

2nd International Conference on

Mental Health & Human Resilience

July 14-15, 2016 Cologne, Germany

Early adulthood as NEET: Mental health and reasons for being NEET

Raul Alejandro Gutierrez Garcia^{1, 2}, Corina Benjet¹, Enrique Mendez Rios¹ and Maria Elena Medina-Mora¹

Instituto Nacional de Psiquiatría "Ramon de la Fuente Muñiz", Mexico

²Universidad Politécnica de Aguascalientes, Mexico

The purpose of this study was to describe the mental health of early adulthood characterized as NEET and to evaluate reasons for being NEET associated with different mental health characteristics. Early adulthood characterized as NEET compared to their peers who are studying, working or both, are more likely to be female, married and have children and less likely to have any college education. Reasons for being NEET suggest the heterogeneity of this group. However, we also found differing reasons for being NEET. The most important reasons are household duties, choosing to be NEET, not finding work or school admission and did not know what to do with one's life. Among the NEET population, not knowing what to do with one's life, not finding work or school admission and being NEET by choice, have greater risk for mental disorders than being NEET to perform household duties. Not knowing what to do with one's life also have a higher risk of tobacco use, any substance use and suicidal ideation and plans than those who were NEET to perform household duties whereas those NEET by choice had a higher risk of illicit drug use.

raul.gutierrez@upa.edu.mx

Collective traumatic crisis during the genocide commemoration period in Rwanda: Crisis portrait and emergency interventions model generated to handle the situation

Darius Gishoma

University of Rwanda, Rwanda

Since 1995, Rwanda commemorates every year from the 7th to the 13th April the genocide perpetrated against Tutsi in 1994. This second week of April is annually associated in Rwanda with an increase in traumatic crises whereby many people participating in commemorating ceremonies present with various symptoms, including re-experiencing traumatic events of the 1994 genocide. These crises can affect hundreds of people at big commemoration events and are accompanied by a degree of urgency that disturbs the whole assembly. Our presentation will aim to a) depict these crises representing one of the common clinical features of post-genocide trauma in Rwanda, b) describe the content and the evolution of an emergency intervention model generated to respond to this situation and c) discuss the results of a study on a group therapy model in post-crisis phase for people who experience repeated traumatic crises in the context of the genocide commemoration in Rwanda. The resilience of people and mental health professional in Rwanda after the genocide will also be discussed in conclusions.

gisho3@yahoo.fr