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Review Article

Published Date:- 2020-12-03

[The relationship between IT consumption and anxiety in Pakistani youth](#)

The present study was designed to measure the relationship between the consumption of Information Technology (IT) and anxiety among Pakistani youth. The inquiry included 200 conveniently selected Pakistani youth aged 16 to 24 years from 4 cities. The anxiety subscale of Depression Anxiety and Stress Scale was administered along with a demographic information questionnaire. It was hypothesized that higher use of IT would be positively correlated with higher levels of anxiety among Pakistani youth. The results significantly supported the hypothesis, and it was established that the excessive use of IT is positively and significantly correlated with anxiety. The results are consistent with similar studies carried out in countries other than Pakistan.

Research Article

Published Date:- 2020-11-05

[Adverse childhood experiences and their Alcohol, and chat Consumption among school-going adolescents. Ethiopia: Cross-sectional study](#)

Background: Alcohol and chat use during adolescence is associated with academic and health problems, including abuse or dependence in adulthood. The aim of the present study was to investigate associations between adverse childhood experiences (ACEs) and early initiation of alcohol and chat use among school-going adolescents.

Methods: A cross-sectional study was performed with 546 school-going adolescents. The ACE International Questionnaire (ACE-IQ) was used to assess ACEs, Alcohol and chat use was assessed by questions prepared by the authors. Multiple logistic regression models were used to examine the associations between overall ACE score and alcohol use and the potential moderating effects of confounders.

Results: prevalence of chat chewing behavior was 26.6% followed by alcohol use 20%. A total of 66.2% of participants reported at least one ACE, and 5.93% reported four or more ACEs. High/Multiple ACEs (ACEs=1-3 and above 3) were significantly associated with increased alcohol use behaviors (AOR=1.491(1.072-3.078) and (AOR=3.171(1.330-7.560) respectively and increased chat use behaviors by 4.92 times (AOR=4.92, 95%CI=2.640-8.432) and 11.022 times (AOR=11.022, 95%CI=1.230-25.560) respectively controlling other factors.

Conclusion: ACEs were significantly associated with risk behaviors, alcohol and chat use may lead to poor health, and educational outcomes among adolescent students and numbers of ACEs have graded association. Social support, sex, residence, parent educational status, and current level of depressive symptoms were significant modulating factors, which parents, school teachers, psychologists, and adolescent health care providers should give the concern to decrease the effect on school-going adolescents.

Case Report

Published Date:- 2020-10-12

[Psychological distress in a social media content moderator: A case report](#)

The expansion of social media platforms has given birth to a specific professional category in charge of « sanitizing » social media and keeping it free of “inappropriate” content. These content moderators, as a result of being constantly exposed to potentially traumatic images, may be at risk of developing stress-related symptoms. Here we present the case of a social media content moderator who experienced intrusive images, anxiety symptoms and insomnia.

Literature about this subject is very scarce, while the need is increasing to assess this phenomenon and set up strategies of monitoring, counseling and treating this category of workers.

Key points

The expansion of social media platforms has given birth to a specific professional category: content moderators.

As a result of being constantly exposed to potentially traumatic images, content moderators may be at risk of developing stress-related symptoms.

The need is increasing to assess this phenomenon and set up strategies of monitoring, counseling and treating this category of workers.

Research Article Published Date:- 2020-07-27

[Health professional stress during COVID-19 pandemic](#)

WHO declared the coronavirus disease 2019 (COVID-19) outbreak, caused by SARS-CoV-2, to be a pandemic on March 12, 2020. In Morocco, the first case was reported in March 2nd 2020. The mental health of general population, medical and nursing staff especially has been greatly challenged.

The aim of the present article is to explore the stress status of medical and nursing staff associated with exposure to the COVID-19.

The medical staff was asked to complete a self-reported questionnaire anonymously. In University Hospital Mohamed VI, in Marrakesh, Morocco. During May 2020.

In total, 120 valid questionnaires were collected. Among them, there were 57 residents (47,5%), 30 internes (25%), 22 nurses (19%) and others: medicine students and technical staff. The age was between 23 and 60 years. 15% of professional lived alone, 85% with their family, 74% lived with an old person or with a person having a chronic disease.

In our study: the severity of symptoms in 36% of the asked professional, deaths among health professionals in 15%, death of a family member in 14%, the rapid spread of pandemic in 90%, the lack of knowledge in 83%, and finally contamination risk especially if comorbidity associated in 2%.

Further risk factors: feelings of being inadequately supported by the hospital in 42%, fear of taking home infection to family members or others in 80%, being isolated, feelings of uncertainty and social stigmatization in 43%.

The psychological presentation was the nightmare 19 in %, the insomnia in 48%, the somatization in 18%, the irritability in 22%, the aggressiveness in 14%, the nervousness in 70% and the drowsiness in 5%.

