

Prevalence of DSM-V mental disorders in a cohort of young adults in Ireland

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doi: 10.1192/bjo.2021.720

Aims. To estimate the prevalence of DSM-V mental disorders in a population of Irish emerging adults

Background. Mental disorders are the leading cause of years lived with disability in youth worldwide. Few studies use gold standard of face to face semi-structured standardized interview tools, and this is a limitation in the estimates of prevalence rates of mental disorder in the extant literature.

Method. Briefly, we recruited a representative sample of 212 adolescents and followed them up over ten years. In this wave of the adolescent brain development study, 103 of the initial 212 participants took part, 50 males and 53 females, with a mean age of 20.87 years (SD = 1.3). Psychopathology was assessed in all participants by trained research psychologists and mental health professionals using the Structured Clinical Interview for DSM-V (SCID).

Result. 52.4% of participants had one lifetime mental disorder, the prevalence rates were highest for Major Depressive Episode (25.3%), Social Anxiety (12.6%) and Generalized Anxiety (8.7%). 50.5% had a history of a mental disorder. 27.2% had 1 lifetime diagnosis, 15.5% had 2 and 7.8% had >2.

Conclusion. Rates of mental disorder rapidly increase during emerging adulthood. In a similar Irish study, 55% of young adults met the criteria for lifetime mental disorder. Whilst the rates of mental disorder are high in young people, previous longitudinal research has suggested that many common mental disorders remit by the late twenties. We suggest a need for further research investigating the comparative later functional and economic outcomes of these young people. Research to date is supportive of a need to expand capacity of youth friendly services for prevention and treatment.

Ethical Approval

Ethical approval for the study protocols, including interviews and assessments, along with informed consent documents, was granted by the Beaumont Hospital Medical Ethics Committee in 2016.

Acknowledgements:

1. European Research Council Consolidator Award and Health Research Board Ireland Award to Mary Cannon
2. Health Professionals Fellowship from the Health Research Board Ireland to Helen Coughlan.

A systematic review to evaluate the effectiveness of mental health literacy interventions implemented in schools and communities in low- and middle- income countries

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doi: 10.1192/bjo.2021.721

Aims. Mental health literacy campaigns have received increasing attention as a useful method of reducing the burden of mental disorders, by promoting public awareness and improving attitudes surrounding mental disorders. However, despite the wealth of research into the effectiveness of mental health literacy interventions in high-income countries, there is an absence of evaluations of these interventions in low-middle-income countries (LMICs). This systematic review aims to pool the evidence on effectiveness of these interventions in LMICs.

Method. MEDLINE(OVID), PsychInfo, Scopus and reference lists of included studies were searched. Studies that quantitatively measured the effectiveness of mental health literacy interventions amongst schools and communities in LMICs were included, regardless of study design. The included papers were not limited to a particular population demographic, ethnicity or educational level. Studies were included if conducted in LMICs according to the World Bank Classification. Each study was critically assessed according to CASP critical appraisal checklists.

Result. Ten studies met the inclusion and exclusion criteria, including 6 case series, 3 controlled before and after studies and 1 cross sectional study. Most of the studies claimed significant improvement of knowledge, attitudes and coping skills following the intervention. However, the overall the methodological quality of the studies was rated as fair to poor.

Conclusion. The review found that mental health literacy interventions may have promising effects, however the pooled evidence of the effectiveness in LMICs was inconclusive. Further research into the effectiveness of these interventions would benefit from using a RCT design, or controlled-before and after studies, with careful control of confounding variables in order to further establish effect. This study provided insights into the barriers to effective implementation of these programs and examined the contextual appropriateness of such interventions. The review provides recommendations for policy makers for the development of future interventions.

Diversion and liaison services in England and Wales for mentally disorder offenders – a narrative review

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doi: 10.1192/bjo.2021.722

Aims. To critically examine the development of L&D services in England and Wales and critically appraise their evidence base.

Background. High levels of morbidity across the criminal justice pathway are well established. Although the strongest evidence has emerged from prison studies, the court literature also confirms these high levels. In acknowledgment of this, there have been a range of initiatives to improve access to services for mentally ill individuals involved with the criminal justice system. Once such initiative has been the development of court liaison and diversion services (L&D).

Method. Relevant literature was identified through a search of the following databases: PubMed, EMBASE, and PsycINFO. Data were appraised and synthesised to provide a comprehensive overview of the development of L&D services and their evidence base.

Result. The provision of L&D services has increased substantially since their first introduction in England and Wales in 1989. Early L&D services were largely small-scale, unfunded local schemes, and were dependent upon the energy and interest of clinicians who chose to lead in this area. This led to geographical variations in provision and variations in L&D model delivery. The Bradley Report (2009) recommended that a national L&D model be

created. The roll-out of a national L&D model meant that half the population of England was covered by 2015, with funding assured for a final wave of L&D services to provide for total population coverage.

