Edinburgh Mental Health
Interdisciplinary Research Network

3rd Annual Edinburgh Mental Health Conference Programme:
"Mental Health Research in an Uncertain World"

09.00 – 09.30	*Registration & Refreshments*
09.30 – 09.45	**Welcome & Introductions**
09.45 – 10.30	**Morning Key Note** **Dr Amrit Kaur Purba** Navigating the Digital Landscape: Understanding the Impact of Social Media on Youth Health
10.30 – 11.30	*Morning Refreshments*
10.30 – 11.00	**Poster Session & Art Showcase**
11.00 – 11.30	**Paper Session 1**
11.00 – 11.15	**A Medieval Portrayal of Self-Harm: Heurodis's Face in 'Sir Orfeo'** Dr Hope Doherty-Harrison
11.15 – 11.30	**Psychosis and Bipolar Disorder Risk in Child and Adolescent Mental Health Services in the United Kingdom: A Population Cohort Study** Dr Kirstie O'Hare
11.30 – 12.30	**ECR Seed Funding Panel**
11.30 – 11.40	**Co-Constructing Research Priorities with Stakeholders and Experts-By-Experience: Exploring the Ethical Tensions in Global Mental Health 'Task-Sharing' Discourse and Practice** Dr Anna Chiumento
11.40 – 11.50	**Sea to Spruce: A Pilot Study of Green and Blue Space Community Groups for Mental Health Improvement** Dr Sarah Huque
11.50 – 12.00	**University of Edinburgh Mental Health Youth Forum** Sarah Robertson
12.00 – 12.10	**Integrating Mental Health into Maternal and Child Healthcare in Africa: Building Grant Applications in Collaboration with Partners in Malawi** Dr Robert Stewart
12.10 – 12.30	**Q&A**

12.30 – 13.30	***Lunch, Posters, & Art Showcase***
13.30 – 14.15	**Afternoon Key Note** **Dr Aja Murray** Researching Young Person Mental Health in an Uncertain World
14.15 – 14.25	**Poster Prize Presentation**
14.25 – 15.40	*Afternoon Refreshments*
14.40 – 15.25	**Paper Session 2**
14.40 – 14.55	**The Individual and Collective Wellbeing Benefits of Nature Connection** Dr Eve Hepburn
14.55 – 15.10	**Sensitivity of the Clinical High-Risk and Familial High-Risk Approaches for Psychotic Disorders** Animesh Talukder
15.10 – 15.25	**Resilience and Coping Strategies: The Role of Rituals in Mental Health Recovery in Rural Uttarakhand** Meenal Rawat
15.40 – 16.25	**Paper Session 3**
15.40 – 15.55	**Mentalization, Affective Dysregulation, and Psychotic Experiences: An Experience Sampling Study** Ercan Ozdemir
15.55 – 16.10	**Unpacking the impact of Parental Adverse Childhood Experiences on Adolescent Mental Wellbeing: Evidence for the Mediating Parental Controlling Parenting and Parent-Child Attachment** Yuze Shi
16.10 – 16.25	**Do Stimulant Medications Cause Psychotic Experiences? A Target Trial Emulation Approach** Dr Jonah Byrne
16.25 – 16.30	**Concluding Remarks**

09.45 – 10.30

Morning Key Note Speaker

Dr Amrit Kaur Purba

Navigating the Digital Landscape: Understanding the Impact of Social Media on Youth Health

The impact of social media on youth health is a complex and evolving issue that requires ongoing attention and adaptive research strategies. As social media platforms rapidly change, research methods must evolve to better understand their influence on young people's overall health. The challenge of distinguishing causality from correlation highlights the need for more rigorous studies, supported by advancements in objective social media data collection and causal analysis of observational data. Just as past public health efforts addressed physical health risks, today's digital landscape demands a similar focus on 'digital sanitation' to protect youth from harmful content that can influence their behaviours and overall health.

Securing funding for large-scale, longitudinal research is crucial to uncover the causal pathways of social media's impact, assess its long-term effects on youth health, and develop evidence-based interventions to mitigate its growing risks. Policymakers must take swift, proactive action to implement measures that protect young people and hold social media platforms accountable. Research-driven policies, coupled with efforts to foster digital mindfulness and scientific literacy among youth, educators, and caregivers, are essential for empowering individuals to navigate the digital world safely. A coordinated approach—anchored in robust research, forward-thinking policy, and comprehensive education—is key to safeguarding youth health in an ever-evolving digital landscape.

Dr Amrit Kaur Purba *is a Senior Research Associate at the Digital Mental Health Programme at the MRC Cognition and Brain Sciences Unit, University of Cambridge. She is an interdisciplinary social scientist with expertise in public health, social psychology, epidemiology, and policy. Her research explores the causal relationship between social media use and adolescent health, focusing on the social psychological mechanisms through which social media affects health outcomes. She also investigates the broader social determinants of health, particularly their role in contributing to health inequalities, with an emphasis on underrepresented youth. Based at the University of Cambridge, Dr Purba brings a unique interdisciplinary perspective, bridging clinical and population-level insights across healthcare, academia, policymaking, and industry. She is committed to conducting inclusive research that prioritises marginalised youth and critically evaluates the impact of social media on adolescent health and behaviour.*

Dr Purba is a passionate advocate for collaboration, bringing together researchers, policymakers, and industry professionals to develop transparent, ethical approaches for accessing user engagement data. Her work, recognised through high-impact publications, including in the BMJ, has influenced global health policy and national policymakers, including the United Nations and 10 Downing Street. She has been featured at international conferences and in prominent media outlets like the BBC, The Times, and The Scotsman.

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11.00 – 11.30

Paper Session 1

A Medieval Portrayal of Self-Harm: Heurodis's Face in 'Sir Orfeo'

Dr Hope Doherty-Harrison

Sir Orfeo is a fourteenth-century romance poem that tells the story of a King, Orfeo, and his wife, Heurodis, who falls asleep one afternoon underneath a tree in her orchard, and sees a Fairy King in her dream. The Fairy King promises her that he will take her away with him to his kingdom the following noon, and she needs to meet him under that very tree, otherwise he will tear her to shreds and take her anyway. Heurodis returns home, and in the time between her vision and the planned kidnap, she scratches, tears and cuts her own face, clothes and body. Despite the vast array of scholarship on this text as a depiction of otherworldly sexual violence and its potential (expressed in the word raptus, medieval law rendered abduction and rape as related crimes) far less attention has been paid to this scene as a medieval representation of self-harm. This paper will discuss related ideas of 'despair', a cultural idea of depression and suicidality in medieval culture, and how this poem adapts, embellishes, and genders them in the behaviour of Heurodis. The paper will discuss other medieval examples of self-harm and mental illness in relation to the scene in Sir Orfeo, and explore strategies for researching portrayals of self-harm in historical periods informed by recent findings on self-harm in the modern world. The paper will draw upon and develop ideas discussed in my forthcoming monograph on medieval romance poetry and biblical typology, which focuses on portrayals of love and sexual violence.

