Youth, Suicide, and Social Media

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The University of Queensland
My Twitter Life

- I belong to a small group on Twitter who write 17 syllable Japanese Haiku every day (5-7-5) – I do it for fun and relaxation and feedback
- I wrote....
  Sixty seconds gone
  One whole minute of my life
  Irretrievable
- ... and pasted it into a another Haiku group on Facebook
My Twitter Life

- Almost immediately there was a response from a friend
  
  Your sixty seconds are being kept by Facebook for eternity

- To which I responded: “I knew there was a reason to be on here.... :-)”
I have a Blog

- I have serialised the story of my recovery from Acute Transverse Myelitis in 16 chapters – “Taking Charge: a story of recovery”
- I use Twitter and Facebook to advertise it …unashamedly…
- http://www.child2100.blogspot.com
Facebook Groups

Out of my Facebook account, I have created:

- Random Acts of Kindness
- Therapy for Self-injury
- Sensual Haiku
Facebook

- I love having a presence on Facebook – I don’t necessarily go on every day, but I love the passing show – the funny, the YouTube videos, the inane, the one liners from friends, the updates....

- From time to time I get requests: “Sorry to trouble you, but I have a psychiatric question for you” – well, I don’t mind. I answer the best I can, and the most positively...
Early Adoption

- I have always been an early adopter, fascinated by technology, and how it can help us to do a hard job
- We had a ZX81 in 1982
- A Commodore 64 in 1983
- A MacPlus in 1984 which we used to do accounts for my private practice
- My first really excellent external hard disk was a Seagate 20 megabyte which cost a small fortune
Early adoption

BABY BOOMERS
- Audio Cassette 1962, TV 1956, Colour TV 1975

GENERATION X
- VCR 1976, Walkman 1979, IBM PC 1981

GENERATION Y
- Apple ‘MAC’ 1984, Internet, e-mail
- mobile phones – The iPhone
- DVD 1995 – High Definition,
- Play Station
# Generations (Qld Tourism Industry Council)

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Birth</th>
<th>Age</th>
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<tbody>
<tr>
<td>Seniors</td>
<td>1901-1924</td>
<td>87 - 106</td>
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<td>Builders</td>
<td>1925-1942</td>
<td>70 - 86</td>
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<tr>
<td>Baby Boomers</td>
<td>1943-1960</td>
<td>51 - 69</td>
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<td>Generation X</td>
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<td>34 - 50</td>
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<tr>
<td><strong>Generation Y</strong></td>
<td><strong>1978- 1994</strong></td>
<td><strong>17 - 33</strong></td>
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<tr>
<td>Generation Z</td>
<td>1995+</td>
<td>&lt; 17</td>
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</table>
Generation Y (Qld Tourism Industry Council)

- There are over 4 million Australians in Gen Y
- 1 in 3 background other than Caucasian
- 1 in 4 grew up in a single-parent household
- Almost 80% completed year 12
- In 1960 employees worked 15 years/employer - now dropped to just 4 years.
- 30% of the workforce were employed on casual basis; for Generation Y it’s over 40%.
Generation Y  (Qld Tourism Industry Council)

- Everyone’s story is unique and every individual has choices. However....
- Generally described as impatient, demanding, self-interested with little job loyalty and no belief in home ownership
- They are the most educated, entertained, materially endowed, entrepreneurial yet supported and protected generation in history.
- They live in an electronic world
The Positives

- Entrepreneurial, Ambitious, Financially smart
- Creative and independent
- Multi-tasking fast thinkers
- Fast learners and very education-minded
- Mature, Pragmatic and Purposeful
- Tolerant, accepting of differences in terms of race, gender and ethnicity
- Concerned about environment
The Negatives

- Impatient, lazy, easily bored, ‘work to live’
- Motivated by money, fun and social life
- Expect to be nurtured at work
- Demand workplace flexibility; they challenge and demand rationale
- Unresponsive to motivational tactics
- No job/brand loyalty but Image conscious
- Difficult to attract, hard to manage, impossible to retain
I've decided I suffer from low self-esteem. Is that a fact?

From now on, my goal is to feel good about myself.

You're going to work harder at everything and build some character?

No, I'm going to whine until I get the special treatment I like.

