

5-18-2020

T31. TIME TO TALK MENTAL HEALTH IN DUBAI: DESCRIBING A SAMPLE OF ADOLESCENT HELP-SEEKERS ACCESSING MENTAL HEALTH SERVICES

Mariapaola Barbato
Zayed University

Shaikha AlHumairi
Al Jalila Children's Specialty Hospital

Shorouk Nafie
Zayed University

Baraa A Dhuhair

Nadia T Dabbagh
Rashid Hospital

Follow this and additional works at: <https://zuscholars.zu.ac.ae/works>



Part of the [Medicine and Health Sciences Commons](#)

Recommended Citation

Barbato, Mariapaola; AlHumairi, Shaikha; Nafie, Shorouk; Dhuhair, Baraa A; and Dabbagh, Nadia T, "T31. TIME TO TALK MENTAL HEALTH IN DUBAI: DESCRIBING A SAMPLE OF ADOLESCENT HELP-SEEKERS ACCESSING MENTAL HEALTH SERVICES" (2020). *All Works*. 3281.
<https://zuscholars.zu.ac.ae/works/3281>

This Article is brought to you for free and open access by ZU Scholars. It has been accepted for inclusion in All Works by an authorized administrator of ZU Scholars. For more information, please contact Yrjo.Lappalainen@zu.ac.ae, nikesh.narayanan@zu.ac.ae.

Pamela Rakhshan Rouhakhtar², Sarah Edwards¹, Gloria Reeves¹, Jason Schiffman²

¹University of Maryland School of Medicine; ²University of Maryland, Baltimore County; ³VA VISN 5 MIRECC, VA Maryland Health Care System, University of Maryland School of Medicine, Baltimore

Background: The onset of psychosis-spectrum symptoms may be challenging to young people who are developing their identity. Internalized mental health stigma--the internalization of negative mental illness stereotypes (e.g., believing stereotypes to be true and applying them to yourself)--can lead to secrecy, shame, and withdrawal. Family factors can impact individuals who are experiencing early psychosis, but more work is needed to understand the relationship between family factors and stigma. One objective of this study was to examine if there were differences in internalized stigma across diagnostic groups. Another objective of this study was to better understand the predictors of internalized stigma among youth, particularly understudied aspects of youth stigma such as family functioning and specific types of psychosis-spectrum symptoms (e.g., positive symptoms).

Methods: Participants aged 12–25 (N = 68; Mean age = 16.41, SD = 2.88) were recruited from community providers, clinics, hospitals, and schools in Maryland, USA. Participants were classified as meeting criteria for clinical high risk for psychosis (51%), early psychosis (24%), or help-seeking controls (25%). The sample was predominantly White (53%), followed by Black/African-American (19%), Biracial/Multiracial (18%), and Asian (10%). Psychosis-spectrum symptoms and depressive symptoms were measured via the clinician-administered Structured Interview for Psychosis-Risk Syndromes (SIPS) and family functioning (e.g., cohesion, support) was measured via the self-reported Family Assessment Device. Internalized stigma was measured using the self-reported Internalized Stigma of Mental Illness (ISMI) scale. ANOVA was used to test for differences in internalized stigma between high risk, early psychosis, and help-seeking controls. Multiple regression was used to evaluate predictors of internalized stigma.

Results: Initial analyses indicated that there were no significant differences between the three diagnostic groups (F = 1.50, p = .23), but that clinical high risk for psychosis participants had the highest endorsement of internalized stigma ($\eta^2 = .05$). Regression analyses indicated that unusual thought content/delusional ideas (one type of psychosis-spectrum positive symptom experiences measured by the SIPS), depressive symptoms, and lower family functioning significantly predicted (p < .05) higher internalized stigma, controlling for other psychosis-spectrum positive symptom experiences. These variables explained 26% of the variance in ISMI in the model (F = 4.01, p = .001). Negative, disorganized, and general SIPS items (except depression), as well as age, gender, race/ethnicity, relationship status, family history of psychosis, and income level, were unrelated to ISMI.