Hope Doherty-Harrison *is a Leverhulme Early Career Fellow at the University of Edinburgh, currently working on a book project on depictions of Judas in medieval art and literature. Her first book, Love and anti-Judaism in medieval English romance: Typologies of violence and desire, will be published by Manchester University Press in September this year.*

Psychosis and Bipolar Disorder Risk in Child and Adolescent Mental Health Services in the United Kingdom: A Population Cohort Study

Dr Kirstie O'Hare & Prof Ian Kelleher

Current approaches to identifying individuals at elevated risk for psychosis capture only a small proportion of future psychotic disorders. Recent Finnish research suggests that a substantial proportion of individuals at risk of psychosis attend child and adolescent mental health services (CAMHS) earlier in life, creating important opportunities for prediction and prevention. To what extent this is true outside Finland, however, is not known. Our aim was therefore to establish the proportion of all psychotic and bipolar disorder diagnoses that occurred in individuals who had, at some stage in childhood and adolescence, attended CAMHS in Wales (United Kingdom). We also wished to identify whether, within

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CAMHS, certain risk markers were associated with increased psychosis risk. We examined healthcare contacts for individuals born 1991-1998 (*n* = 348,226), followed up to age 25-32 years. Using linked administrative healthcare records, we identified all psychotic and bipolar disorder diagnoses in the population and then identified the proportion of cases where the individual had attended CAMHS. Regression analyses were used to examine associations between sociodemographic and clinical risk markers with psychotic and bipolar disorder outcomes. Of all individuals diagnosed with a psychotic or bipolar disorder by the study endpoint, 44.78% had, at some point in childhood or adolescence, attended CAMHS (HR = 6.28, 95% CI = 5.92-6.65). Low birthweight, out-of-home care experience, inpatient CAMHS admission, and attending CAMHS in childhood (in addition to adolescence) were all within-CAMHS risk markers for psychotic and bipolar disorders. These findings show that a substantial proportion (45%) of future psychotic and bipolar disorder cases emerge in individuals who had attended CAMHS. This demonstrates important opportunities for early intervention and prevention at a greater scale than current strategies allow.

Kirstie O'Hare *is a postdoctoral researcher in the Department of Psychiatry. Her research includes investigating outcomes for children and young people who attend mental health services as well as more broadly understanding risk factors and developmental pathways to mental illness, particularly for psychosis and self-harm. She uses large-scale administrative record-linkage data and methods from life-course epidemiology to investigate these questions.*

Prof Ian Kelleher *is the Chair of Child and Adolescent Psychiatry at the University of Edinburgh and a Consultant Child and Adolescent Psychiatrist working in specialist CAMHS. His research interests are in the prediction and prevention of serious mental illness. He leads an interdisciplinary research team that takes a data-driven approach to identifying individuals at risk of psychosis and bipolar disorder, as well as research on psychotic and attenuated psychotic symptoms in clinical and non-clinical populations.*

11.30 – 12.30

ECR Seed Funding Panel

Panel Abstract:
This panel will showcase projects from the 23/24 EMH Early Career Researcher Seed-Funding Scheme. Panelists will provide an overview of their projects and discuss the key findings, challenges, and future directions.

Co-Constructing Research Priorities with Stakeholders and Experts-By-Experience: Exploring the Ethical Tensions in Global Mental Health 'Task-Sharing' Discourse and Practice

Dr Anna Chiumento

This project responded to calls for greater involvement and voice of key stakeholders in research priority setting (Pratt, 2019) by conducting a stakeholder and expert-by-experience consultation workshop to

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inform a major grant, led by the applicant as a first substantive PI project. The aim of this project was to co-construct the research aims and questions to guide a grant application exploring the ethical dimensions of task-sharing. To achieve this, the following objectives were set: (1) Identify relevant stakeholders (researchers and health system representatives) and task-sharing experts-by-experience working in projects affiliated with partner organisations to contribute to a participatory workshop; (2) Convene a 3-day participatory workshop involving stakeholders and experts-by-experience to co-construct proposed aims and research questions for a grant proposal; (3) Share the final set of proposed aims and research questions with wider international partners through online consultations to inform the final articulation of research aims and questions for this grant. Outputs include a collaboratively agreed set of priority aims and research questions around the normative dimensions to task-sharing in the Pakistani context. Following online consultation with wider international partners, a final agreed aims and research questions will be produced.

Dr Anna Chiumento *is an applied social science early career researcher in global mental health at the University of Edinburgh. Her research interests are in the normative dimensions to healthcare delivery; as well as what it means to conduct research ethically. She adopts an empirical ethics approach to addressing these topics, seeking to foreground inter- and trans-disciplinary orientations to complex questions arising in mental health research and care. Her research has addressed the applied research/practice interface, including the development and testing of mental health interventions or instruments, and empirically examining the practice of healthcare and research. Anna is a Steering Committee member of the Global Forum for Bioethics in Research, and has led and contributed to the development of international ethical guidelines and standard documents. Her research goals are to enhance the ethical foundations of both research and practice in the field of global mental health.*

Sea to Spruce: A Pilot Study of Green and Blue Space Community Groups for Mental Health Improvement

Dr Sarah Huque

This pilot project sought to use qualitative methods (focus groups, interviews) to investigate the use of green/blue space activities for mental health improvement. Previous, primarily quantitative/clinical research emphasises potential benefits of these activities while also highlighting difficulty in determining "why" and/or "how". This project aimed to explore green/blue space activity group members' perceptions of the impact of participation in these activities on their mental health, and the policy priorities of stakeholders regarding green/blue space use for mental health – including policymakers and service users. The project formed the first stage in a planned direction of work around intersections of legislative policy, green/blue space, access, conservation, and mental health/suicide. Current progress, key outputs, challenges, and future directions of the project will be discussed.

Dr Sarah Huque *is a Senior Research Fellow in the School of Health in Social Science, University of Edinburgh. She is currently a Co-Investigator on the Discovering Liveability: Coproducing alternatives to suicide prevention project. Sarah's broader career has centred the intersections of health and social justice, with an interest in methodological*

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innovation and participatory research. Her research has included work on disability rights; activism and community organising; suicide and mental health; and ecologies of care.

University of Edinburgh Mental Health Youth Forum

Sarah Robertson

This project aimed to establish a Youth Forum to enhance youth engagement in mental health research at the University of Edinburgh. The initiative provided a structured platform for young people to contribute their voices to mental health research, ensuring their perspectives shape research priorities and methodologies. The project also aimed to create a partnership with third sector providers and schools, ensuring a clear link into mental health research with young people across the University. It sought to identify barriers to youth engagement in health research and co-produce a protocol, along with videos and materials, to encourage more diverse young people to participate. Additionally, the initiative focused on increasing researchers' skills and confidence in the meaningful involvement of young people by offering training and engagement opportunities. A clear progression pathway was developed for young people involved in mental health research, with a focus on supporting and rewarding those with lived experience throughout their youth voice journey. The impact of this pilot Youth Forum was evaluated, and future work will involve collaborating with the group to explore the development of a larger Youth Forum/Voice for the University, alongside creating funding bids to enable this expansion.