I wonder if anyone else is as scared about the future as I am.

I've found that immediate gratification is the only thing that helps me.
Charles Darwin

“It is not the strongest species that survives, nor the most intelligent, but the one most adaptable to change”
Suicide is increasing worldwide

Nearly 1 million people in 2007

Evolution of global suicide rates 1950-2000
(per 100,000)
Strategies work: Australia 1995

(a) Males

(b) Females
### Australian Suicides 1997–2006 (ABS)

<table>
<thead>
<tr>
<th>Year</th>
<th>15–24</th>
<th>25–34</th>
<th>35–44</th>
<th>45–54</th>
<th>55–64</th>
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<td>553</td>
<td>390</td>
<td>234</td>
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<td>614</td>
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<td>216</td>
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<td>2004</td>
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<td>208</td>
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<td>2006</td>
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<td>292</td>
<td><strong>393</strong></td>
<td>363</td>
<td>236</td>
<td>263</td>
<td><strong>1,799</strong></td>
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<td>2007</td>
<td>284</td>
<td>404</td>
<td>440</td>
<td>380</td>
<td><strong>259</strong></td>
<td>273</td>
<td>2054</td>
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<td>2008</td>
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<td>409</td>
<td>469</td>
<td><strong>435</strong></td>
<td>257</td>
<td>306</td>
<td>2191</td>
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Do Long-lived National Suicide Prevention Programmes Reduce Rates of Suicide?
Dept of Health & Ageing, Martin & Page, 2010

- Yes
- The Key seems to be ‘Help-seeking’
  - Recognising & accepting that you have a problem
  - Knowing there is a possibly successful treatment
  - Knowing to whom or where to go
  - Finding the help accessible
  - Finding the help responsive and knowledgeable
Welcome to MindMatters – a resource and professional development program to support Australian secondary schools in promoting and protecting the social and emotional wellbeing of members of school communities. Click on your location below or the left menu to enter.
Your first counsellor visit?

Deciding to get some help is a really scary but awesome decision. What are the next steps and how do you make it work for you?

View Fact Sheet

More Features

Get Involved

WIN!

Get Inspired

Multimedia

Quiz

Get ready to ROC!

The new interactive space at Reach Out!
Kids Help Line - 1800 55 1800

1800 55 1800
24-hour Telephone and Online counselling for children and young people in Australia

About Kids Help Line

Kids Help Line is Australia's only free, confidential and anonymous, telephone and online counselling service specifically for young people aged between 5 and 25.
Individual Protective Factors

- Adequate nutrition
- Attachment to family
- Relaxed temperament
- Above - average intelligence
- School achievement
- Problem - solving skills
- Internal locus of control
Individual Protective Factors

- Social competence
- Social skills
- Good coping style
- Optimism
- Positive self-related cognitions
- Moral beliefs
- Values
Family Protective Factors

- Supportive caring parents
- Family harmony
- Secure and stable family
- Small family size
- More than two years between siblings
- Responsibility within the family (for child or adult)
- Strong family norms and morality
Resilience (Benard 1991)

- Social Competence
  - responsiveness, flexibility, empathy, caring, communication skills, sense of humour

- Problem Solving Skills
  - critical thinking, generating alternatives, planning, produces change

- Autonomy
  - self-esteem, self-efficacy, internal locus of control, independence, adaptive/healthy distancing

- Sense of Purpose and Future
  - goal directedness, achievement orientation, high motivation, educational aspiration, persistence, hopefulness, coherence
What is a value?

- A belief or feeling that someone or something is worthwhile.
- Values may define what is harmful.
- Quality, characteristic, or idea about which we feel strongly.
- Values affect our decisions, goals and behaviour.
- Values are standards to guide our actions, judgments, and attitudes.
Values

- Where do they come from?
- How are they transmitted?
- How do we bring them out and assist young people to live by the values they ‘choose’ to espouse?
Children see...
So what are the problems?