During the vulnerability of the individual's conditions during and after the COVID-19, psychological intervention should be done and a mental health support for the health professional.

Review Article Published Date:- 2020-06-26

Leadership is not just for leaders anymore. Top companies are beginning to understand that sustaining peak performance requires a firm-wide commitment to developing leaders that is tightly aligned to organizational objectives — a commitment much easier to understand than to achieve. Organizations must find ways to cascade leadership from senior management to men and women at all levels.

Research Article

Published Date:- 2020-06-24

[Targeted community outreach events to deliver healthcare to diverse rural populations](#)

Introduction: Rural populations often experience disparities in health and access to and quality of healthcare. Such disparities may differ among subpopulations. Community outreach events provide an opportunity for rural residents to receive health services and education at reduced or no cost. This project builds on our previous experience with community health fairs by providing health events that target specific underserved subpopulations (rural youth, Latinas, and men).

Methods: Our first event provided free sports physicals to area students. The second provided free health screenings to men during an annual agricultural event (Bean Day). The third was a cardiovascular health event for Latinas that featured free or reduced cost health screenings and other health-related and culturally appropriate activities.

Results: Thirty-five students received sports physicals, enabling them to participate in sports. Twenty-two Bean Day participants, primarily men, received health screenings; four were hypertensive, three were overweight, and 12 were obese. Over 100 women attended Latina Red Dress and received health services and education. For many in these subpopulations, events such as this provide the only healthcare they receive. During all three events, participants received education regarding any health issues of concern and referrals to local health clinics when appropriate (e.g. hypertension, high glucose levels).

Conclusion: Community health events such as these provide culturally appropriate and economical means to deliver health services and education, enabling participants to identify and address any health concerns. Targeting events for underserved subpopulations helped engage them in their healthcare. These findings support the need for effective education and intervention efforts to address physical and mental health concerns in this rural area. This was our first contact with these particular populations whom we know need intervention to receive health care. Moving forward through 2020 and beyond we will have future health fairs in the same groups in order to assess if the health fairs are indeed impacting health of these children, men and minority women.

Review Article

Published Date:- 2020-06-01

[Complicated grief in the DSM-5: Problems and solutions](#)

The Diagnostic Statistical Manual of Mental Disorders volume 5 (DSM-5) is the influential textbook published in 2013, by the American Psychiatric Association, as a guide to psychiatric diagnosis. It helps to ensure that doctors are consistent in their use of diagnostic terms.

Letter to Editor

Published Date:- 2020-05-22

[South Asia is more vulnerable to COVID-19 pandemic](#)

Coronavirus disease 2019 (COVID-19) which originated in China spread progressively all over the world [1]. On 11th March 2020 WHO declared COVID-19 outbreaks as a pandemic [2]. As of 22nd May 2020, there have been more than 5.3 million confirmed cases of COVID-19, with more than 340 thousand deaths and more than 2.2 million recovered [3]. Slowly, South Asia is also entering the ranks of COVID-19 affected regions. This region comprises more than 21% of the world's population which remains vulnerable to COVID-19 [4].

[Role of community health fairs in providing health services, improving health of rural residents](#)

Introduction: Obesity (BMI ≥ 30 kg m⁻²) is epidemic globally and is associated with increased risk for a wide range of physical and mental health comorbidities. This is a particular concern for rural residents who have a greater rate of obesity than urban residents, but are disadvantaged in obtaining care because of a shortage of health care professionals. Community health fairs provide an opportunity for rural residents to receive health care services and education at reduced or no cost. Therefore, this study explored the role of community health fairs for providing health services and improving the health of residents in a rural community where obesity is a serious health concern.

Methods: This study involved a retrospective longitudinal analysis of data collected during community health fairs conducted in a rural western Nebraska, USA community during 2014, 2015, and 2016 (n = 83). The Planned Approach to Community Health (PATCH) framework was used to target health education in this rural community. This approach involved 1. Mobilizing the community (via health fairs), 2. Collecting and organizing data (from consented attendees), 3. Selecting health priorities (obesity), 4. Developing a comprehensive intervention (nutrition and physical activity education), and 5. Evaluating the effectiveness of the framework (declines in measures of obesity over time). Analyses characterized BMI, percent body fat, visceral fat, and BP and explored differences between genders. The sample was recruited by advertising with flyers for health fairs at the College of Nursing. Most booths provided printouts of results for participants in order for them to keep and track their health information. Once potential participants arrived at the health fair site, there were asked if they would like to participate in the study via an invitation letter. They could then decline or sign the consent.