Sarah Robertson *is the Youth Engagement Lead for Generation Scotland.*

Integrating Mental Health into Maternal and Child Healthcare in Africa: Building Grant Applications in Collaboration with Partners in Malawi

Dr Robert C Stewart

The mental health of mothers is a global health priority, particularly in low- and middle-income countries (LMICs) including those on the African continent. The WHO recommends the integration of perinatal mental health into Maternal and Child Health (MCH) services. However, it is not yet known what integration model will be feasible, effective and cost effective in Africa particularly in low-income countries such as Malawi. The overall objective of this project was to build a collaborative team required to develop and submit an NIHR Global Health Research Group funding application (and to respond to other funding opportunities) focused on designing, implementing and testing a model for integrating mental health into MCH services in Malawi and other African settings. To achieve this, we held several face-to-face and online meetings with potential collaborators who were enthusiastic to work together on the proposed NIHR application. This also included consultations with women who experienced perinatal mental health conditions to better understand their views on integrating maternal mental health in to MCH care. Consultations were held about local priorities for maternal mental health research, all of which

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fed into the drafting of the application. Unfortunately, we were unable to finalise the application in time for the original funding call; however, we are adapting the work for other funding opportunities.

Dr Rob Stewart *is a Senior Clinical Research Fellow in Global Mental Health at University of Edinburgh, and Honorary NHS Perinatal Consultant Psychiatrist. He is Co-I on 2 large epidemiological studies: Generation Malawi (MRC) and Healthy Lives Malawi (Wellcome), and an implementation study Psychosis Recovery Orientation in Malawi by Improving Services and Engagement (PROMISE). He has led the editing and publication of 2 practical mental health manuals: "Malawi Quick Guide to Mental Health" (2020) and "Malawi Maternal Mental Health Manual - A Practical Guide for Maternity Healthcare Workers" (2024). He is a founding trustee of the Scotland Malawi Mental Health Education Project (SMMHEP) and convener of the African Alliance for Maternal Mental Health (AAMMH).*

13.30 – 14.15

Afternoon Key Note

Dr Aja Murray

Researching Young Person Mental Health in an Uncertain World

Despite advances in our understanding of mental health, the mental health of young people has shown a worsening trend in recent years, implying a need to better understand the causes and intervention points for improving the mental health of contemporary young people. In this talk, I'll discuss various ways in which our research seeks to respond to this challenge. I'll discuss how smartphone-based data collection can provide a window into the day-to-day (cognitive, emotional, behavioural) experiences of current-day young people and how these experiences shape and are shaped by mental health over development. I'll discuss how we might more effectively prioritise intervention targets to improve young person mental health. Finally, I'll highlight the important role of involving young people in research about their mental health, to ensure research is relevant for illuminating the mental health of young people facing a fast-changing and uncertain world.

Aja Murray *has led a portfolio of research at the cutting edge of lifespan mental health development supported by funders that include the Wellcome Trust, Leverhulme Trust, MRC, and the Medical Research Foundation. Documented in >230 publications, her research uses a combination of ecological momentary assessment and longitudinal research to generate insights in relation to topics such as attention-deficit hyperactivity disorder (ADHD) and adolescent mental health. She combines this with a strong focus on translation, including intervention development. Aja was recognised as the Kathy Sylva 'Rising Star' in the Association for Child and Adolescent Mental Health (ACAMH) Awards in 2021 and was a Philip Leverhulme Prize winner in Psychology in 2024.*

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14.40 – 15.25

Paper Session 2

The Individual and Collective Wellbeing Benefits of Nature Connection

Dr Eve Hepburn & Dr Autumn Roesch-Marsh

This presentation explores the benefits of forest bathing and nature connection for people's wellbeing. Forest bathing, which derives from the practice of 'shinrin yoku' in Japan, involves immersing oneself in nature using all of one's senses. A growing evidence base suggests that forest bathing can have a variety of potential health benefits, including reduced stress, anxiety and depression, and improved cardiovascular and immune function. Forest bathing has been used as a form of 'social prescribing' for patients with a variety of health conditions in countries such as Japan, South Korea and Finland. The scientific research to date has largely focussed on the medical health benefits of nature connection for individuals. This presentation explores whether forest bathing has the potential to also offer collective wellbeing benefits, relating to the overall wellbeing of a community, reduced social isolation, and reduced inequalities. These research questions draw from four bodies of research. The first links forest bathing and 'ecotherapy' with a stronger connection to the world around us. The second demonstrates how access to green spaces is often mediated by socio-economic status, with disadvantaged groups having less access. The third shows how accessible green spaces can be 'neutral' public spaces which are not subject to the same social hierarchies of private spaces. The fourth is the growing body of evidence about the healing power of nature in relation to range of traumatic experiences. Through a synthesis of multi-disciplinary research on nature connection and wellbeing, and an analysis of questionnaire data collected from forest bathing session participants in 2023-25 by the authors, this presentation is an attempt to broaden the study of nature connection benefits into the social scientific realm, by understanding the broader societal benefits of forest bathing.

Dr Eve Hepburn *is an Honorary Fellow at the University of Edinburgh Europa Institute and Founder of LongLeaf Forest Bathing, an organisation focussed on wellbeing in nature. She was previously a Senior Lecturer in Politics and International Relations in the School of Social and Political Science at the University of Edinburgh. She has published 11 books and over 70 articles on a range of social science topics, including equalities, immigration, multiculturalism and public policy. She is the managing director of PolicyScribe, a policy research consultancy, and has advised the Scottish Government on a range of policy areas including equalities, healthcare and migrant integration.*

Dr Autumn Roesch-Marsh *is a Senior Lecturer in Social Policy in the School of Social and Political Science at the University of Edinburgh. She is also Co-Director for The Binks Hub, an interdisciplinary research hub at the university working to co-create research using creative and artistic methods with communities. Autumn is a qualified social worker with a passion for social work education and working with children and their families. Much of her research has focused on developing understanding of the needs of people with care experience and theoretical models for thinking about the dynamics and imperatives that drive social work decision making in the field of Children and Families. More recently, Autumn's research has focused on the healing power of nature in relation to traumatic experiences.*

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Sensitivity of the Clinical High-Risk and Familial High-Risk Approaches for Psychotic Disorders

Animesh Talukder*, Ioanna Kougianou, Colm Healy, Ulla Lång, Valentina Kieseppä, Maria Jalbrzikowski, Kirstie O'Hare, & Ian Kelleher

Background: Psychosis prediction has been a key focus of psychiatry research for over 20 years. The two dominant approaches to identifying psychosis risk have been the clinical high-risk (CHR) and the familial high-risk (FHR) approaches. To date, the real-world sensitivity of these approaches – that is, the proportion of all future psychotic disorders in the population that they identify – has not been systematically reviewed.

Methods: We systematically reviewed and meta-analysed studies in MEDLINE, Embase, PsychINFO, and Web of Science (from inception until September 2024) that reported data on the sensitivity of CHR and FHR approaches – i.e., individuals with a psychosis diagnosis preceded by a CHR diagnosis or a history of parental psychosis (PROSPERO: CRD42024542268).

Results: We identified four CHR studies and four FHR studies reporting relevant data. The pooled estimate of the sensitivity of the CHR approach was 6.7% (95% CI: 1.5–15.0%) and of the FHR approach was 6.5% (95% CI: 4.4–8.9%). There was a high level of heterogeneity between studies. Most FHR studies had a low risk of bias, but most CHR studies had a high risk of bias.