Where implemented, L&D services have been shown to lead to increased numbers of local team referrals. They may reduce court adjournments and the overall amount of time spent attending court. There is also some evidence of an association with improved mental health among both adults and young people, with reductions in re-conviction rates amongst the later. There remain deficiencies in the evidence base with regards to the economic impact of L&D services. The majority of economic assessments of L&D services have been performed in the United States with fewer studies in the UK.

Conclusion. Although there is evidence that liaison and diversion can produce benefits, there is a general recognition that a higher standard of evidence is required, including experimental work and assessment of economic impact. L&D services carry a financial burden, but this may be offset by incorporating the value of the health improvements that may be brought in those who might otherwise not have received treatment.

Do reality distortions contribute to an increased risk of violent offending in schizophrenia? – a narrative review

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doi: 10.1192/bjo.2021.723

Aims. To critically examine the factors that drive an increased risk of violence in the schizophrenic population, with emphasis on the role played by reality distorted symptoms.

Background. A multitude of studies have reported a positive association between schizophrenia and violence. Many of the risk factors for violence among the non-mentally disordered population, such as substance use, childhood conduct problems and victimisation, are the same as for persons with schizophrenia. There remains controversy however as to whether reality distorted symptoms themselves contribute to the increased risk of violence.

Method. Relevant literature was identified through a search of the following databases: PubMed, EMBASE, and PsycINFO. Data were appraised and synthesised to provide a comprehensive overview of the current evidence base for the role of reality distorted symptoms in violence in schizophrenia.

Result. Studies ascertaining the contribution of reality distorted symptoms in violent behaviour have produced contradictory results. At a population level, several epidemiological surveys have found little or no contribution for reality distorted symptoms. Such studies frequently show that violence can be accounted for almost entirely by other factors such as substance use and victimisation. However studies investigating relationships between clinical diagnoses and population-wide violence may be unable to detect association at the symptom level. A number of studies have found strong associations between schizophrenia and violence which was not explained by comorbid substance use and have shown strong associations between specific reality distorted symptoms (in particular persecutory delusions accompanied by anger) and violent behaviour.

Conclusion. There is heterogeneity in the relationship between schizophrenia and violence. Factors that are associated with increased risk of violence among the schizophrenic population

are also pertinent to those without mental disorders. With regards to the pathways to violence in schizophrenia the following conclusions may be drawn: there is an well-established increased risk of violence associated with schizophrenia which has been replicated in many studies; this risk is driven largely by substance use but other factors such as victimisation are also important; there is evidence that reality distorted symptoms, particularly persecutory symptoms, play a role in violent behaviour in some patients, particularly when co-occurring with anger; finally, there may be shared aetiological links between schizophrenia and antisocial behaviour.

Mindfulness based cognitive therapy for recurrent depressive disorder

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doi: 10.1192/bjo.2021.724

Aims. Mindfulness-based therapies have been demonstrated to be effective in reducing anxiety, stress and depressive symptoms in adults. Depression is a chronic relapsing condition. Major depressive disorder is one of the most common causes of ill health and functional impairment.

Our goal was to assess the real world clinical effectiveness of Mindfulness Based Cognitive Therapy (MBCT) for Recurrent Depressive Disorder in three domains:

- Depression, anxiety and stress levels
- Mindfulness level
- Self-compassion level

Method. Patients with a diagnosis of Recurrent Depressive Disorder (primary or secondary diagnosis) were referred by their community mental health team to participate in an 8-week educational MBCT programme. Participants completed the Depression, Anxiety and Stress (DASS), 5-Facet Mindfulness and Self Compassion self-rated scales prior to commencing and at the end of the course. They were also invited to give qualitative feedback at the end of the course.

Data were collected from four groups who completed the course over a period of twelve months. A paired samples test was used to compare pre and post intervention scores to determine effect size.

Result. We had complete data for 19 participants out of a cohort of 34. Pre intervention scores were similar for both groups.

The mean age of the cohort was 47 years (SD of 10 years), 3 male, 16 female.

Patients showed a clinically significant reduction of symptoms in depression, anxiety and stress, with respective reductions of 48%, 26% and 43% post intervention. Results were statistically significant for depression and stress $p < 0.001$ but not for anxiety $p = 0.130$.

Positive trends were seen in all domains of the 5-Facet Mindfulness and Self Compassions scales, with mean improvements of 28.2% and 35.3% respectively. All results were statistically significant.

We also collected anonymized qualitative feedback which highlighted themes of empowerment, skill acquisition and improved coping.

Conclusion. Numerous studies have demonstrated poor compliance with antidepressant treatments commonly prescribed in Recurrent Depressive Disorder. This small scale study demonstrates a statistical and clinical benefit of MBCT for these patients, supporting greater use of such novel non-pharmacological therapeutic options as treatment strategies..