Discussion: This is the first study to assess the relationship between family functioning, psychosis-spectrum symptoms, and internalized stigma among youth. Youth endorsement of unusual thought content/delusional ideas, depressed mood, and lower family functioning were associated with more self-reported internalized stigma from mental health concerns. Better understanding the predictors of internalized stigma among youth can lead to more tailored and effective treatment approaches. This study suggests that a particular focus on certain positive symptoms and family functioning may be warranted in the treatment of internalized stigma. Future research is needed to determine the temporal precedence and nature of the impact of these factors on ISMI, in addition to the potential differential impact of family factors by race/ethnicity and culture.

T31. TIME TO TALK MENTAL HEALTH IN DUBAI: DESCRIBING A SAMPLE OF ADOLESCENT HELP-SEEKERS ACCESSING MENTAL HEALTH SERVICES

Mariapaola Barbato*¹, Shaikha AlHumairi², Shorouk Nafie¹, Baraa A. Dhuhair³, Nadia T. Dabbagh³

¹Zayed University; ²Al Jalila Children's Specialty Hospital; ³Rashid Hospital

Background: Most mental health disorders begin to develop in adolescence and early adulthood. These disorders account for a significant portion of hospitalization and other societal costs. The United Arab Emirates (UAE) has a rapidly growing population, one-third of which is below 25 years of age. The UAE government has pointed at mental health as one of the areas requiring attention and has approved a strategic plan supporting mental health research, education and promotion with a specific focus on youth (Dubai Mental Health Strategy 2021). The current study represents the first investigation aimed at characterizing youth who access mental health services in the UAE (specifically Dubai).

Methods: Data was collected retrospectively from child psychiatry case records of inpatients who accessed the Mental Health Clinic at Rashid Hospital between 2011–2016. Patients who received a diagnosis of schizophrenia spectrum disorders, bipolar and related disorders, depressive disorders or anxiety disorders were included. From patients' records, information collected included demographics, life stressors (related to family, friends, health, academic performance, or religion), duration of untreated illness (DUI), family history of mental illness, parents' age and education, main diagnosis, presence/absence of psychotic features. Demographic information and family history had been acquired from patients and family members at the time of intake.

Results: The final sample (N=99; Age 12–19) included 47.5% local (UAE national) and 52.5% non-local patients. The frequency of life stressors did not differ across ethnic groups except for relationships with friends, which were less likely to be reported as a source of stress among UAE nationals ($\chi^2=4.35$; p=0.04) compared to other nationalities. Suicidal thoughts were less common in patients with psychotic features compared to patients without psychotic features ($\chi^2=4.64$; p=0.03). A diagnosis of Depression was more common in females than males ($\chi^2=3.93$; p<.05) and was associated with more frequent suicidal thoughts ($\chi^2=23.81$; p<0.001) and self-harm behavior ($\chi^2=16.20$; p<0.001). Separate ANOVAs were conducted to explore the effect of different variables on DUI: results showed that presence of Psychotic features was associated with shorter DUI (F (1,55) =4.37; p<0.05) while Self-harm was associated with longer DUI (F (1,70) =5.82; p<0.05).

Discussion: To our knowledge, this is the first study attempting to describe youth who access mental health services in the urban multi-cultural context of Dubai. A number of interesting findings were highlighted. Relationships with friends were more likely to represent a source of stress for non-local than local patients, suggesting a possible role of adjustment and social stress in migrant/expatriate youth. Suicidal thoughts were more common in patients diagnosed with depressive disorders (somewhat expected) but less common in patients presenting psychotic features. Patients experiencing psychotic symptoms were accessing mental health services sooner (shorter DUI) compared to patients who did not experience psychotic symptoms, in line with previous literature. Interestingly, patients reporting self-harm behaviors had longer DUI. Several interpretations can be proposed, for example, it is possible that self-harm represented a coping strategy to temporarily “handle” mental illness and delay help seeking in our sample. Studies in support of this and alternative explanations will be discussed. Taken together, our study can be a useful start point to open prevention-focused mental health discussions in the UAE and lead to improved national policies to promote youth wellbeing in the region.

T32. NEONATAL CHEMICAL HYPOXIA EXPOSURE CAUSES NEURONAL AND BEHAVIORAL ALTERATIONS RELATED TO SCHIZOPHRENIA IN WISTAR RATS

Aline Ramos*¹, Augusto Anésio¹, Elisandra Henrique², Fábio Cruz¹, Tatiana Rosenstock², Mariana Calzavara¹
¹UNIFESP; ²FCMSCSP