

Mental Health, Psychiatry and Wellbeing

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Effects of Vedic mantra chanting on attention-deficit/hyperactivity disorder symptoms in young children: Results from Quasi-experimental study

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Attention Deficit Hyperactivity Disorder (ADHD) is a complex condition affecting children worldwide. In India, prevalence found to be 11.32% in primary school. Previous studies explored the effect of Vedic chants on cognitive function in children, but no study has been conducted to evaluate the effect of chanting on ADHD. The present study

was undertaken for ADHD-risk children; n=94). The intervention consisted of 30mins group practices, Vedic chants for 20 and relaxation for 10mins. Children were assessed before and after the 3 months of intervention in the school. Outcome measures were parent and teacher ratings of ADHD symptoms, behavior, mood, attitude and understanding toward peers. Post data included 90 parents and 12 teachers. At the end of intervention, parents reported significant decrease in ADHD symptoms: $p<0.001$; oppositional symptoms: $p<0.001$; mood symptoms; $p<0.01$. Parents reported better behavior towards peers but that did not reach significance levels. Teachers also reported overall reductions

in ADHD symptom and better functioning with peers in children. To our knowledge, this is the first randomized trial to address Vedic chanting for an ADHD-risk sample. This study provides significant evidence on the beneficial effect of Vedic chanting on at-risk ADHD Children.

Biography

Dr. Neha Sharma is Director of Warwick Research Services, UK and the Global Health Initiative. Her research focuses on health systems reform, diffusion of innovations in health systems and global health financing. She Served as International Expert and Advisor in Department of Mental Health and Substance Abuse, World Health Organization. Dr. Sharma studied clinical research at University of California San Francisco, USA and completed her PhD in India. With her multinational, global work expertise, she has been leading collaborative research studies between UK and South East Asia, Africa and Australlia.

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Formation and work of Mental Health Centers within the reform of psychiatry in the Czech Republic

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The reform of psychiatry in the Czech Republic began in 2013, and it divided psychiatric care into four pillars. The first one contains psychiatric hospitals, the second pillar is the psychiatric wards in general hospitals, the third pillar is a network of outpatient psychiatrists, and the fourth low-threshold pillar comprehends Mental Health Centers (MHC). Research describes the development and current work of five MHCs, which were launched in the mid-2018, two in Prague, one in Brno, Prerov and Havlickuv Brod. In 2019 15 new MHC should be established. There

is a plan to create 100 MHC's equally distributed throughout the whole Czech Republic during next few more years. The MHC function team represents a close collaboration of professionals: psychiatrists, (clinical) psychologists, psychiatric nurses, social workers, peer consultants, or eventually other specialized specialists. Poster describes multidisciplinary teams and their current work, e.g. the assertive case management, CARE method, crisis intervention, psychotherapy and other specialized and leisure activities, which can ensure better recovery in the natural environment of the individual.

This research shows the main function of MHCs – to provide a comprehensive community-based social and health service to people with severe mental illness, to prevent or reduce hospitalizations, to recognize development of mental disorder, to rehabilitate and help to

reintegrate into community. Nevertheless, the MHC funding system, the ability to detect all potential clients, the missing link network and other community-based MHCs have not yet been fully resolved. *This work was supported by the European Regional Development Fund-Project „Creativity and Adaptability as Conditions of the Success of Europe in an Interrelated World“ (No. CZ.02.1.01/0.0/0.0/16_019/0000734).*

Biography

Monika Dudová is a PhD. student at Charles University in Prague, the Czech Republic. In her postgraduate study she is focused on mental health and work with people with mental disorders. In her dissertation she examines the evaluation of the psychiatric reform from the view of the community services users. Moreover she is a systematic psychotherapist and in her own praxis she is focused on adult population, mainly with experiences with anxiety disorder and other psychiatric difficulties. Currently, she works as a researcher in a project KREAS – „Creativity and Adaptability as Conditions of the Success of Europe in an Interrelated World“ (No. CZ.02.1.01/0.0/0.0/16_019/0000734).

