-scale scores. Lower parental/caregiver educational level was the only parent/caregiver characteristic associated with higher total and sub-scale scores (p = 0.03). A history of delayed milestones was associated with higher scores on the hyperactivity sub-scale (p = 0.02). There was also an association between parental perceived academic difficulty and higher total SDQ scores (p = 0.01). Parental HIV status was not associated with SDQ score report.

Conclusions: The high prevalence of parental report of emotional and behavioural problems in HIV-infected children on both SDQ total and sub-scale scores and the association with reported delayed milestones and academic difficulties, suggests a need for earlier cognitive screening and cognitive developmental support for HIV-infected children.
Multi-Stakeholder Perspectives on Autism Spectrum Disorder in the Western Cape Province of South Africa

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Parallel Session 1: Understanding and Strengthening CAMH Research and Clinical Services, Boundary Room, May 24, 2019, 2:30 PM - 3:45 PM

**Background:**
Meeting the educational needs of children with autism spectrum disorder (ASD) in the Western Cape Province of South Africa has proven challenging. With the rate of referrals to educational services significantly outweighing the capacity in the system, a large number of children with ASD are out of schools and waiting long periods for educational services.

**Objectives:**
The objective of the study was to examine stakeholder views, perspectives and proposed solutions to meet the educational needs of children with ASD and their families.

**Methods:**
Semi-structured interviews were conducted with eight ASD service providers and six stakeholders from the Western Cape Department of Education, Health and Social development. Thematic analysis was used to identify emerging themes and related categories from each stakeholder group before comparing the two groups.

**Results:**
Concerns were raised about the general lack of services for children with ASD across the spectrum and across the lifespan. Two integrated, overarching themes emerged from both constituencies. ‘Autism is an expensive diagnosis’ highlighted stakeholder perspectives that autism services demanded very significant physical and human resources. ‘We are doing the best we can’ described how, despite having an overburdened system and over-stretched resources both stakeholder groups felt that the Western Cape Province was doing better than other provinces in the country in terms of ASD services by having a consolidated database, outreach teams and establishing new ASD units at some special schools.

**Conclusion:**
The study highlighted various challenges that the Western Cape Province has in meeting the educational needs of children with ASD, however very few potential solutions were proposed by both service providers and departmental stakeholders. Findings suggest that there is an urgent need for government departments to work together to generate solutions to managing the educational crisis in the province and to provide educational opportunities for all children with ASD.
The HIV exposed infant: challenges faced in neurobehaviour and mental health through the lens of the mother-infant dyad

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Parallel Session 1: The Mental Health and Wellbeing of Infants, Gala Room A, May 24, 2019, 2:30 PM - 3:45 PM

Introduction:
The prevention of mother to child transmission (PMTCT) of HIV has been very effective, with rates having decreased to less than 3%. There are known adverse medical effects from inutero exposure to antiretroviral agents, including an increased risk of slower earlier growth and mortality. The use of HAART (Highly Active Antiretrovirals) in pregnancy offers advantages including protection to the unborn child, as well as benefits to the woman’s health, but also carries with it risks. The neurobehavioural effect of these substances on the developing foetus due to the early trans-placental exposure have not been extensively studied. Maternal mental health is known to have an influence on bonding, attachment and the formation of the mother-infant dyad, which is vital to infant mental health development.

Methods:
The study aimed to examine the neurobehavioural functioning of HIV exposed infants, born at a secondary level state-run hospital in South Africa. A quasi-experimental design was utilised to assess the neurobehavioural functioning of 65 HIV exposed neonates in the domains of autonomic regulation, motor organisation, state organisation and social interaction. Results were compared to a representative sample of unexposed infants. Maternal mental health was measured using the Edinburgh postnatal depression scale.

Results:
HIV exposed infants showed statistically significant differences in most areas of neurobehaviour, with their functioning being inferior to the HIV unexposed neonate. Maternal mental health in both groups showed a very high prevalence of self reported depression.