- Social Exclusion
- Bullying
- Lack of Connectedness?
- Privacy
Bullying and Mental Health

(Rigby, Slee & Martin (2007) J. Adol., 30, 801-12)

- 1432 adolescents aged 12-16: 11% boys and 5.5% girls reported being bullied more than once a week
- GHQ measured Mental Health
- Low Parental Care, High Parental Overcontrol, Victimization each contributed to poor mental health
- In combination they contributed 17% variance in boys and 27% variance in girls in school.
Bullying Online

- I would argue that if you have been bullied at home and at school you are highly likely to be bullied online.
- If you are vulnerable, and show this online there will always be someone who will take advantage.
- They too may have been bullied at home and at school.
- If you are vulnerable you may be influenced.
Andi Mclver

Making an effort to be kind not only makes others life better but it brings joy to your own. Whether it is looking after a neighbours kids so they can have a night to them self, taking a hamper out to a family in need "just because" or giving excellent customer service, it makes work easier and life happier.

I have a game at work (I work in hospitality): I put every effort in to make every single customer smile. This can be difficult. (I've even had a chase unsatisfied customers down the stairs with vouchers for free meals). Since doing this, I've loved my job more and customers come back saying how great the staff are. (most of the staff do it now too)
Suicide of Megan Meier

From Wikipedia, the free encyclopedia

Megan Taylor Meier (November 8, 1992 – October 17, 2006) was an American teenager from Dardenne Prairie, Missouri, who committed suicide by hanging three weeks before her fourteenth birthday. A year later, Meier's parents prompted an investigation into the matter and her suicide was attributed to cyber-bullying through the social networking website MySpace. The mother of a friend of Meier, Lori Drew, was later indicted on the matter in 2008, but in 2009, Drew was acquitted.[1]

Contents

1 Background
2 Death
Facebook bullying suicide investigated by police

Police are investigating whether Facebook bullying may have played a part in the suicide of a Birmingham teenager.

Related Tags: Birmingham | West Midlands Police

Tom Mullaney, 15, was found dead at his home in Birmingham on Thursday morning having hanged himself.

Following his death, several friends left tributes on his Facebook page suggesting he had been bullied via the social networking site.

West Midlands Police are looking into the claims in order to determine the circumstances of Tom's death, though a police spokeswoman has said that the incident is not seen as suspicious.

She said: "We are investigating, although we do not think the circumstances of his death are suspicious. We are looking at Facebook bullying as a possible factor."
Woman 'commits suicide' during Facebook chat

A Taiwanese woman committed suicide while chatting to friends on Facebook after growing suspicious that her boyfriend was having an affair, police and media said Tuesday.

Lin Mei-heng, 31, posted messages on the social
Facebook creates suicide prevention tools for armed forces

Facebook has created a series of suicide prevention measures for members of the armed forces with profiles on the social network.
Connectedness

- Increased resilience and connectedness to the school led to reduction in suicidal thinking
  - Resnick, Blum et al, 1997

- Lack of school connectedness alone accounts for 49% of the variance in depressive symptoms, whereas together with parental attachment they account for 53%.
  - Shochet, Homel et al, 2008
### What helps? (Rotolone & Martin)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Never vs Current SI + Previous SI</th>
<th>Current SI vs Previous SI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>t</td>
<td>p</td>
</tr>
<tr>
<td>Overall Perceived Social Support</td>
<td>-6.95</td>
<td>.001</td>
</tr>
<tr>
<td>Family Support</td>
<td>-6.67</td>
<td>.001</td>
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<tr>
<td>Friend Support</td>
<td>-4.46</td>
<td>.001</td>
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<tr>
<td>Significant Other Support</td>
<td>-2.60</td>
<td>.011</td>
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<tr>
<td>Social Connectedness</td>
<td>-5.88</td>
<td>.001</td>
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<tr>
<td>Resilience</td>
<td>-5.43</td>
<td>.001</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>-7.04</td>
<td>.001</td>
</tr>
<tr>
<td>Satisfaction with Life</td>
<td>-6.16</td>
<td>.001</td>
</tr>
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</table>
What helps to cease self-injury?