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A Qualitative Study on Treatment Approaches and Culturally Sensitive Mental Health Care for African Immigrants in the U.S

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Although the population of African immigrants in the U.S. continues to increase (Anderson, 2017), there is limited research on effective mental health treatment for this group. The purpose of this study was to understand the strategies that African immigrants utilize when dealing with emotional and psychological distress and in maintaining their overall wellbeing. The study also sought to obtain information on important aspects mental

health professionals should consider in providing culturally sensitive treatment to African immigrants. Results from in-depth interviews with 13 participants from the states of Washington and Georgia demonstrated four factors that are beneficial to this group include: 1) sense of community, 2) spirituality, faith, and religion, 3) meaningful recreation, and 4) cognitive strategies. When working therapeutically, participants emphasized the importance of cultural relevance, collaboration, clarifying expectations, hospitality, and incorporating their values and interests. Other essential factors for mental health professionals to consider are their roles within their families in the U.S. and abroad, and their need for assistance navigating life in the U.S. particularly when they initially arrive. Study findings

also demonstrated that African immigrants' perceptions of mental health and distress are highly influenced by cultural beliefs from their native countries. African immigrants in the current study had diverse ways of dealing with mental and emotional distress, which portrayed high resiliency. Recommendations are given to assist mental health professionals to better serve African immigrant populations.

Biography

Ajab successfully completed her dissertation (presented here) in July 2018 and is currently doing a clinical internship at Frostburg State University. She will complete her PsyD in Counseling Psychology in May 2019 from Northwest University. Ajab has a Master in Public Health from University of Michigan. She has worked with various populations in the U.S. and abroad (Cameroon, Ghana, and France). She aspires to continue conducting research on African and African immigrant populations while providing psychotherapy to youth and adults in the U.S. and in Cameroon.

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Detection of circulating miRNA levels in large cohort schizophrenia

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Statement of the problem:

Schizophrenia is one of the most common severe mental disorders, with a lifetime risk of 1% in the population worldwide. Over the years, the diagnosis of schizophrenia has remained symptom-based, relying mainly on self-reports from patients, mental state examination, and clinical interviews, and lacking objective laboratory tests. Such a diagnostic strategy can sometimes lead to misdiagnosis and has been criticized widely. To remedy this embarrassing state of affairs, a set

of biomarkers has been proposed based on physical and biological tests. In a currently finished study, global plasma miRNAs were profiled in a test cohort of 850 schizophrenia patients and 963 control subjects, using RNA sequencing, TaqMan Low-Density Array, and quantitative reverse transcription polymerase chain reaction (qRT-PCR) assays. The captured miRNAs were then validated by qRT-PCR assays in an independent cohort of 623 schizophrenia patients, 654 control subjects. The global plasma miRNA screening revealed eight miRNAs that were up-regulated in schizophrenia, as revealed by both assay platforms. The qRT-PCR analysis showed the up-regulation of miR-17-5p and miR-193a-3p in schizophrenia but not in non-schizophrenia

disorders.

Conclusions: The up-regulation of miR-17-5p and miR-193a-3p is a state-independent biomarker for schizophrenia, and these two miRNAs could be used to develop a diagnostic tool for schizophrenia.

Biography

Xu Qi received her PhD from Peking Union Medical College (PUMC) in 2004. Dr. Xu is a Principal Investigator at Institute of Basic Medical Sciences and Peking Union Medical College (CAMS). In the past 20 years, Dr. Xu leads translational research studies that combine functional genomic and biochemical approaches in pursuit of molecular mechanisms, biomarkers, and potential drug targets underlying neuropsychiatric disorders. Dr. Xu published over 60 research articles as corresponding author or first author, some on high-ranking Journals e.g. Nature, Nature Genetics, Nature Structural & Molecular Biology, Molecular Psychiatry, American Journal of Psychiatry, Journal of Experimental Medicine, and Biological Psychiatry

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Family supports of schizophrenia patients at Rumah Berdaya Denpasar

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Family plays a significant role for psychosis patients especially in preventing relapse

and maintaining mental health. However, limited research explores in which way and how a family can support schizophrenic people, particularly from patients and parents' perspectives. This research aimed to examine the role of family for supporting schizophrenic patients. A case study design with a semi-structured interview technique was applied to nine people diagnosed with schizophrenia and two caregivers at Rumah

Berdaya Denpasar: a psychosocial rehabilitation for schizophrenic people. Data were analyzed using thematic analysis. The result of this research indicated that family as the closest unit can support people living with schizophrenia to improve mental health by helping them to get access of medical treatment, provide care and support: emotional, financial and instrumental.