Conclusion:
Non-optimal neurobehaviour, coupled with maternal depression has a potentially adverse effect on bonding, attachment and caregiving practices. Bonding and secure attachment in the early years is vital to the development of infant and child mental health. These dyads are at significant risk of sub-optimal mental health development.
The Foundations of Mental Health in Early Childhood Development

Prof Linda Richter
University of the Witwatersrand, Johannesburg, South Africa

Opening Plenary Session, Gala Room A, May 24, 2019, 9:00 AM - 11:00 AM

The presentation provides an overview of the scientific and implementation evidence for the roots of human development in parent-child relationships and their significance to health and wellbeing outcomes in adolescence and adulthood. Theoretical, observational, hormonal and neuroscientific evidence demonstrates that caregiving elicits and responds to emotional signals from the infant from birth. Preparation for their interaction, in both the infant and parent, begins in pregnancy. Early affect attunement forms the basis for shared communication and cognition. It also patterns emotionality, behaviour and underlying neural networks. Data from long-term studies show how early experiences shape health and wellbeing trajectories across the life-course. Examples are given from the Birth to Twenty Plus (Bt20+) study in South Africa and from long-term studies in other low- and middle-income countries.
The DiamonD Families Study: Adapting a Caregiver Skills Training Intervention for Families of Children with Developmental Disabilities in South Africa

Dr Liezl Schlebusch

Symposium 2: Interventions for Autism in Africa: Establishing a local evidence base, Gala Room A, May 25, 2019, 11:00 AM - 12:30 PM

Introduction: Working towards the goal of closing the gap in access to care for children with developmental disabilities (including children with autism spectrum disorder) in low- and middle-income countries, the World Health Organization (WHO) developed a novel, open-access Caregiver Skills Training (WHO CST) intervention that can be implemented in low-resource settings by non-specialists. The DiamonD Families Study is the South African pilot study of this global initiative and evaluates the adaptation, implementation, and evaluation of the intervention in South Africa. This presentation focuses on the dynamic process of adapting the WHO CST programme to suit the needs of local families, providers, and contexts.

Methods: Using a participatory research approach, we conducted a comprehensive assessment of the WHO CST intervention to determine the fit between the intervention and the local context. Multiple data sources were considered to capture data on the nature of the adaptations and modifications to the intervention in a systematic way.

Results: The presentation will discuss the adaptation process and outcomes during the exploration and preparation phases of the study. Our findings describe how an academic-community partnership consisting of a multidisciplinary team of researchers, practitioners, implementers, and end users identified ways to integrate research evidence, local knowledge, and stakeholders’ preferences in adapting the WHO-CST intervention in South Africa.

Conclusions: There are no gold standard procedures for the adaptation of complex interventions in low- and middle-income countries. Yet, considering adaptations in a planned and considered manner, rather than ad hoc way, is especially important to maintain intervention fidelity and to ensure acceptability, appropriateness, and sustainability of the intervention. This study describes the real-world implications of adapting a caregiver skills training intervention to be implemented in a low-resourced South African context.
What are you afraid of? Feared situations of children with Selective Mutism

Prof Christina Schwenck
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Plenary Session 3, Gala Room A, May 25, 2019, 9:00 AM - 10:30 AM

DSM-5 classifies Selective Mutism (SM) among anxiety disorders, which leads to the assumption that exposure therapy is the treatment of choice for patients with this disorder. For effective exposure therapy it is extremely important to know about the fear content associated with a specific anxiety disorder. However, the feared situations of patients with SM have neither been defined in DSM-5 nor investigated so far. Due to a significant overlap between SM and Social Phobia (SP), typical social phobic fears can be assumed in SM. However, if SM constitutes a discrete disorder entity and not merely an extreme form of SP, additional speech-related fears are likely. The current talk will give an overview over actual research on fear content and intensity in children with SM compared to those with SP. Conclusions with regards to concrete treatment recommendations will be drawn.
The joy of revenge: an ethical dilemma

Prof Cora Smith
University Of The Witwatersrand, Johannesburg, South Africa

Parallel Session 2: Perspectives on Autism, Selective Mutism, and Revenge, Boundary Room, May 25, 2019, 2:15 PM - 3:30 PM

The Joy of Revenge: an ethical dilemma
Cora Smith
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The present paper will discuss a case of trauma in a young child whose family obtain revenge on her behalf. The paper discusses the role of revenge and how it serves several psychic functions but also raised many ethical dilemmas.