- The strongest overall predictor of self-injury (past + present) was low social support (OR 0.54, CI 0.36-0.79)
- Self-esteem was the other significant predictor of past + present self-injury (OR 0.29, CI 0.11-0.72)
- In a second regression, Resilience was the only variable to predict current versus past status (OR 0.32, CI 0.13-0.76)
The New Connectedness

- I would argue that Gen Y have had security, are well protected by family, are resilient and able to adapt
- They are connected in a different way – apparently more superficially, with many more connections, but underneath that they do crave the security that humans have always craved
- When they DO commit they commit deeply, but are able to adapt if things go wrong
Privacy

- There is no real privacy in a modern world
- Private details can be found out by anyone who has the right skill set – and most of them are Gen Y
- 123 People on my iPhone
- Get used to it
- Don’t do anything of which you are ashamed
- Connect and stay connected
Walk on the Wildside V

Changing Gear
Friday 18th May 2012
Trauma, substance abuse and psychosis

James Scott
The University of Qld
RBWH
Overview of talk

- What is psychosis?
- Clinical significance of psychotic symptoms
- Ultra High Risk for psychosis (UHR)
- Trauma and psychosis.
Psychosis

- Broad Phenotype
- LTP 3%
- Genetic and environmental contribution
- Highly variable outcomes
- Includes syndromes such as
  - Schizophrenia
  - Bipolar Disorder
  - Drug Induced psychotic disorder
Positive and negative symptoms

- **Positive symptoms**
  - Hallucinations
  - Delusions
  - Thought disorder

- **Negative symptoms**
  - Social Withdrawal
  - Anhedonia
  - Apathy and amotivation
  - Loss of emotional Expression (blunted affect)
The historical view of psychosis
CIDI Screen items and Probes for Delusions

- **Item G1:**
  - In the past 12 months, have you felt that your thoughts were being directly interfered with or controlled by another person?
  - If yes, G1A:
    - Did it come about in a way that many people would find hard to believe, for instance, through telepathy?
CIDI Screen items for Hallucinations

- Have you ever seen something or someone that others who were present could not see – that is, had a vision when you were completely awake?
- Have you more than once heard things other people couldn’t hear, such as voices?
Percentage Endorsement of Psychosis items

- 11.7% Australians endorsed a psychosis screen item
- 4.2% Australians endorsed a psychosis probe item

Endorsement to Screen and Probe items (n = 10,641)

<table>
<thead>
<tr>
<th>Sum of items endorsed</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen items (%)</td>
<td>88.3</td>
<td>9.5</td>
<td>2.0</td>
<td>0.2</td>
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<td>88.3</td>
<td>9.5</td>
<td>2.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Probe items (%)</td>
<td>95.8</td>
<td>3.8</td>
<td>0.3</td>
<td>0.1</td>
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</table>

Psychosis items associated with

- Younger age
- Male gender
- Immigrants
- Unemployed/ low SES
- Social isolation
- Cannabis use disorders
- Psychological distress
Psychotic symptoms in adolescents

Common
- 8.4% of Australian Adolescents have auditory or visual hallucinations

Associated
- Depression and anxiety
- Cannabis use
- Suicidality

Scott et al., 2009 Schizophrenia Research
Outcomes of Psychotic Symptoms

- Dunedin Birth Cohort 761 children
  - At 11 years
    - 654 no psychotic symptoms
    - 95 had ‘weak’ psychotic symptoms
    - 12 had ‘strong’ symptoms
  - At 26 years
    - 25 (3.3%) had psychotic disorder
    - 13/ 654 (2%) of controls
    - 9/ 95 (9.5%) of ‘weak’ symptom group
    - 3/ 12 (25%) of strong symptom group
Mater- University of Qld study of Pregnancy (MUSP)
Hallucinations as predictors for future psychosis

- MUSP Birth Cohort
  - Hallucinations at 14 years predicted psychosis at 21 years
  - (Males OR 5; Females OR 2)

(Welham et al., 2009 Psychological Medicine)
Case Vignette - Peter

- 14 yo male referred with auditory hallucinations
- Father had been ill
- Mother had depression
- “Overwhelmed” at school
- Extra support at school
- CBT
- Followed up for 2 years
- Complete recovery
The historical view of psychosis
The continuum of psychosis

Psychotic symptom 5-10%
Psychosis 3%
Schizophrenia <1%

Increasing severity of impairment
Case Vignette: Michael

- 16 Year old working in a labourer
- Referred for assessment of stealing money for cannabis use
Ultra High Risk of Psychosis (UHR)