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Discovering me inside and out

Ashley Scotland

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A true and inspiring story of a survivor who now thriving and helping others to do the same. I will share my life story of the women who were trapped in a life that had no meaning, purpose or hope until using Dr. Judith Lewis Herman's research on Trauma and Recovery to give my life meaning and purpose once again. Delegates will be taken on a journey as I talk about

my experience as a survivor of rape and domestic violence, how I overcame these dark days and 8 years of agoraphobia through the use of my recovery toolkit that was primarily based on Herman's work. Delegates will hear how using Herman's model of recovery I created a business that has disrupted the field of recovery in Scotland by helping survivors return to a meaningful life. Thriving Survivors Ltd. was born whilst I myself was still in recovery, by using my personal life experience and turning my unique recovery toolkit into an 8 week Discovering Me training

programme for survivors I was soon at the point of launching my very own business. Delegates will learn of course that my journey doesn't stop here, in fact, it only just begins as I embark on my very own meaningful life that for so many years I thought was going to me. Delegates will get a unique insight into the mind of a Thriving Survivor, hear a story of hope and inspiration not just of one but of many as I explain how I have taken a psychological theory and put it into practice to gain life-changing results for those I work within the United Kingdom.

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Suicide, spirituality, and religion: What are we missing?

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This research investigates the current literature in relation to aspects of religious spirituality applicable to the field of suicidology. This is a theoretical study, that utilizes a hermeneutic approach to apply religious spirituality concepts to suicide prevention, in line with the Integrated Motivational-Volitional

(IMV) model. Applying the lens of the IMV and Durkheim's Social Integration Theory, results are extrapolated to an Australian context. Due to the extrapolation of results, findings are very relevant to American cohorts. This research's findings provide conceptual support for the inclusion of religious spiritual interventions in the assessment and management of suicidality. The themes of religious spirituality as a protective factor, and as an aspect relevant for inclusion in clinical practice, are significant. Specifically, aspects of belief system and behavior congruency, community and belongingness, positive regard

for God, and coping mechanisms, are identified as protective factors against suicidality that are significant. Likewise, the need for clinician's respect for the client's interpretation of their religious spirituality, and the requirement for therapists to be educated in aspects of religious spirituality in clinical interventions, are significant aspects found in this study. Recommendations for further research and clinical application are presented related to the integration of religious spirituality in the assessment, management, and treatment of suicidal clients.

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A study of female adolescent depression in rural areas of India

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The study sought to identify the role of cognitive distortion and parental bonding in depressive symptoms among Female adolescents I in rural India. The study also aims to ascertain the extent to which parent-child relationship, specifically father care and mother care; and, father overprotection and mother overprotection differ in the way they contribute to depressive symptoms of adolescents.

Materials and Methods: A total of 150Fe male adolescents aged 18-19 were drawn through random sampling. The educational institution was randomly selected from a list of higher educational institutions in India. The subject chosen for the study were also randomly selected from a class of 40-50 students. All tests were administered in the group of 20-30 students. Stepwise multiple regression analysis was carried out to ascertain the contribution

of cognitive distortion (self-criticism, self-blame, helplessness, hopelessness, and preoccupation with danger); parent-child relationship (mother care, mother overprotection, father care, father overprotection) towards depressive symptoms.