Conclusion: Pooled data suggest that CHR and FHR approaches, each, capture only about 6–7% of future psychotic disorders. These findings demonstrate the need for additional approaches to identify risk for psychosis.

Animesh Talukder *is pursuing a PhD in psychiatry pharmacoepidemiology at the University of Edinburgh, analysing electronic health records from the UK Child and Adolescent Mental Health Services (CAMHS) registries. Using a target trial emulation framework, he is investigating the risk of severe mental health illnesses among people who had attended CAMHS for the treatment of common mental health problems. Previously, he completed an MSc in Epidemiology at the London School of Hygiene & Tropical Medicine. Animesh's career pursuit is to generate real-world epidemiologic evidence with a view to informing public health policies.*

Resilience and Coping Strategies: The Role of Rituals in Mental Health Recovery in Rural Uttarakhand

Meenal Rawat

In India, mental ill-health is a major contributor to the overall disease burden, particularly affecting structurally disadvantaged groups. Access to mental health care remains limited, with services primarily concentrated in urban areas. In rural regions, the government's District Mental Health program faces significant challenges, such as low mental health literacy and the physical distance to care facilities. In

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many South Asian countries, including India, traditional healing methods play a crucial role in mental health care, with people often turning to these practices when faced with mental distress. Mental illness is deeply influenced by cultural context, as culture shapes how people perceive, express, and respond to mental distress. While social determinants of health are widely recognized, cultural factors—such as religion, spirituality, and social norms—are often overlooked despite their critical role in shaping coping mechanisms and responses to adversity.

This study examines cultural practices in the Johar valley of Uttarakhand, specifically in Munshiyari, where the Shauka tribal group relies on their rituals for mental and physical well-being. The region's population maintains strong beliefs in spirits and deities, with rituals such as Jagar performed during crises like unexpected deaths, and Aeiries and Ancharies used when a person is believed to be possessed by spirits. These cultural practices play a significant role in fostering resilience, promoting a sense of community, belonging, and well-being, essential for mental health recovery. In times of uncertainty and hardship, these rituals provide vital coping strategies, offering individuals a way to navigate distress and maintain mental balance. The study argues that integrating traditional practices into mental health policies is crucial for supporting individuals in their recovery and enhancing resilience in the face of adversity.

Meenal Rawat *is a PhD candidate in South Asian Studies at the University of Edinburgh, focusing on ritual healing and mental distress in the western Himalayan region of India. She holds a Master's in Public Policy and has worked on community mental health projects in India. Meenal's research interests include the intersection of cultural practices and mental health in low-resource settings. She employs auto-ethnography in her work and aims to contribute to the decolonization of anthropology through reflexivity and positionality.*

15.40 – 16.25

Paper Session 3

Mentalization, Affective Dysregulation, and Psychotic Experiences: An Experience Sampling Study

Ercan Ozdemir*, Angus MacBeth, & Helen Griffiths

Aim. Psychosis has been theorized as arising from attempts to impose order and meaning on distressing states of uncertainty, particularly those driven by aberrantly salient experiences. Mental state uncertainty may drive individuals to seek clarity in their self-understanding, as a way of alleviating distress arising from ambiguous self-experiences. Mentalization refers to a reflective capacity to understand mental states of self and others. However, the relationship between mentalization and affective dysregulation in the context of psychotic experiences has not been explored as they manifest in daily life. We aimed to examine the moment-to-moment associations between mentalization, affective dysregulation, and

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psychotic experiences, hypothesizing that mentalizing difficulties will predict both concurrent and temporal psychotic experiences when negative affect is controlled.

Method. The experience sampling schedule lasted a week with eight measurement points per day. An analogue sample responded to self-report assessments of momentary mentalizing difficulties, negative affect, and psychotic experiences. The concurrent and lagged associations between mentalization, negative affect, and psychotic experiences were estimated via mixed effects modeling.

Results. The sample (n = 43) identified as 63% female, 21% male, and 16% non-binary with all participants aged between 18-38 years. Thirty percent of the sample self-reported a personal history of psychosis and 37% were receiving mental health support. Results indicated that mentalizing difficulties predicted both concurrent and temporal psychotic experiences.

Conclusion. Mentalizing difficulties may influence the severity and persistence of psychotic experiences. More specifically, stress-reactive momentary deteriorations of mentalization capacity predicted the severity of co-occurring psychotic experiences. This effect was significant for female and non-binary participants. Mentalizing difficulties further predicted subsequent manifestations of psychotic experiences, albeit with a small effect size. However, the small sample size and the skew in gender distribution limit generalizability of the findings. Future research should integrate interview- or performance-based metrics of mentalizing ability into longitudinal designs.

Ercan Ozdemir, ***Angus MacBeth***, *and* ***Helen Griffiths*** *are clinical psychology researchers exploring the phenomenology and etiology of psychosis from a pscyho-developmental perspective.*

Unpacking the impact of Parental Adverse Childhood Experiences on Adolescent Mental Wellbeing: Evidence for the Mediating Parental Controlling Parenting and Parent-Child Attachment

Yuze Shi*, Shuya Xie, & Angus MacBeth

Background: Parental adverse childhood experiences (ACEs) are risk factors for poor mental health. However, the intergenerational transmission mechanisms between parental ACEs and adolescent mental health are poorly understood. This study modelled the mediating effects of parental controlling parenting and youth-perceived parent-child attachment on the associations between parental ACEs and adolescent mental health outcomes (i.e., internalizing behaviour, externalizing behaviour, mental wellbeing), in separated maternal and paternal models.

Methods: This study was a secondary analysis of Growing Up in Scotland birth cohort 1, a nationally representative cohort study. The analyses used data of sweep 10, collected in 2019 and 2020, involving 2943 cohort children and their families. Pearson's correlations were computed to determine bivariate associations between study measures. Mediation analyses examined the serial mediating effects of

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parental controlling parenting and youth-perceived parent-child attachment in separate maternal and paternal analyses.

Results: In both maternal and paternal analyses, a) bivariate correlations and the total effect of mediation analyses indicated parental ACEs were associated with adolescent mental health outcomes; b) serial mediation results indicated a significant indirect effect of parental ACEs on adolescent mental health outcomes, through parental controlling parenting and youth-perceived parent-child attachment.

Conclusion: The study indicates that parental controlling parenting and youth-perceived parent-child attachment are mechanisms mediating the effect of parental ACEs on adolescent mental health outcomes. Consequently, attending to the impact of both parental and child factors may improve policy programming to ameliorate the intergenerational impact of parental ACEs on adolescents' mental health and foster healthier family dynamics between parents and children, promoting resilience and wellbeing among families.

Yuze Shi *is a current clinical psychology PhD student in the School of Health in Social Science researching interpersonal resilience mechanisms in severe mental illness (SMI). He also attended MSc Mental Health in Children and Young People (2022/23) and MScR Clinical Psychology (2023/24) programmes in the School of Health in Social Science.*

Shuya Xie *is a MSc graduate of Mental Health in Children and Young People programme (2022/23) in the School of Health in Social Science. She is currently a psychology teacher at Guangzhou Information Technology Vocational School, Guangzhou, China.*

Dr Angus MacBeth *is a Senior Lecturer in Clinical Psychology in the School of Health in Social Science researching intergenerational mental health.*

Do Stimulant Medications Cause Psychotic Experiences? A Target Trial Emulation Approach

Dr Jonah Byrne, Dr Kirstie O'Hare, Prof Ian Kelleher

Background and Objectives: The prescription of stimulant medications for young people with attention-deficit/hyperactivity disorder is common and increasing. Concerns have been raised about potentially psychotogenic effects of stimulants and previous observational research has documented an increased risk of psychotic experiences in young people prescribed stimulants. Our aim was to estimate the causal effect of stimulants on psychotic experiences.

