Mediation Models From Childhood Adversity to Depressiveness in Patients At-risk for Psychosis and in Help-seeking Controls

S. Schmidt[1], S. Ruhrmann[2], B.G. Schimmelmann[1], J. Klosterkötter[2], F. Schultze-Lutter[1]

[1]University Hospital of Child and Adolescent Psychiatry and Psychotherapy Bern, University of Bern, Bern, Switzerland ; [2]Department of Psychiatry and Psychotherapy, University of Cologne, Cologne, Germany

Introduction: Childhood adversity (CA) is associated with poor mental health outcomes including psychotic symptoms. Objectives: However, the mechanisms linking CA to the development of psychosis are still poorly understood – in both their nature and the specificity of links for psychosis development. Possible links (mediators) are an excessive use of external attributions, dysfunctional coping patterns, and depressive symptoms that were associated with CA in healthy subjects but have not been studied in patients at-risk for psychosis. Aims: Therefore, pathways models from CA to depressiveness were generated based on literature and examined separately in two samples by structural equation modeling: 137 patients at-risk for psychosis and 228 help-seeking controls. Methods: Mediators between CA (Trauma and Distress Scale) and depressiveness (BDI II) were attribution style, self-efficacy (Competence and Control Beliefs Questionnaire) and coping strategies (Stress-Coping-Questionnaire). Results: Both final models showed 3 pathways running from CA to external attributions and low-self-efficacy, from these beliefs to maladaptive coping strategies and from there to depressiveness (CFI>0.9, RMSEA<0.1). In addition, the at-risk group displayed an alternative effect of CA on maladaptive coping. Conclusions: Our findings suggest that CA generally increases the risk for mental health problems by the development of dysfunctional attributions and low self-efficacy that lead to maladaptive coping strategies and heightened levels of depressiveness with an additional effect of CA on maladaptive coping in at-risk patients. Thus, integrated interventions targeting these factors may enhance resilience and, thereby, prevent both the persistence of distressing symptoms and their progression to mental disorders, including psychosis.