The theme of revenge despite its prominence in mythology, literature, history and politics is surprisingly neglected in the field of psychology and psychiatry in general. Despite this, revenge is very popular, particular when observing various political narratives and responses on social media. Enactments of revenge are accompanied by regressive use of defenses such as denial and splitting. By focusing on the righteousness and justified nature of the claim and entitlement to retribution the avenger may render his or her sadism ego-syntonic and personally justifiable. Of particular significance is the understanding of revenge as a defense against feelings of shame, loss, guilt, powerlessness and mourning. Where revenge is a prime motivator for survival in the face of devastating loss or betrayal, it may paradoxically serve a positive function for the victim. This paradoxical state of affairs is debated in relation to the ethical and moral dilemmas that are raised in this situation. Justice and revenge are discussed as conceptual cousins and their long term impact on clinical adaptation to trauma is further explored.
Unrecognized anxiety symptoms in children presenting with difficult and uncooperative behaviour while undergoing oncology treatment

Dr Venera Stancheva
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The presentation is based on a clinical case series as part of a pilot research project. Children with cancer are vulnerable to developing psychosocial difficulties (Donnel, 2015). Recognition to address mental health needs in this population has led to an increase in oncology referrals to child psychiatrist (Mavrides, 2016). Such referrals are usually made when children develop difficult or uncooperative behaviours with regard to their treatments, hospitalizations and procedures. This often result in impatient and insensitive responses from the staff and parents attempting to help them.

A review of 16 cases reveals that despite the commonly discussed in the literature symptoms of trauma, emotional distress and depression in chronically ill children, most of these children often present with unrecognized subthreshold anxiety symptoms or Anxiety Disorders (DSM-5).

A review of the literature indicates that most instruments (scales) used by oncologists to measure anxiety symptoms in children rely mainly on parental observations and report less distress then objectively observed. Although the oncologists identified distress, they were unable to identify accurately specific symptoms of anxiety. (Kersun 2009).

Individual interviews and assessment of children, directed at personalized experiences of treatment, fear and worries are recommended to elicit unrecognized anxiety symptoms and disorders in such children. The study aims at identifying common sources of anxiety symptoms, possible manifestations and coping strategies unique to this population. Factors leading to the lack of timely recognition of anxiety symptoms were discussed.

Recommendations are suggested to assist paediatric medical and nursing staff to timely identify anxiety symptoms and disorders in these children, as left untreated anxiety disorders can negatively influence the treatment compliance, outcome and survival.
What becomes of children admitted to inpatient psychiatric units after discharge? A scoping review of outcomes

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Parallel Session 1: Understanding and Strengthening CAMH Research and Clinical Services, Boundary Room, May 24, 2019, 2:30 PM - 3:45 PM

Introduction
Few pre-adolescent children are admitted for psychiatric inpatient care. A review in 2000 showed mixed results about outcomes from admissions, and highlighted a number of challenges with outcome studies. Here, we aimed to describe outcomes and follow-up of pre-adolescent psychiatric admissions since the previous review.

Methods
Two reviewers independently searched Ebscohost and Scopus (January 2000 – February 2017) to identify studies examining child (0-12 years) psychiatric inpatient outcomes. All studies where children admitted to psychiatric inpatient units were followed up post-discharge, were included.

Results
Seventeen studies were identified (11 European, 5 USA and 1 Australian). Prospective studies made up 58.8% of the study designs; only 3 studies had comparison groups. Measurements used differed widely – a total of 66 measurement tools were used of which 52 only once. The most frequently used measures were the Child Behaviour Checklist (5 studies), and the Children’s Global Assessment Scale (4 studies). Significant improvements were reported at discharge, and was maintained in short-term follow-up (1-4 months) studies. However, medium-term (5-11 months) and long-term follow-up studies at 1-year, showed ambiguous results. A 3-year follow-up study showed improvement but with high residual symptom level, while another study showed some deterioration after 3 years. The results of a 5-year study was inconclusive, while studies with 8-, 12-, 16-, and 23-year follow-up revealed poor outcomes. Day treatment and intensive home treatment showed similar outcomes to inpatient care.