Methods: The trial was emulated using Adolescent Brain Cognitive Development Study data. Eligible participants were between 9 and 14 years old. Treatment (stimulant prescription) propensities were derived using covariates indexing demographic factors and mental illness severity. The average causal

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effect of first stimulant prescription on psychotic experiences by 1-year follow-up was derived using inverse probability of treatment weighting followed by standardisation (doubly robust estimation).

Results: Of 8391 participants included in the analytical sample, 460 (5.5%) reported one or more stimulant prescriptions. In unweighted analyses, stimulant prescription was associated with subsequent psychotic experiences (OR: 1.46, 95% CI: 1.15, 1.84). The reverse, however, was also true, in that baseline psychotic experiences predicted subsequent stimulant treatment (OR: 1.93, 95% CI: 1.57, 2.37). When applying doubly robust estimation, there was no evidence of a causal effect of stimulant prescription on the subsequent occurrence of psychotic experiences (OR: 1.09, 95% CI: 0.71, 1.56).

Conclusions: Our findings do not support a causal relationship between stimulant prescription and the occurrence of psychotic experiences. Rather, the association appears to be confounded by factors which both increase probability of stimulant prescription and lead to psychotic experiences.

Jonah Byrne *is a postdoctoral researcher in Child and Adolescent Psychiatry. His research investigates the prediction of severe mental illnesses such as psychotic and bipolar disorders and the identification of preventative interventions for children and young people who attend mental health services. He applies prognostic research methods and causal inference methods to administrative health record data and cohort studies.*

Kirstie O'Hare *is a postdoctoral researcher in the Department of Psychiatry. Her research includes investigating outcomes for children and young people who attend mental health services as well as more broadly understanding risk factors and developmental pathways to mental illness, particularly for psychosis and self-harm. She uses large-scale administrative record-linkage data and methods from life-course epidemiology to investigate these questions.*

Prof Ian Kelleher *is the Chair of Child and Adolescent Psychiatry at the University of Edinburgh and a Consultant Child and Adolescent Psychiatrist working in specialist CAMHS. His research interests are in the prediction and prevention of serious mental illness. He leads an interdisciplinary research team that takes a data-driven approach to identifying individuals at risk of psychosis and bipolar disorder, as well as research on psychotic and attenuated psychotic symptoms in clinical and non-clinical populations.*

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Poster Presentations

Top 3 posters win a prize – Cast your vote!
https://forms.office.com/e/amrpHPSRQ0

1. Validating the Multi-Ethnic Acculturation Scale (MAS) for First-Generation Migrants in Scotland

Freddie O'Donald, Clara Calia, Michael Keshani, Monica Rosselli, Alfredo Ardila

Introduction: Acculturation is a multifaceted process of cultural and psychological adaptation that unfolds as people engage with a new cultural environment. This study evaluates the validity and reliability of Ardila's Multi-Ethnic Acculturation Scale (MAS) within a Scottish cohort of first-generation migrants from 13 Asian countries. Initially validated with a Russian-speaking population, the MAS measures acculturation across cognitive, behavioural, and physical domains.

Methods: A sample of 98 participants, aged 19–70 years, completed the English-language version of the MAS. Participants were categorised into three groups based on their length of residence in Scotland: less than one year, one to five years, and over five years.

Results: Confirmatory factor analysis supported the MAS's three-factor structure, with acceptable fit indices (e.g., CFI = 0.903, RMSEA = 0.041) and robust internal consistency (Cronbach's $\alpha = 0.838$). A one-way ANOVA demonstrated that acculturation scores increased significantly with length of residence, confirming the criterion validity of the MAS. Subdomain analyses revealed distinct patterns of adaptation, with significant increases in cognitive and physical acculturation over time, while behavioural acculturation displayed no significant group differences. These findings align with Berry's bidimensional acculturation model, suggesting domain-specific trajectories are influenced by interactions between migrants and their cultural environment.

Conclusions: This study provides initial evidence supporting the MAS as a reliable tool for assessing multidimensional acculturation processes in diverse migrant populations. Future research should explore its applicability to other cultural groups and incorporate longitudinal designs to capture dynamic acculturation trajectories. Findings highlight the importance of culturally responsive tools in understanding the adaptation experiences of migrants.

2. The Effect of a Brief Mindfulness Induction on Induced Positive Emotions

Yanming He, Zara P. Brodie, Zsofia K. Takacs, Karen Goodall

Objectives: This study explored whether a brief mindfulness induction can enhance induced positive emotions in a laboratory setting. It also examined the moderating effects of adult attachment dimensions and dispositional mindfulness.

Methods: A total of 100 participants aged 18 and older were randomly assigned to either the mindfulness induction or a control group. Participants listened to either the mindfulness audio or a weather report and then watched a video designed to induce positive emotions. Positive emotions were assessed using self-report questionnaires, physiological assessments and implicit tasks at three timepoints: baseline, after induction and at the end of the experiment. Trait measures of adult attachment and dispositional mindfulness were also assessed at baseline.

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Results: ANCOVA results indicated that immediately after listening to the mindfulness instructions, positive emotions were significantly higher than in the control group. However, after watching the positive video, the increase in positive emotions was significantly higher in the control group than in the mindfulness induction group. The moderation analysis showed that people with lower levels of baseline dispositional mindfulness showed a higher increase in the induced positive emotions. Adult attachment was not a significant moderator. No significant changes were observed in the physiological measure or on the implicit tasks.

Conclusion: These findings reveal a paradox: while mindfulness induction provides a short-term boost in positive emotions, it may also dampen reactivity to positive emotional experiences. This paradox was also moderated by individual differences such as dispositional mindfulness. This study highlights the nuanced role of mindfulness in emotion regulation and suggests that mindfulness interventions should be carefully tailored when the goal is to enhance emotional engagement. Future research should examine how different mindfulness techniques and individual differences shape these opposing effects.

3. Daily Mentalization and Mood in Adolescents: Examining the Role of Early Life Adversity (ACEs) and Social Stress via Ecological Momentary Assessment

Koraima Sotomayor-Enriquez, Simona Di Folco, Matthias Schwannauer

Background: Mentalization is the ability to perceive and understand our own mental states — thoughts, feelings, and intentions — and those of others. In adolescents, evidence suggests that higher competency in this ability associates with positive mental health outcomes, while impairments are often associated with negative outcomes and developmental trauma. Studies mostly assess mentalization as a trait-like ability, neglecting its ecological aspects. This study presents preliminary findings from daily assessments of mentalization in adolescents, examining its correlation with mood, minor social stress, and Adverse Childhood Experiences (ACEs) using Ecological Momentary Assessments (EMA).