Results: Percent body fat and visceral fat level differed between genders ($p = < .001$ and $.001$, respectively). Mean body fat levels (women 39.4%, men 28.8%) were unhealthy. Mean visceral fat level was unhealthy in men (16), but healthy in women (10). BMI and systolic and diastolic blood pressure did not differ between genders. Mean BMI was 31 kg m⁻²; 33% of participants were overweight, 44% were obese. Mean systolic and diastolic BP were 134 and 78 mg Hg, respectively. Most participants were hypertensive (systolic: men 57%, women 32%; diastolic: men 24%, women 7%) or prehypertensive (systolic: men 21%, women 39%; diastolic: men and women 36%).

Conclusion: Obesity and high BP were common in this rural population, supporting the need for effective education and intervention efforts to address these health issues. Health fairs provide a manner in which to reach community persons needing referrals to local clinics, mental health providers and physicians. Education provided at such events is valuable as well and may in fact be the only health care contact they receive. Though community health fairs provide an economical way for individuals to receive screenings and health information, few men participated and few individuals attended in multiple years. The lack of repeat attendees prevented assessment of the efficacy of the education intervention. Means of enhancing participation, particularly by men and previous attendees, need to be explored. Repeatedly attending health fairs enables participants to monitor their progress, seek physical and mental health screenings and discuss any health concerns and helps researchers assess the efficacy of interventions.

Coronavirus disease 2019 (covid-19) pandemic gives rise to a significant number of psychological consequences and health problems. The GP must recognize the feelings generated in their patients and address them. This task includes 4 areas: 1. Knowing and managing the epidemic of anxiety and fear in patients; 2. Assessing possible de-compensation of patients with previous mental problems; 3. Knowing and managing effects of quarantine and social distancing; and 4. Knowing and managing possible truncated mourning. The recommendations for GPs intervention are: 1) In the clinical interview (identify maladaptive thoughts and emotions; comprehensive health); 2) Health information (clear, evidence-based communication); 3) Health education (healthy behaviors); 4) Telecare (support, monitoring and attention over the phone, via WhatsApp or video calls); 5) Crisis interventions (psycho education, cognitive behavioral techniques or referral to specialist); 6) Bibliotherapy (free electronic copies for the public); 7) Special efforts directed at vulnerable populations (infected and sick patients, the elderly, with a compromised immune function and those living or receiving care in congregated settings and people with adverse medical, psychiatric or with substance use problems, their families and caregivers); 8) Psychosocial monitoring (stressors related to COVID-19: exposures to infected sources, infected family members, loss of loved ones and physical distancing, secondary adversities such as economic loss, psychosocial effects such as depression, anxiety, psychosomatic concerns, insomnia, increased use of substances and domestic violence, and vulnerability indicators such as pre-existing physical or psychological conditions); and 9) Follow-up of the “complicated” mourning (“accompaniment” and transmit compassion, love and affection).

Research Article

Published Date:- 2020-04-27

[Staff experiences of the REFOCUS intervention to support recovery in mental health: A qualitative study nested within a cluster randomized controlled trial](#)

Background: The REFOCUS intervention was a whole team, complex intervention, designed to increase the recovery support offered by community based, mental health staff. The intervention consisted of two components: Recovery promoting relationships, which focused on how staff work with service users, and Recovery working practices, which focused on what activities and tasks staff and service users could do together.

Aim: We aimed to investigate the experiences of community mental health workers using the REFOCUS intervention to support personal recovery.

Method: In the context of the REFOCUS Trial (ISRCTN02507940), 28 semi-structured individual interviews and 4 staff focus groups, with 24 participants were conducted and thematically analyzed.

Results: Staff valued coaching training and used coaching skills to have tough as well as empowering, motivational conversations with service users. They were positive about the resources within the ‘working practices’ intervention component. The whole team training and reflection sessions helped create team cultures, structures and processes which were conducive to supporting recovery practice.

Conclusion: We recommend the wider use of coaching skills, strengths-based assessments, and approaches to support clinicians to broaden their understanding of service users’ values, treatment preferences and to support striving towards personally-meaningful goals. Staff who used these working practices changed their beliefs about what their service users were capable of, and became more hopeful practitioners. A team-based approach to support recovery creates a learning environment in which staff can support and challenge one another, making sustained practice change more likely.

Opinion

Published Date:- 2020-04-27

[COVID-19 situation in Nepal](#)

Coronavirus disease 2019 (COVID-19) which first appeared in China spread gradually all over the world within three months [1]. China was the only country mainly affected by Covid-19 until February 2020, but from the beginning of March, the disease started to spread rapidly to South Korea. It reached Italy in the second week of March and the number of cases increased rapidly in Spain and other European countries in the third week of March then the virus crossed the Atlantic and entered into the United States and other countries in the Americas. WHO declared COVID-19 as a pandemic disease on 11th March 2020 [2]. As of 23rd April 2020, there have been 2,645,785 confirmed cases of COVID-19, with 185,121 deaths and 726,827 recoveries [3]. Slowly, Nepal is also into the scene of the COVID-19 affected countries.