- First described by Alison Yung (PACE Clinic)
- Well described clinical picture
- 3 criteria
  - Brief Limited Intermittent Psychotic Symptoms
  - Transient psychotic symptoms
  - Schizoid personality and genetic disposition
- In 1999 40% converted in 1 year
- In 2007 20% converted in 1 year
Case Vignette: Michael

- 16 Year old working in a labourer
- Referred for anxiety and depression
Case Vignette: Michael

Anxiety for > 1 year
Marked depressive illness
Paranoid intermittently
“it feels like I’m being watched all the time”
Left school to decrease stress
Work mates smoking cannabis heavily
Case Vignette: Michael

- Smokes to relax
- Has noticed that paranoia is increasing
- Starting to hear voices occasionally
- Retains insight
- Amotivation very prominent
Case Vignette: Michael

- Brother has schizophrenia
- Father uses cannabis
- Developmentally
  - Early Speech delays
  - Learning difficulties
  - Problems making friends
Case Vignette: Michael

- **Management**
  - Motivational interviewing about Cannabis
  - Fluoxetine and fish oil.
  - CBT for depression
  - Psychotic symptoms resolved as mood improved.
  - Father also ceased cannabis use
  - Seen until 18 years, Mental state had improved. No psychosis
Cannabis and Psychosis

- Regarded as a component cause of psychosis
- Increases the risk of psychosis by about 2 fold
  (Casadiuo et al., 2011)
- Reduces the age of onset of psychosis by 2 years
  (Large et al., 2011)
Management of UHR

- Good mental health hygiene
- Cognitive and behavioural Therapy
- Address substance use
- Treat depression and anxiety
- Omega 3 fatty Acids (Fish Oil)
- Watch and Wait
- No evidence for antipsychotics
Trauma and psychosis

- Read (2001) proposed childhood trauma caused schizophrenia
Case Vignette Andrew

- 20 year old male
  - Homeless, unemployed father (1 daughter)
  - Presented to hospital May ’11 after being found by police in a disorganised state
    - Presented with severe paranoia
    - Perplexed and Thought Disordered
    - Actively responding to hallucinations
Andrew

- Recently assaulted
- Some cannabis use - long standing
- Lots of stress about access to children
Andrew

- Severely prejudicial childhood
- Long standing homelessness with some cannabis and alcohol use
- Petty crimes
- Some violence (Reactive)
Andrew

- Admitted to hospital
- Psychotic symptoms resolved very quickly with antipsychotics
- Discharged
- Readmitted 2 days later after being found at RCH
- Psychotic symptoms settled in hospital
  - UDS was negative
Andrew

- Discharged to early psychosis service
- Abstained from drugs
- Remained paranoid
- Florid PTSD
- Treated with zoloft, therapy and social supports
- Marked reduction in PTSD symptoms and paranoia
Andrew

- Now working as a barista
- Living with his partner
- No psychotic symptoms
- Warm affect
- Treated with risperidone 2mg nocte and zoloft 50 mg mane
The Association Between Trauma and Psychosis

- Gregory Bateson
  - Double Bind Theory
  - Schizophrenogenic Mothers
  
  - *Toward a theory of schizophrenia (1956)*
There are now many large community studies showing trauma is associated with increased prevalence and incidence of psychotic symptoms:

- Jannsen et al. 2004 (Netherlands)
- Bebbington et al., 2004 (Great Britain)
- Sareen et al., 2005 (United States)
- Spauwen et al. 2006 (Germany)
- Scott et al., 2007 (Australia)
- Saha et al., 2011 (Australia)
CIDI Trauma questions

• Broad range of trauma exposures
  – Combat/war
  – Fire, flood, natural disaster
  – Life threatening accident
  – Rape
  – Sexually molested
  – Physically assaulted
  – Threatened with a weapon,
  – Tortured
  – Other extremely stressful or upsetting event

• If yes, full diagnostic interview for PTSD

(Scott et al., 2007 British Journal of Psychiatry)
Trauma exposure and Delusion endorsement

- At least delusion
  4.2%
- At least one type of trauma exposure
  57.4%
- At least one type of trauma and PTSD
  3.6%

(Scott et al., 2007 British Journal of Psychiatry)
Trauma and psychotic symptoms

*Delusion* endorsement (adjusted for sex, age, cannabis/alcohol, diagnosis of schizophrenia)

- Trauma without PTSD 2.11 (1.67-2.67)
- Trauma with PTSD 6.34 (4.49-8.94)
Dose response to different types of traumatic events?