Methods: Eighty-one adolescents aged 12 − 18 years old from community (n = 41) and clinical settings (n = 40) took part in the study. Participants completed a self-report measure of mentalization; then, they were invited to completed 7-days of EMA, including six daily momentary assessments of mood and context and daily self-reported items assessing mentalization.

Results: Mixed Linear Modelling suggest that higher daily mentalization positively associates with momentary positive affect, but this association is observed only the community subgroup. This relationship remains significant even after controlling for the effects of minor social stress and a qualitatively reported Adverse Childhood Experience. Furthermore, the findings suggest that developmental age influences the direction of this association. There is no observed linear relationship between daily mentalization and negative affect. However, generalised additive models suggest an association between negative affect and a U-shaped interaction of trait-like mentalization and daily mentalization.

Conclusion: Overall, our findings show daily mentalization could be a protective factor for mental health, promoting positive affect. Furthermore, they could suggest a non-linear impact in adolescents' wellbeing, which emphasises the importance of implementing psychological interventions aimed at promoting this ability.

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4. **The Association Between Eating Disorders and Dimensions of Obsessive-Compulsive Disorder: A Systematic Review**

Sukriye Acar, Emily Newman, Gemma Brown, Imogen Peebles

The comorbidity of obsessive-compulsive disorder (OCD) and eating disorders (ED) has long been studied. It is important to investigate the possible relationships between OCD symptoms and ED in order to better understand the nature of this relationship and inform treatment strategies. The current systematic review provides a comprehensive examination of the research on the association between symptoms and/or subtypes of OCD and ED. A protocol was registered on PROSPERO. PsycINFO, EMBASE, and MEDLINE databases were searched on February 20, 2023, and updated on January 6, 2025. 50 studies met the inclusion criteria. Seventy percent of the studies involved clinical samples, and the majority of participants were women. Almost all of the studies had cross-sectional designs. Studies that exclusively examined obsessions and compulsions revealed that the prevalence of obsessions tends to be higher in individuals with ED, and there was more evidence of a correlation between obsessions and ED symptoms. Results concerning the subtypes of OCD were categorized by scales. According to this, the symmetry/exactness and ordering/arranging dimensions of the Yale-Brown Obsessive-Compulsive Scale, the doubting and the slowness dimensions of the Maudsley Obsessive-Compulsive Inventory, the obsessing and the ordering dimension of the Obsessive-Compulsive Inventory, the impulses dimension of the Padua Inventory, and the cleaning dimensions of other scales were more pronounced related to ED symptoms and behaviours compared to other subscales. Additionally, obsessive beliefs were found to be associated with ED symptoms. The included studies have shown that OCD symptoms are linked to eating disorders and behaviours in various ways, including cognitive aspects such as obsessions or obsessive beliefs, and behavioural aspects such as compulsions.

5. **Systematic Review and Meta-Analysis of Mediators in the Association Between Cyberbullying Victimisation and Mental Health Outcomes in Youth: Depression, Anxiety, Non-Suicidal Self-Injury and Suicidality**

Yixuan Li, Yuhui Liu, Monja Knoll, Ingrid Obsuth

There is a growing body of evidence indicating that cyberbullying victimisation among youth can lead to mental health outcomes, such as depression, anxiety, non-suicidal self-injury and suicidality. The high prevalence of cyberbullying victimisation, particularly among adolescents, has raised significant concerns regarding its psychological impact. Despite numerous individual studies examining mechanisms linking cyberbullying victimisation to mental health outcomes, no meta-analyses have systematically synthesised evidence on mediating pathways, leaving a critical gap in understanding how cyberbullying victimisation leads to these adverse effects.

This systematic review and meta-analysis address this gap by identifying and synthesising key factors that influence the link between cyberbullying victimisation and mental health problems. We searched multiple databases, identifying 102 quantitative studies that met our inclusion criteria across both English and Chinese languages.

Our analysis categorised the mediators into emotional dysregulation, social support, cognitive processes, internalising problems, externalising problems, and life stressors across cross-sectional and longitudinal studies with 194,711 participants from 21 countries. Separate meta-analytic structural equation modelling (MASEM) analyses revealed that emotional dysregulation, social support, and life stressors partially mediated the impact of cyberbullying victimisation on depression/anxiety, and internalising problems partially mediated the relation between cyberbullying victimisation and non-suicidal self-injury/suicidality.

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These findings provide critical insights into the psychological mechanisms underlying the association between cyberbullying victimisation and mental health consequences and highlight the urgent need for prevention and intervention strategies focused on these mediators. By addressing these mechanisms, mental health professionals, educators, and policymakers can develop more effective strategies and interventions targeted at these mediators for enhancing mental wellbeing in young people at risk of cyberbullying victimisation.

6. For Whom Does Mindfulness Induction Work?

Ke Shi

Short mindfulness inductions might be expected to have beneficial effects on executive functions and mind-wandering; however, the results are mixed. This might be explained by individual differences in the effect. We examined the impact of a 10-minute mindfulness induction on executive functions and mind-wandering to assess whether the effects are moderated by individual differences, including previous mindfulness meditation experience, trait mindfulness, Big Five personality traits, trait anxiety, trait mind-wandering, mindfulness mindset and mood states. Participants were randomly assigned to either a brief mindfulness exercise condition or an audio listening control condition. We used cognitive tests to measure executive functions and mind-wandering. Our results indicate that a single session of mindfulness can induce a state of mindfulness but failed to improve executive functions and mind-wandering overall. We found that mindfulness traits such as description and observation, the personality trait of imagination and negative mood state moderated the effects on working memory and cognitive inhibition. This suggests that the effects of mindfulness inductions depend on individual differences.

7. Mental Health Needs of Adult Syrian Refugees Resettled in Edinburgh

Xiaodan Zhang, Liz McArthur, Lama Bouchema, Alice Gritti, Jude Dababneh, Clara Calia

The ongoing Syrian conflict has forced millions of people to flee their homes, with many seeking refuge in countries like the UK. Edinburgh has seen an increasing number of Syrian refugees resettled under government schemes. While the challenges they face during resettlement and the impact on their mental health are widely acknowledged, there is still limited research into their specific mental health needs.

Resettlement is intended to distribute the global responsibility of protecting refugees, enabling countries to offer safety, meet refugees' needs, and reduce pressure on nations that initially host them. However, the process for Syrian refugees often comes with significant challenges and stressors. Post-migration issues such as poor socioeconomic conditions, language barriers, discrimination, and limited social support have all been shown to severely impact refugees' mental health. These effects can persist for years after resettlement.

In the UK, a mental health screening programme revealed that many Syrian refugees experience difficulties linked to adaptation stressors. To explore this further, we conducted a study in collaboration with MSc students in Clinical Psychology and the charity ReAct in Edinburgh. The study focused on two community-based psychosocial support groups for Syrian refugees, led by an Arabic-speaking counsellor. These sessions used a person-centred approach that incorporated Cognitive Behavioural Therapy (CBT) and Problem Management Plus (PM+). The groups aimed to provide psychoeducation, reduce mental health stigma, and address emerging psychosocial needs.