Review Article

Published Date:- 2020-04-08

[Psychological phenomena in the doctor- Elderly patient relationship](#)

The doctor-patient communication and the aging of the patients attended by the general practitioner are two important concepts that constantly impact medical consultations. This article raises some reflections and conceptualizations about the main psychological phenomena that have a special importance in the doctor-elderly patient communication and relationship: 1) Stereotypes and prejudices; 2) Regression; 3) Transference, countertransference and resistance; 4) Rapport; 5) Empathy; and 6) Paternalism. The GP must be alert about what affecting the communication with the old man and he should put the means to get a warm relationship. Consequently, to achieve effective communication with an older adult: The GP have to take it easy; to be patient; avoiding stereotypes and prejudices; allowing the patient to establish a benign regressive relationship, until if it is possible due to the biopsychosocial context of the elderly patient, he can begin the non-regressive relationship again; recognizing fact of transference, which put the doctor in another place, is inevitable, but taking into account that it greatly affects his relationship with the patients; avoiding countertransference; considering that the therapeutic alliance or rapport is particularly fragile in elderly patients with chronic diseases; giving greater importance to empathy; knowing that the elderly patient frequently accepts the authority of the doctor, but avoiding falling into an iatrogenic paternalism; and smile.

Research Article

Published Date:- 2020-03-31

[Gender and side effects of group cognitive behavior psychotherapy](#)

Males and females are different in their interactional behavior, their way of suffering, and their way of expressing themselves. It is therefore supposed that they react differently in group settings. This includes the degree to which they experience burdens and side effects of group psychotherapy. The objective of the study was to explore side effects of group psychotherapy in relation to gender. Seventy one patients in cognitive behavioral group psychotherapy were assessed with the UE G scale (unwanted events in groups). Burdens or side effects were reported by 98.6% of patients, severe and extremely severe burdens by 43.7% of patients. The highest average scores were found for "I was afraid not to know how to proceed in the future (1,34)", "I realized how complicated everything is (1,32)", "I have experienced the ongoing group therapy as burdensome (1,29)", and "I have learned that group therapy is not my thing (1,01)". Males score higher in their global judgement that group therapy was burdensome. There were no further significant differences in any of the specific items. The data suggest that side effects are a regular companion of group psychotherapy. A major negative effect of group psychotherapy is demoralization because of the observation of other patients, their problems and problem explanations. This is the same for both sexes. Research is needed on how to minimize burdens for patients.

Review Article

Published Date:- 2020-03-20

[Artificial Intelligence in the healthcare of older people](#)

Clinical applications of Artificial Intelligence (AI) in healthcare are relatively rare. The high expectations in relation to data analysis influencing general healthcare have not materialized, with few exceptions, and then predominantly in the field of rare diseases, oncology and pathology, and interpretation of laboratory results. While electronic health records, introduced over the last decade or so in the UK have increased access to medical and treatment histories of patients, diagnoses, medications, treatment plans, immunization dates, allergies, radiology images, laboratory and test results, these have potential for evidence-based tools that providers can use to make decisions about a patient's care, as well as streamline workflow. In the following text, we review the advances achieved using machine learning and deep learning technology, as well as robot use and telemedicine in the healthcare of older people.

Key points:

1. Artificial Intelligence use is extensively explored in prevention, diagnosis, novel drug designs and after-care.
2. AI studies on older adults include a small number of patients and lack reproducibility needed for their wider clinical use in different clinical settings and larger populations.
3. Telemedicine and robot assisted technology are well received by older service users.
4. Ethical concerns need to be resolved prior to wider AI use in routine clinical setting.

Review Article

Published Date:- 2020-02-28

[Transference and countertransference are linked to placebo-nocebo effects and they are an auxiliary resource of unparalleled value in general medicine: Recommendations for general practitioners](#)

Psychological phenomena of the doctor-patient relationship influence the therapeutic process. Among these phenomena are the transference (the emotions of the patient towards the doctor), and the countertransference (the emotional reactions of the doctor towards the patient). Doctor and patient are within an interactive relationship in a conscious and unconscious way: the patient is influenced by the doctor, and vice versa. Doctor is solely responsible for the control of transference and countertransference, since patients do not have a conscious perception of these phenomena. In general medicine the transference/countertransference have connotations of placebo effect and nocebo. The challenge of the doctor-patient relationship for the doctor is to realize the transference and countertransference phenomena and use them to achieve placebo effects and minimize the nocebo, and also respecting the needs of both parties, so that to improve the quality of clinical practice. Under these conditions, transference and countertransference are auxiliary resources of unparalleled value.