<table>
<thead>
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<th>Number of Different Types of Traumatic Events</th>
<th>N (%)</th>
<th>RR (95% CI)</th>
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<td>Reference level</td>
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<tr>
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<td>4287 (40.3)</td>
<td>2.51 (2.02-3.13)*</td>
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<tr>
<td>3 or 4</td>
<td>1392 (13.1)</td>
<td></td>
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<tr>
<td>5 or more</td>
<td>425 (4)</td>
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<td>1 or 2</td>
<td>4287 (40.3)</td>
<td>2.51 (2.02-3.13)*</td>
</tr>
<tr>
<td>3 or 4</td>
<td>1392 (13.1)</td>
<td>2.93 (2.22-3.86)*</td>
</tr>
<tr>
<td>5 or more</td>
<td>425 (4)</td>
<td>9.54 (7.26-12.53)*</td>
</tr>
</tbody>
</table>

*: Test for linear trend $x^2 = 26.74$, df=2, p<.001.
Trauma and Psychosis

- Bebbington et al., 2004 (Great Britain)
- Shevlin et al., 2007 (United States)
  - Any Childhood Trauma (OR 1.8)
  - Rape in Males (OR 5.8)
- Cutajar et al., 2010 (Australia)
  - CSA (OR 2.1)
  - Penetrative CSA in Adolescence and >1 Offender (OR 14.9)
Trauma and psychosis

- The association between childhood trauma and psychosis outcomes in adults is now well recognised.
- Meta analysis of 36 studies showed an association between childhood adversity and psychosis outcomes.
  - OR = 2.78 (95% CI = 2.34-3.31)

(Varese, Smeets et al., Schiz Bull 2012)
### Varese, Smeets et al. Meta-analysis of childhood adversity and psychosis outcomes

<table>
<thead>
<tr>
<th>Type of Trauma</th>
<th>Odds Ratio</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>2.38</td>
<td>1.98–2.87</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>2.95</td>
<td>2.25–3.88</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>3.40</td>
<td>2.06–5.62</td>
</tr>
<tr>
<td>Bullying</td>
<td>2.39</td>
<td>1.83–3.11</td>
</tr>
<tr>
<td>Parental death</td>
<td>1.70</td>
<td>0.82–3.53</td>
</tr>
<tr>
<td>Neglect</td>
<td>2.90</td>
<td>1.71–4.92</td>
</tr>
</tbody>
</table>
Hallucinations in adolescents with post-traumatic stress disorder and psychotic disorder

James Graham Scott, Barry Nurcombe, Judith Sheridan and Margaret McFarland

Objective: The aim of the study was to compare the phenomenology of hallucinations in hospitalized adolescents diagnosed with post-traumatic stress disorder (PTSD) and psychotic disorder.

Methods: Diagnoses were ascertained in 66 adolescents consecutively admitted to an acute adolescent unit in Australia. Hallucinations were examined to compare their phenomenology in PTSD with psychotic disorder.

Results: On most measures, hallucinations did not differ significantly in form or content between those adolescents with PTSD and those with psychotic disorder. In a minority of patients with PTSD, the hallucinations reflected a previous traumatic experience.

Conclusions: Hallucinations were found to be unreliable in distinguishing adolescent inpatients with PTSD from those with psychotic disorder.
Hallucinations in Adolescent Inpatients

- Compared hallucinations in adolescents who had psychotic disorders with those who had PTSD

Scott et al., 2007
Hallucinations in Adolescent Inpatients

- 66 Subjects:
  - 47 Females; 19 Males
  - Mean Age 15.5; Range 13-17 years
  - 2 were indigenous Australians

Scott et al., 2007
Hallucinations in Adolescent Inpatients

- 3 Comparison Groups
  - Psychotic Disorder ($N = 18$)
  - Post-Traumatic Stress Disorder ($N = 20$)
  - Other Disorder ($N = 28$)