Conclusion
Outcome data of pre-adolescent psychiatric inpatient treatment remain limited and suggest unclear longterm outcomes. Inconsistent lengths of inpatient stay and follow-up period, lack of uniform measures and unblinded reports, sparse community comparison and comparison with other treatment modalities, may explain some of the findings. Interestingly, all studies were from high-income countries. Our findings suggest that further research, particularly in low- and middle-income settings, is warranted.
Benevolent childhood events and adolescent mental health: A latent class analysis

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Parallel Session 2: The Mental Health and Wellbeing of Adolescents and Young Adults, Gala Room A, May 25, 2019, 2:15 PM - 3:30 PM

Introduction: Adverse childhood events predict poor physical and mental health in adolescence and/or adulthood. What is less well established is the reverse (i.e., whether benevolent childhood events [BCEs] predict mental health in the face of compound, chronic disadvantage?) This paper speaks to the aforementioned gap.

Method: We report latent class analyses of survey data generated by 600 SA adolescents (aged 15-24) from a rural township challenged by compound and chronic disadvantage. We predicted that BCEs (as measured by the Benevolent Childhood Events Scale) would protect adolescent mental health (as measured by the Beck’s Depression Inventory). Mplus 8.2 was used to compare one-, two-, three- and four class solutions for BCEs. A two-class model was best supported by the fit statistics.

Results: The levels of depression of the two classes showed statistically significant differences. Class 1 membership predicted upper-range mild depression. Class 2 membership predicted lower-range mild depression. Of interest was Class 1 members’ disinclination to report stable daily routines, good neighbours, caring teachers, or comforting beliefs. They were inclined to report a good friend and being comfortable with themselves. Class 2 was inclined to report caregivers that encouraged a sense of safety, good friends, caring teachers and comforting beliefs. In comparison, Class 2 members were less likely to report liking school, having good neighbors, or stable routines.

Conclusion: The inclination of Class 2 to report comforting beliefs and supportive childhood relationships with adults (caregivers and teachers) appears to hold particular protective value for mental health in the face of compound, chronic disadvantage. This is not aligned with stress theories that predict that supportive adult-child relationships are not resilient to chronic, compound disadvantage. It prompts rigorous researcher attention to adult (i.e., caregiver and teacher) resilience and to how adolescent mental health resilience is interwoven with childhood exposure to adult resilience.
Sensory integration patterns and related behavioural difficulties in children from low socio-economic environments.

**Dr. Janine Van Der Linde**

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Parallel Session 2: Understanding and Treating CAMH Disorders in Context, Captains Room, May 25, 2019, 2:15 PM - 3:30 PM

Introduction: Children living within low socio-economic environments are at a higher risk to develop mental health difficulties, such as anxiety, depression or feeling fearful, as well as externalising behaviours such as aggression and hyperactivity. Similar behaviours such as disorganisation, distractibility and poor impulse control, as well as mental health difficulties, such as anxiety, depression and lability, are frequently observed in children with sensory integration difficulties. Very little research is however available on the link between low socio-economic environments, mental health and sensory integration difficulties in children. The aim of the study was to investigate the patterns of sensory integration difficulties in children from low socio-economic environments, compared to classroom behaviours such as distractibility, social interaction and management of emotions.

Methodology: A quantitative study was used to describe the results from the Sensory Integration and Praxis tests. A convenience sample of 28 children aged 5 – 6 years from low socio-economic areas within Gauteng was assessed as part of a larger study. Teachers were asked to complete a questionnaire on the child’s behaviour within the classroom.

Results: Data analysis were done through Statistica and descriptive stats described the children’s age, school, language and the percentage of children that scored less than -1SD for each individual test of the SIPT. The results indicated that 71% of children from the sample had difficulties in terms of visual-spatial skills, 61% with tactile discrimination and 96% of children scored lower than -1.0SD for Praxis on verbal command. The children with poor SI scores also displayed a higher percentage of classroom behaviours such as poor attention, poor social skills and decreased management of emotions compared to their peers.