Survey Instrument: Reynolds Adolescent Depression Scale (RADS-2) was developed by William Reynolds (2010) to measure the severity of depressive symptoms in adolescents in clinical settings. The RADS-2 is a brief, 30-item self-report measure that includes subscales which evaluate the current level of an adolescent's depressive symptoms along four basic dimensions of depression: (1) dysphoric mood; (2) anhedonia; (3) negative self-evaluation; and, (4) somatic complaints. In addition to the four subscale scores, the RADS-2 yields a depression total score that represents the overall severity of depressive symptoms. The reliability and validity of the test are well-established with an internal consistency of 0.86, test-retest of 0.80, and a validity criterion of 0.83. Cognitive Distortion Scales (CDS) was developed by John Briere

(2000). It measures distorted or negative cognitions and consists of 40 items. Each symptom item is rated according to its frequency of occurrence over the preceding month; using a five-point scale range from never to very often. The five subscales are self-criticism, self-blame, helplessness, hopelessness, and preoccupation with danger. The score on each dimension can be added to 9, which is the total score. The reliability and validity of the test are well-established, with the reliability of 0.89 and validity of 0.94. Parental Bonding Instrument (PBI) was developed by Parker, Tupling, and Brown (1979). PBI is a 25-item instrument designed to assess the children's perception of the parent-child relationship in terms of parental behaviors and attitudes. The authors identified two variables that are important in developing parent-child bonding: (1) care and, (2) overprotection. Out of 25 items, 12 items measure children's perception of their parents as caring with the opposite end of the spectrum being indifference or rejection, the remaining 13 items assess children's overprotectiveness with the extreme opposite

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being encouragement and independence. The care subscale allows a maximum of 36 and overprotection a score of 39. The scale yields information on four dimensions, namely: mother care, father care, mother overprotection, and father

overprotection. The participants' responses are scored on a four-point scale ranging from "very likely" to "very unlikely". Some of the items are reverse scored. The PBI demonstrated high internal consistency with split-half reliability coefficients of 0.88 for

care and 0.74 for overprotection. The instrument shows good concurrent validity and correlated significantly well with the independently rated judgment of parental care and overprotection.

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Exploring the impact of social media on college student mental health and well-being

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Introduction: The increase of complex mental health issues is emerging as an immediate concern around the world. Over 1.1 billion people worldwide experience mental illness or a mental health disability, and one in four people are affected by various mental health challenges. Research shows an increase in major depressive episodes among adolescents from 8.7% in 2005 to 11.3% in 2014, and from 8.8% to 9.6% among young adults. This subset of the population is

representative of many college students, positioning mental health as a major concern for universities. At the same time, society is facing an outstanding advancement of mobile technology and social media, and corporations can take advantage of particular social marketing strategies in order to maximize their quantity, quality, and usage among teens and young adults. Objective: This review aims to analyze and summarize the literature on the impact of social media on mental health, and consider the wellbeing measures of depression, anxiety, stress, and loneliness.

Methods: A systematic literature search was performed using different databases, including PubMed/Medline, PMC, Science Direct/Elsevier, EMBASE, with inclusion criteria of papers

published after 2015.

Results: From our review, we found a positive correlation between social media use and the presence of mental health challenges, as well as a positive correlation between social media networking and higher levels of depression, anxiety, and stress among teens. The literature demonstrates that social networking behaviors may result in decreased loneliness.

Conclusion: Our review revealed inconsistent findings regarding social media use and the wellbeing measures of depression, anxiety, stress, and loneliness. The evidence supports a correlation between social media use and wellbeing measures, which validates the importance of the topic.

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The Relation of Nonverbal Synchrony and Therapeutic Alliance Ruptures

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The study of nonverbal synchrony examines the degree to which individuals' nonverbal cues, such as body movement, coordinate in time. Within the psychotherapeutic dyad, nonverbal synchrony has been shown to correlate with therapeutic alliance and outcome (Ramseyer & Tschacher, 2011). However, nonverbal synchrony research has yet to address

ruptures in the therapeutic alliance.

To address this gap, the present study analyzed an archive of client-therapist video-films comprising 118 fifty-minute sessions that were collected in the early 1990s and subjected to rigorous study by Jeremy Safran and his research students. The naturalistic sample consisted of 14 therapist-patient dyads, who completed 12 sessions (6 weeks of relational psychodynamic therapy and 6 weeks of cognitive behavioral therapy). 118 sessions were included, as some were omitted due to quality. Patients and therapists provided self-reports of rupture frequency, intensity

and resolution, after each session. Nonverbal synchrony values were computed using a software program called Motion Energy Analysis (MEA), which quantifies bodily motion by tracking frame-to-frame pixel changes.