Three key themes emerged: (1) Basic integration needs like Employment and Learning English; (2) Social support involving Family, Friends, and Community; and (3) Mental health services focusing on Psychoeducation and Personalised care. This study highlights the urgent need for culturally sensitive mental health services and calls for actions to support the integration and well-being of Syrian refugees in Edinburgh.

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8. Decolonising Mental Healthcare: An Evaluation of the Clinical Ethics Toolkit

Clara Calia, Sarah Jose, Alice Gritti, Liz Grant, Corinne Reid, Cristobal Guerra

Mental healthcare has seen a growth in the body of research dedicated to addressing barriers in care stemming from the field's colonial history. However, there exist few resources for practitioners that are both contextual and application-focused. This exploratory study aimed to evaluate the scope of a recently developed process-based tool, The Clinical Ethics Toolkit, and examine its potential to support decolonising praxis.

A mixed-methods approach was employed, comprising focus-group discussions, open-ended survey responses, and a Likert-scale. Participant (N = 19) backgrounds were and included clinical doctoral trainees, academics, clinicians, global health researchers, and experts by experience. Descriptive statistics were generated and Reflexive Thematic Analysis (RTA) was conducted.

RTA of the qualitative data identified the toolkit's strengths – flexibility, concrete structure, and its capacity to foster reflection and collaboration. Areas for development include the need for clearer language, additional resources, and broader feedback.

The findings offer insights into how the toolkit complements existing codes of practice and regulations in healthcare, with potential for optimisation and application in practitioner training, supervision, and policy making.

9. Early Detection of Paediatric Bipolar Disorders: A Systematic Review and Meta-Analysis

Cristian Alcaíno, Aigli Raouna, Hamdullah Tunç, Angus MacBeth, Timothy Bird, Eric Youngstrom

Aims: This review aims to synthesise the evidence for the accuracy of bipolar disorder (BD) symptom index tests for discriminating BD from non-BD (other diagnoses or healthy controls) in paediatric population aged six to 17. Additionally, several theoretically relevant moderators of diagnostic accuracy were evaluated.

Methods: A systematic search was conducted of studies from 1980 to 2022 across three databases and also, a hand-search was carried out using a grey literature database, citation chaining, and contacting authors. Publication bias was addressed using Egger's test checked-version. Primary-studies quality was rated using QUADAS tools. Data from eligible studies were synthesised using meta-analysis. A multilevel model was fitted to account for nested effect sizes (when primary studies contribute more than one measure), with 31 potential moderators examined in univariate and multivariate models. The review was pre-registered, and its data is publicly available.

Results: Twenty-eight studies were eligible, yielding 115 effect sizes for analysis. Meta-analytic modelling indicated BD symptom index tests have a high diagnostic accuracy (g = 1.300; 95% CI: 0.982 - 1.619; p < .001) in paediatric population. Accuracy was relative to the type of comparison group, index test content, index test informant, and index test's scale or subscale.

Conclusions: Screening tests based on mania content, caregiver report, and non-healthy comparison groups have clinical utility in identifying paediatric bipolar disorders (PBD). Any other informant-and-content combination may not accurately identify PBD. Research should examine PBD tests using comparison groups, including disorders that share symptoms with BD and minimise the use of healthy controls.

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10. Sociophonetics and Mental Health Disorders

Lauren Hall-Lew & Tsung-Lun Alan Wan

There is a long and large literature dedicated to identifying the acoustic speech cues to various mental health disorders, particularly anxiety, depression, bipolar, and schizophrenia. Nearly all of this work is situated in the medical model of disability, which frames disability as biological deficit, and much of it is conducted by medical professionals rather than phoneticians or speech scientists. This poster summarises the insights from a critical systematic review of the literature, done from the perspective of sociophonetics (the study of speech and society). Sociophonetics has provided decades of evidence showing that speech differences are explained by both linguistic factors (e.g., where in the sentence a word appears; what consonants are adjacent to the vowels) and social factors (e.g., the language users' different identities; the different identities of their interlocutors), and yet most of these factors are excluded from the medical research. Sociophonetics is also ontologically aligned with a social model of disability, drawing on social theory to analyse how individuals and speech communities negotiate agency, power, and ideology, though language use. This poster summarises points of intersection and conflict between the sociophonetic perspective on acoustic cues (that they are semiotic resources) and the medical perspective of acoustic cues (that they are diagnostic tools, aka biomarkers). The goal of the broader research project is to provide recommendations for a sociolinguistically informed method to identifying acoustic cues to mental health disorders.

11. Establishing a Mouse Model of Anorexia Nervosa: Repeat Negative Reinforcement, Longevity and Preliminary Testing of Sex Differences

Martyna Krystyna Stasiak & Mahesh Karnani

Anorexia nervosa, an eating disorder characterised by extreme fear of weight gain and self-induced weight loss, is associated with the experience of repeated traumatic events. However, the underlying biological and neural mechanisms that influence the development, maintenance, and relapse of the disorder are challenging to study in humans. The present study aimed to test a novel mouse model with high face validity, voluntary restrictive feeding (VRF), that induces negative reinforcement of feeding behaviours. We investigated the impact of repeated induction, the longevity of subsequent weight loss and preliminary sex differences in feeding behaviours in adolescent mice. Fifteen C57BL/6 mice were divided into three groups: experimental females ($N = 5$), experimental males ($N = 5$) and control females ($N = 5$). All mice had ad libitum access to food throughout the 27-day procedure. Experimental cohorts were subject to two induction periods on days 4 and 7, followed by a 14-day follow-up period. Body weight and food intake were assessed and monitored automatically, alongside manual measures of food dropping. There was a significant difference in the body weight gain during adolescence between experimental females ($M = 8.69$) and control females ($M = 17.08$, $p < 0.05$) alongside experimental cohorts, males ($M = 12.95$, $p < 0.05$). An increase in food-dropping behaviours were observed in experimental females ($M = 1238.10$), compared to controls ($M = 554.76$, $p < 0.05$) and experimental males ($M = 12.95$, $p < 0.05$). In conclusion, we show preliminary evidence suggesting the VRF phenotype captures voluntary weight loss and disordered eating in a pattern reminiscent of AN. Particularly of the impact of repeat VRF induction, its longevity and sex differences in subsequent food-dropping behaviours. We plan to use this model to test neural correlates of AN, expected from human fMRI studies, such as involvement of frontal and temporal cortical regions, as well as striatal and hypothalamic areas. This may contribute to the advancement of early interventions and treatments for patients.

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12. ‘Untold Stories’: An Interpretative Phenomenological Analysis Study to Understand the Support Seeking Experiences of Women Child Sexual Abuse Survivors from India

Ayshu Biju

This study was conducted to understand the support seeking experiences of Indian women survivors of child sexual abuse (CSA). The aim of the study was to explore the support that participants had in terms of overcoming the impacts of CSA, the barriers they encountered while seeking support, and their views on ‘support seeking’ is explored and discussed. This is a qualitative study using interpretative phenomenological analysis (IPA).

Purposive sampling was followed, were the first three people who responded to attend the video interview after reading the participant information sheet were interviewed for this research. An in-depth semi structured video interviews were conducted to collect the data for this study. Data analysis was conducted in align with the IPA guidelines. The interviews were transcribed and it generated three master themes: The inner conflicts, the process of seeking support and redefining self. The master themes also had sub themes which gives more perspectives regarding the support seeking journey of the participants. The study also sheds light to the existing gender norms and patriarchy in Indian society that restricted the survival journey of the participants.