Discussion: These findings provide preliminary confirmation that children from this specific population have difficulties in sensory integration that influences their emotional and behavioural skills within the classroom.
The Burden of Depression and Anxiety among Medical Students at the University of Cape Town: A Cross-Sectional Survey

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Parallel Session 2: The Mental Health and Wellbeing of Adolescents and Young Adults, Gala Room A, May 25, 2019, 2:15 PM - 3:30 PM

Introduction:
Depression and anxiety occur at very high rates amongst medical students. A recent review estimated the rate of depressive symptoms at 27.2%. South African data are, however, very limited. This study aimed to determine the rates of depression and anxiety amongst medical students at the University of Cape Town and to examine the association with various sociodemographic variables (biological sex, gender identity, household income, ethnicity, and clinical versus pre-clinical students). We also examined whether the 2016 student protests and resultant ‘mini-semester’ of 2017 was associated with symptoms.

Methods:
A cross-sectional electronic survey using an anonymous, self-administered online questionnaire was administered which included basic sociodemographic questions, the Patient Health Questionnaire-9 and the Hospital Anxiety and Depression Scale.

Results:
The sample consisted of 473 medical students, who reported rates of depressive and anxiety disorders diagnosed by a health professional of 25%(95%CI: 21.2–29.2) and 20.6%(95%CI: 17.0–24.5) respectively and 23.9%(95%CI: 20.1–28) of all students were receiving psychotropic medication. In the sample, 36.1%(95%CI: 31.8–40.6) screened positive for depression and 45.6%(41.0–50.2) for anxiety disorders. Only female sex was associated with significantly higher rates of depression and anxiety diagnosis [PR 3.7(2.0–6.8); 4.7(2.2–9.8), p<0.01] as well as students who undertook the 2017 mini-semester [PR 2.1(1.3–3.4); 2.1(1.2–3.5), p<0.05] respectively.

Conclusion:
Nearly one in four students reported depression/anxiety diagnoses and were on psychotropic medications, significantly more than age-based expectations. Even more screened positive for risk of depression/anxiety. Our findings indicate that all medical students are at significantly increased risk of depression and anxiety disorders, with female students even more so. Contextual events, such as the 2016 student protests, may have a direct impact on the mental state of students. Multidisciplinary efforts should be targeted at resilience and mental wellbeing to prevent an increasing mental health burden ahead of work in an overburdened health and health education system.
BullyBusters: The development of a therapeutic anti-bullying group programme for children and adolescents.

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Parallel Session 2: Understanding and Treating CAMH Disorders in Context, Captains Room, May 25, 2019, 2:15 PM - 3:30 PM

Bullying is viewed as a situational stressor that may result in mental health challenges for all parties involved. To meet society’s needs, therapists need to respond to how society is changing and evolving. According to the American Occupational Therapy Association researchers identified bullying as one of five emerging niches in Children and Youth (Yamkovenko, AOTA, 2011). Historically bullying ceased when the victim and the perpetrator parted ways. This has drastically changed with the sporadic advancement of cyber technology, resulting in bullying happening anywhere and at any time through “cyber bullying”. Bullying has also been deemed a leading cause in suicide cases, leading to the new term “bullycide”.

This symposium will give an overview of the latest theory of bullying dynamics. It will also take a closer look at the necessary skills that youth need to address bullying. Practical ways to teach these skills in therapeutic groups will be explored and discussed.

The symposium will consist of a PowerPoint presentation with photos and videos of bullying as well as footage of anti-bullying groups. (Experiential learning can be facilitated during small group activities.)
Parental perceptions of functioning in their children with autism spectrum disorder (ASD): a global scoping review

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Introduction
Parents are pivotal in identifying and managing functional impairments in their children with Autism Spectrum Disorder (ASD). No reviews to date have summarized parents’ views on the functional challenges and/or strengths of their children with ASD. We therefore set out to perform a scoping review aiming to a) identify and collate global results to provide a broad description of the landscape of parental perception of functioning research, and b) summarize these using the International Classification of Functioning Disability and Health (ICF-CY) framework. Given the important role that context plays in influencing functioning we were specifically interested in comparing perceptions from high-income countries (HIC) and low-middle income countries (LMIC).