Results showed that there was no significant correlation between MEA synchrony and rupture frequency or intensity. However, when patients perceived a rupture in a session ($n=20$), synchrony correlated negatively with perceptions that the rupture was resolved, $r = -.572$, $p = .005$. Low and moderate synchrony was, in other words, linked up with patients' reporting the rupture was resolved.

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Rediscovering clozapine

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In 1989, clozapine was approved in the United States for Treatment-Resistant Schizophrenia (TRS), which after thirty years of use is still the only

known treatment for TRS. In the United States, there are more than 3.5 million people living with schizophrenia, of which approximately 1 million have what is known as treatment-resistant schizophrenia. However, this treatment option is only offered to about 3% of eligible TRS patients are receiving treatment

with clozapine. This lecture will explore the: (i) The perceived barriers to clozapine use (ii) Recent advances in clozapine care (iii) New technology for monitoring patients with TRS treated with clozapine (iv) Explore best practices for patients with TRS.

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Low-dose naltrexone in treating fibromyalgia and major depressive disorder

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Low-dose naltrexone (LDN) can modulate CNS microglial cells and is being used as an experimental treatment to reduce inflammatory autoimmune processes in a number of diseases, including fibromyalgia. Additionally, LDN has been shown to demonstrate antidepressant effects by enhancing dopaminergic signaling. This mechanism suggests LDN as a possible concurrent treatment of both fibromyalgia and associated major depressive disorder. Fibromyalgia

is considered a chronic disorder of central nervous system pain regulation. It is an inflammatory rheumatic disease that presents as widespread musculoskeletal pain and stiffness. Fibromyalgia does not have clear pathogenesis and consequently does not have a targeted treatment. Chronic pain and major depressive disorder are often diagnosed simultaneously; 40-60% of chronic pain patients also have depression and require concurrent treatment. There is no direct cause-and-effect relationship between chronic pain and depression; however, two illness share many biochemical, physical and cognitive symptoms. J.B. is a 32-year-old Caucasian female with a past psychiatric history of major depressive disorder, generalized anxiety disorder and panic attacks and medical history of fibromyalgia

diagnosed in 2010. Patient has recurring depressive episodes with multiple etiologies including problems with her family and work and post-partum. However, many of the depressive episodes concurred with painful symptoms of her fibromyalgia and "dictated by the pain level." Patient's fibromyalgia and major depressive disorder did not respond to duloxetine. There was significant symptomatic relief of both chronic pain and depression with the initiation of 6mg naltrexone. The patient reported improvements in mood, energy, and concentration from suboptimal level. We discuss the indications of this case and the future possibility of using LDN as a treatment option for patients with concurrent fibromyalgia and major depressive disorder.

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Low-dose naltrexone in treating fibromyalgia and major depressive disorder

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This study aimed to improve understanding of interactions between parent-child with autism within two domains central to autism; intersubjectivity and social regulation. In this qualitative study, the researcher examined the Relationship Development Assessment-Adapted (RDA-RV) Coding Scales, a novel observational measure used to assess the quality of interactions between parent and child with autism, within the context of Relationship Development Intervention (RDI)

treatment and pretreatment. The researcher used qualitative content analysis to describe each of the subcategories of the RDA-RV Coding Scales within the two main categories—the Intersubjective Engagement States and the Interactive Regulation States. Eleven parent-child dyads participated by providing short video recordings of parent-child interactions in RDI guiding engagements and a pretreatment video. With a review of textual transcriptions and video, the researcher's findings included three themes that were tracked in each of the four predetermined subcategories of the Intersubjective Engagement States. The themes found were: (a) quality of affective connection/relatedness, (b) quality of communication, and (c) quality of gaze. In addition, within the

four predetermined subcategories of Interactive Regulation States, three unique themes emerged: (a) quality of monitoring and aligning (b) dynamic-ness (c) complexity of the shared endeavor. The researcher deconstructed each theme into subthemes distinguishing each subcategory as a different and distinct level of interaction that also related to the respective main category. The researcher formulated the findings into a codebook to increase clinical and research utility of the RDA-RV Coding Scales. The results may directly influence the assessment and ongoing treatment of developmental-relational approaches, namely RDI, by increasing the usability of the RDA-RV Coding Scales.