The results from the study integrates the multi-layered issues for counsellors and mental health practitioners to work with survivors of trauma. It shows how an increased understanding of the support seeking process will enable the therapists to understand personal, societal and emotional barriers for reaching out for support. It also highlights how the survivors cope at various stages in life and their subjective experiences of surviving. This understanding will help the mental health professionals in facilitating efficient and comprehensive environment for working with survivors of trauma.

13. Conflicted Expectations and the Medicalisation of Life: Policy Discourses on Psychologists’ Roles in Chilean Primary Care

Jorge Crespo

This poster presents a meso-level policy analysis that problematises how psychologists’ roles in providing primary care mental health in Chile have been constructed and transformed through evolving health policies since the 1990s. Despite expanding psychologists’ participation in primary care, no policy document clearly defines their role. Instead, their expected contributions must be interpreted by analysing national mental health plans, clinical guidelines, and management frameworks, which articulate contradictory expectations.

Drawing on primary policy documents and relevant secondary literature, I identified three dominant – and conflicting – role constructions: (1) psychologists as clinicians diagnosing and treating mental disorders, aligned with a biomedical model; (2) psychologists as public health agents promoting mental wellbeing in everyday life through a biopsychosocial and community-based approach; and (3) psychologists as productivity-driven practitioners shaped by New Public Management imperatives. These expectations reflect a dynamic process of medicalisation, whereby the expansion of psy knowledge and practices into everyday life is promoted through therapeutic, optimising, and managerial roles, often in tension with one another.

I also examined how neoliberal reforms have historically shaped the regulatory framework in Chile, enabling psychologists’ incorporation into primary care without granting them regulatory autonomy. The lack of a professional body with legal authority to define disciplinary boundaries leaves psychologists

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vulnerable to institutional control and managerial pressures. Policies that expand access and multidisciplinary collaboration also blur professional roles, reinforcing biomedical dominance while limiting psychologists' agency.

These findings and analysis contribute to the literature on medicalisation by showing how policy-level discourses and governance strategies produce conflicting subject positions for psychologists. These dynamics not only shape professional identities and practices but also contribute to the psychiatrisation of society through managerial, clinical, monitoring and risk classification practices.

14. **Heat or Eat: How Does Energy Poverty Effect Wellbeing? A Cross-Sectional Analysis Using New Zealand National Survey Data**

Caroline Fyfe, Gulsar Caliskan, Kim O'Sullivan, Nevil Pierse

Energy poverty is the inability to access adequate energy services to maintain a healthy home. A cross-sectional analysis was conducted using data from the Statistics New Zealand 2018/19 Household Economic Survey. Two quantitative measures of energy poverty and two subjective measures were used. Wellbeing was measured using an internationally recognized, self-assessment scale. Logistic regression was employed to investigate the relationship between the variables.

Using the quantitative measures, energy poverty had a negative effect on wellbeing that was independent from house condition but not independent from economic hardship. Using subjective measures energy poverty had a negative effect on wellbeing that was independent from both house condition and economic hardship.

The difference between the two sets of measures highlighted limitations of using an income and expenditure-only based approach, which reflects only how much people spend on energy and not the difficult household budgeting decisions they face.

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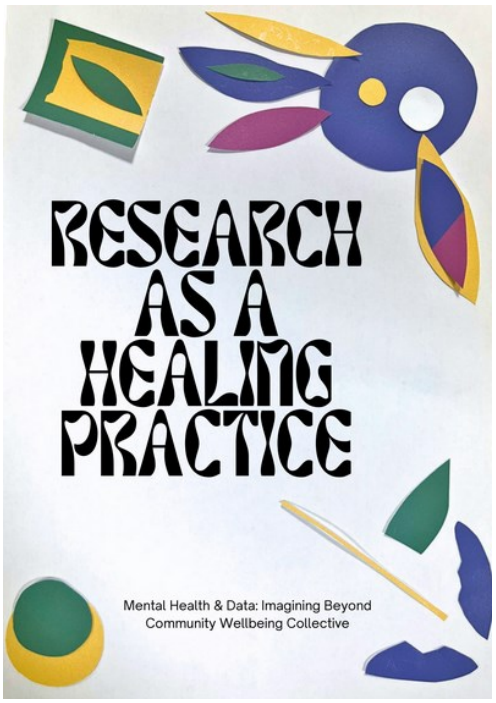
Art Showcase

The Strategy of the Genes

Physical Artwork by Penny Kay

This artwork consists of 3D representations of the letters A, C, T, and G, which are commonly used to symbolize the bases in DNA. Created by artist Penny Kay, this piece was inspired by the genetics work of Andrew McIntosh and Pippa Thomson. The tactile nature of the work invites interaction, engaging viewers in a multisensory experience.

Contributed by Dr Iona Beange



Research as a Healing Practice

Zine by the Community Wellbeing Collective

The Community Wellbeing Collective (CWC) is a diverse social art collective in Wester Hailes focused on community wellbeing and fostering collective action for change. In collaboration with researchers from the Mental Health Data Science group at the University of Edinburgh, the CWC used participatory research methodology to conduct a series of workshops to explore mental health and data, generating research questions based on community needs. Insights from these workshops are shared in this zine. Free physical copies are available at the conference, or download a free copy here!

Contributed by Dr Iona Beange

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My Depression, Your Depression

Digital Artwork by Multiple Creators

Trigger Warning: Suicidal Ideation in some of the stories.

This project, funded by the Wellcome Trust, aims to raise awareness of depression in Scotland by creating digital stories that highlight personal experiences with the condition. Led by Dr Iona Beange from the University of Edinburgh, the initiative seeks to inspire others, reduce stigma, and inform policymakers. View the stories online or on iPads at the conference.

Contributed by Dr Iona Beange

Recovery in Eating Disorders

Illustrations by Zofia Chamienia
Animations by Woven Ink

EDIFY is a four-year programme of research focused on how we understand and treat eating disorders in young people. These illustrations and animations were created as part of Workstream 1, which uses arts and humanities to explore and amplify the diverse lived experiences of young people with eating disorders, particularly those underrepresented in mainstream narratives.

Contributed by Dr Helen Sharpe, EDIFY

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You're Not Alone

Photovoice Exhibition by Multiple Creators

TW: food, scales, special diets, clinical settings

You're Not Alone is a Photovoice* exhibition presenting the experiences and priorities of Autistic people with eating disorders. This exhibition features photographs, drawings and digital art produced through research conducted by the Eating Disorders and Autism Collaborative (EDAC). View the virtual exhibition here.

*Photovoice is a participatory research method that uses photography and storytelling to document and share people's experiences.

Contributed by Dr Karri Gillespie, EDAC

The Ripple Project: Past, Present and Future

Exhibition by The Ripple Project & The Binks Hub

This exhibition marks a long period of collaborative working between the Binks Hub and the Ripple Project. It is a co-created, community arts-based research project that explores the past, present, and future of the Ripple Project using mixed media including an artistic timeline, fibre arts, and collage. A poster providing an overview of the project is on display at the conference, download a digital copy here.

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