Methods
Two researchers conducted a comprehensive search of English peer-reviewed studies published between 1990 and June 2016. Full-text of all included articles were accessed and summarized using thematic analysis. Key findings were linked to ICF-CY first or second-level categories.

Results
Thirty three studies were identified of which most were conducted in HIC (n = 25/33, 76%) with only six studies in LMIC (n = 6/33, 18%). Two studies compared perspectives from LMIC and HIC (n = 2/33, 6%). Functional themes from HIC included a range across the ICF-CY bio- psychosocial framework with body functions, activities & participation, environmental factors and personal factors all represented. Functional themes from LMIC were predominantly focused on environmental and personal factors.

Conclusion
The majority of peer-reviewed research over the last 2 decades has come from high-income countries, even though most children with ASD live in LMIC. Direct comparison across ICF-CY categories was challenging due to the difference in functional themes from HIC and LMIC. We propose that further research should consider a more systematic comparison of HIC and LMIC across functional categories to get a more accurate impression of the impact of context on functioning.
HIV positive adolescent mental health in the public health system: opportunities for intervention

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Objectives: Mental health problems of adolescents are underserved in low and middle-income countries where they account for a significant proportion of disease burden. Perinatally infected HIV positive adolescents have high prevalence of mental health disorders however little is known about those retained in care in South Africa. This study undertook to assess the mental health of perinatally infected adolescents accessing care and treatment in Johannesburg.

Methods: HIV positive adolescents aged 13-19 years (n=343) accessing 5 pediatric antiretroviral clinics in Johannesburg were assessed using standardized measures for depression, anxiety, post traumatic stress disorder (PTSD) and suicidality. Descriptive and bivariate analyses were conducted on all variables using Statistica v13.

Results: Twenty seven percent of participants were symptomatic for depression, anxiety or PTSD; 24% reported suicidality. Peer violence was significantly correlated to all mental health problems, also hunger, being inappropriately touched, being hit and being female. Those reporting sickness in the past year were more symptomatic. High exposure to violence was evident and not feeling safe at home or in community increased risk for all mental health disorders. Knowing one’s status was protective as was having dreams for the future.

Discussion: HIV positive adolescents accessing care demonstrate high levels of mental health problems that are largely unrecognized and could potentially be addressed and treated within health systems. These adolescents are not ‘hard to reach’ but access treatment frequently thus offering opportunity to address their mental health difficulties. Mental health and physical health are inextricably linked. Treating the mental health problems of a highly vulnerable group could have positive consequences on physical health (improved adherence, retention in care) and curb secondary transmission.
“To be HIV positive is not the end of the world”: Resilience among perinatally infected HIV positive adolescents in Johannesburg

Dr Nataly Woollett1, Prof Lucie Cluver2, Dr Abigail Hatcher3, Dr Heena Brahmbhatt4
1University Of Witwatersrand, Johannesburg, South Africa, 2Oxford University, UK, 3University of Witwatersrand, Johannesburg, South Africa, 4Johns Hopkins University, USA

Introduction: Resilience has potential to improve health outcomes for high-risk populations. Resilience may be vital for perinatally infected HIV positive adolescents, who are exposed to significant stigma and risk. Despite recognition that this population demonstrates resilience in the face of difficulty, little is known about how resilience occurs.

Methods: The aim of this study was to identify elements of resilience in a group of perinatally infected HIV positive adolescents attending HIV clinics. In-depth interviews were conducted with 25 purposively selected HIV positive adolescents (15 female, 10 male) between the ages of 13-19 years in Johannesburg. Data were analysed in NVIVO 10 using a thematic approach to coding.

Findings: Characteristics included a pertinent set of beliefs, recognition of personal strength and capacity for self-reflection. Pragmatic acceptance about life, actively taking responsibility, and robust self-esteem were evident. Pursuing adults, accessing healthcare and challenging HIV related stigma were prevalent.

Conclusion: Perinatally infected adolescents, who face high levels of hardship and change, nevertheless exhibit strong resiliency beliefs, traits, and behaviours. Healthcare environments have the potential to be utilized as powerful resources in fostering resilience in HIV positive adolescents, if characteristics of adolescent resilience were integrated into current prevention and intervention programming. Resilience promotion could lead to improved health outcomes for HIV positive adolescents.