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From personal mental distress to political global mental health advocate: A political autoethnography on transformational recovery through lived experience and international social work practice in 2018

Matthew Jackman

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In September 2018, the World Health Organisation hosted the Annual Mental Health Gap Forum. WHO launched mental health as the fifth non-communicable disease reflecting a significant shift in responding to mental health at a global level as another public health issue require a global crisis response. The writer found himself at this forum through a political

process of transformative recovery. His contribution to the Mental Health Gap Forum at 'WHO' and the Inaugural Global Ministerial Mental Health Summit in London September 2018 reflect the growth and capacity of humanity are experiencing mental distress and contact with the public mental health system in Australia as a service user. Furthermore, his family caregiver mental health lived experience and professional mental health social work experience are drawn together throughout a retrospective autoethnographic account of global mental health advocacy as a person with lived experience of mental distress and as an international social worker. He documents the process of using his experience to advocate for other silenced people and groups with lived experience to be involved throughout the

global decision making bodies and service systems. He identifies the importance of peer work as a human rights discipline and an area for social work to develop strong global allegiance. The autoethnography account maps his journey throughout 2018, from admission to a psychiatric hospital in June 2018 to undertake global mental health advocacy on behalf of his lived experience community at 'WHO' in September 2018. The results illustrate the importance of lived experience leadership in mental health and international social work as a means to achieve attitudinal change at WHO in focusing on human rights and social justice as core interventions to redressing the global mental health crisis.

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A survivor's self-love recipe for understanding and recovering from anxiety and depression

Maxine Outerbridge
USA

Experiencing domestic violence and sexual abuse is common within black and brown communities, especially when committed against women of color while acknowledging and collectively addressing the residual mental health effects of trauma are not. This keynote presentation will provide a powerful testimony of the inevitable succumbence of

post-traumatic stress syndrome (PTSD), anxiety and depression following the rampant ailes of physical and sexual abuse, teen pregnancy and familial isolation. A completely holistic treatment approach saturated with the principles of self-love and coupled with psychological counseling debunks the often misconceived notion by untreated parties that acknowledgment or identification of mental health disorders is also acceptance and submission to narcotic intervention. Fundamental self-love practices can improve mental illness related symptoms due to increased interest and accountability over one's own mental health, the establishment

of realistic expectations, adequate management of adversity and prioritization of acceptance, compassion, forgiveness, and care of oneself among others. This keynote presentation will also highlight a personal attestation to psych level limitations that result from sexual abuse including obsessive attachment, co-dependency and intimacy deficiencies. As a call to action, there is an opportunity within the Psychiatry industry to increase targeting of vulnerable communities, such as communities of color and to mitigate the cultural hesitancy and cynicism that often exist.

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Protecting our youth: Conversion therapy and institutional abuse

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Institutional abuse is a national epidemic that our country has chosen to ignore. Many parents send their children to residential treatment facilities when the child's behavior becomes too much for the parent to handle. Other parents send their children to these facilities when the child comes out to them and they want a quick fix to what they view as a problem. While treatment facilities and educational

reparative environments can be a great resource and beneficial to those they offer treatment to, many cases of abuse their power and physically, emotionally, and sexually abuse the children they are there to care for. This epidemic is ongoing, and many lawsuits have been filed, but the abuse has not stopped. Advocates have worked with legislation to change laws, but this work has not been enough. This is true of conversion therapy as well, as it has not been outlawed federally. In fact, it is a common practice in many of these facilities. The truth about conversion therapy is frightening and this workshop will touch on the facts, details and all

other information to what occurs behind Residential Facility's closed doors. Television and other forms of media often make these types of environments look fun, friendly, and safe; but the truth is they often result in youth leaving with PTSD, physical disorders, and sometimes, death (by suicide). This workshop will help attendees become familiar with institutional abuse and how they can advocate against it; in addition to connecting survivors to resources. This workshop will be from a Social Work lens, and very interactive.