Scott et al., 2007
Hallucinations and Diagnostic Group

- Psychotic Disorder: 89%
- Post Traumatic Stress Disorder: 90%
- No Psychosis or PTSD: 11%

Percentage of Subjects with Hallucinations
Comparison of Hallucinations in PTSD and Psychotic Disorder

- Modality of hallucinations were the same in both diagnostic groups
- Auditory Hallucinations were very similar in both diagnostic groups
  - Location
  - ‘Schneiderian’
  - Content of hallucinations
Hallucinations in Adolescent Inpatients

- Hallucinations were a non-specific symptom in discerning psychosis from PTSD in adolescent inpatients

- Clinical Implications
  - Over diagnosis and delayed/under diagnosis

- Cross Sectional
Childhood Trauma and Prodromal Symptoms

Experience of trauma and conversion to psychosis in an ultra-high-risk (prodromal) group


Objective: We aimed to replicate a recent finding of high prevalence of trauma history in patients at ‘ultra-high risk’ (UHR) of psychotic disorder and to investigate whether trauma predicts conversion to psychosis in this population.

Method: A consecutive sample of UHR patients was assessed. History of trauma was assessed with the General Trauma Questionnaire. Cox regression models were used to explore relationship between conversion to psychosis and trauma.

Results: Of 92 UHR patients nearly 70% had experienced a traumatic event and 21.7% developed psychosis during follow-up (mean 615 days). Patients who had experienced a sexual trauma (36%) were significantly more likely to convert to first-episode psychosis (OR 2.96) after controlling for meeting multiple UHR intake criteria.
Trauma in Ultra High Risk Population

- PACE Clinic (ORYGEN)

- Aims
  - Examine if trauma exposure was associated with conversion of UHR to psychotic disorder

Bechdolf et al., 2010
Trauma in Ultra High Risk Population

- 92 patients with UHR (32 males)
- Mean Age 18.0 (S.D. 2.9)
- General trauma Questionnaire
- Followed up for approx 2 years
- 20 Converted to Psychosis (21.9%)

Bechdolf et al., 2010
Trauma in Ultra High Risk Population

- 69.9% had been exposed to a traumatic event
- Patients who had been raped/sexually molested were significantly younger
- History of Sexual Abuse increased risk of conversion to Psychotic Disorder three fold (OR 2.9; 95% CI 1.2-7.6)

Bechdolf et al., 2010
Trauma and First Episode Schizophrenia

- 57 patients
- CTQ, SAPS and SANS
- Patients who had reported sexual abuse had more severe positive symptoms and more suicidality
- Negative symptoms unaffected

Ucok et al., 2007
Trauma and Chronic Schizophrenia

- Childhood trauma assoc with
  - Higher levels of Anxiety and Depression
  - Poorer social functioning
  - Poorer Occupational Functioning

Lysaker et al., 2005
Summary

- Childhood and Adult Trauma is associated with Psychotic Symptoms
- Child Abuse is associated with increased risk of psychosis in population studies
- CSA increased risk of conversion to psychosis in one study (needs replic.)
- CSA increases severity of illness in one study
- Childhood Trauma in Schizophrenia is associated with poorer outcomes
Implications for Clinicians

- Clinicians need to ask patients with psychotic symptoms/disorder about exposure to trauma
- Clinicians need to be cautious about assessments in patients with trauma and psychotic symptoms
- Clinical presentation and treatment are influenced by trauma exposure
Areas under investigation

- Biological mechanisms
  - HPA Axis
  - Immune mediated
- Psychological explanations
Implications for public policy

- Childhood Maltreatment accounted for
  - 44% of childhood mental illness
  - 32% of Adolescent mental Illness
  - 28% of Young Adult mental Illness

- Child maltreatment deserves a great deal more attention as a component cause of mental illnesses (including psychosis.)

(Green et al., 2010)
Acknowledgements

- John McGrath
- Joy Welham
- Sukanta Saha
- Graham Martin
- William Bor
- Barry Nurcombe
- The MUSP Investigators
- RBWH Foundation
Thank You
Walk on the Wildside V

Changing Gear
Friday 18th May 2012

Afternoon Tea