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Understanding and evaluating the female psyche: The use of health outcomes, bioethics, artificial intelligence in psychiatry

Rose-Marie Boylan

Thera Technologies, Canada

Problem Identification: “The United States Institute of Medicine released a 1999 report called “To Err is Human”. It indicated between 44,000-98,000 deaths occurred in the U.S. every year due to medical error.

Solution: Artificial intelligence (AI), health economics, health outcomes, combined with Bioethics & Jane Loevinger’s principles of ego development have the potential to train artificial neural networks (ANNs)

as statistical learning models which emulate the most objective assessment for a patient’s wellbeing. By creating a system that can override human error in clinical decision-making using bioinformatics, bioethics, health outcomes, developmental economics, health economics & data on human flourishing we can potentially improve health outcomes, reduce morbidity & mortality in mental health. The mind can be modified without interference by substances that may compromise personal authenticity, cloud judgment and cause adverse events.

The research suggests that through processes that facilitate neuroplasticity with a person with trauma, we can develop the mind to a higher level. Through post-traumatic growth using medicines and/or Eastern

practices & Buddhist psychology, trauma can be a precursor to human flourishing, higher levels of intelligence & human development. This presentation shares the research with a new model for labeling mental illness in the context of the Hippocratic oath, human flourishing and economic development. By weaving together bioinformatics and patterns of recognition using artificial neural networks with artificial intelligence (AI) we can reduce adverse events, improve disability indexes & outcomes in mental health. We discuss the best minds and how we can preserve them through objective decision-analytic tools & bioinformatics using AI technology. Specifically focused on the female psyche.

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Mental Health, Psychiatry and Wellbeing

March 20-21, 2019 | New York, USA

ACCEPTED ABSTRACTS

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The untold story of psychiatric institutionalization

Stephanie Marie

New York University, USA

Stephanie Marie had her first bipolar episode at the age of 22. For the first sixteen years after this, she was able to successfully manage her mental health without daily medications. However, in 2001, her mental health situation changed drastically. In the midst of an episode that year, she inadvertently hit a police officer

while being taken to the hospital. Charged with a felony, she was found Not Guilty by Reason of Mental Disease or Defect (NGI) in the state of Wisconsin. Even though found not guilty. She was placed in a 5-year supervisory program, hospitalized in a state mental health facility for more than a year and then put in a group home for six months. During her stay at the state hospital, she was raped more than once by fellow patients. Later, out of the hospital, she was even required to wear an ankle monitor for several months. The NGI system in WI treated her like

a criminal and she was punished more severely than if she had been on probation or parole for a guilty offender. Despite this dark 5-year period of her life, she picked herself up and returned to her highly creative and productive life after leaving the supervisory program in WI. She then went on to work with horses in WI, ND, and ID and then pursued her dream of teaching French, Spanish and English as a Second Language to children and adults. She also started to produce and direct a WWII documentary about compassion and the battlefield.

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Living with and controlling PTSD and depressive disorder

Trace Dann

Lockhouse Productions,
Australia

Trace Dann presents a 60 minute (flexible) entertaining presentation on how he has suffered from PTSD and Depressive Disorder for 10 years but kept it suppressed as he went on with leading life as a successful sales executive in a multinational corporation and then building his own international theatre production company. He is not a mental health professional,

nor does he have any medical qualifications, he is a man who has lived with the disorders and now has them under control. He talks about how he was like a swan floating majestically down a river with everyone amazed at how confident and capable he was, while underneath the surface he was paddling like crazy against the tide of self-doubt, numbed emotions, hyper-alertness, guilt, frustration, and many other negative thoughts. He has followed his journey, since diagnosis, on his own blog and passed his innermost thoughts on to anybody reading so they may learn from his experience. Covering areas

such as: Recognizing You Have a Problem, Knowing Recovery is Up To You, Seeking Professional Support, Climbing Out Of The Pit of Despair, Reconnecting With Friends and Family, Doing Something You Love, Chasing Dreams (Goal Setting) and Ongoing Management of Mind. His objective is to let people with the conditions know they are not alone and hopefully, reduce the number of suicides-particularly in the veteran community. Also to inform family and friends of what is going on inside the mind of their loved one.

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