

## PSYCHIATRY AND PSYCHOLOGY

**G211 EMOTIONAL AND BEHAVIOURAL DISTURBANCE IN PRE-SCHOOL AND SCHOOL-AGED CHILDREN RESIDENT IN REFUGES FOR VICTIMS OF DOMESTIC VIOLENCE**

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**Aims:** Every year, in England and Wales, over 35,000 children are admitted to refuges for women victims of domestic violence. This study assesses the mental health status of this population.

**Methods:** The city contains five refuges, two of which serve mainly families from minority ethnic communities. Children age 3 to 16 years admitted to local refuges over a six month period in 1999 were identified prospectively, following the establishment of a partnership between health care providers and the agencies providing refuge. A specialist health visitor fully assessed the children. This assessment included the Rutter Parents' Scale screening instrument for emotional/behavioural disturbances (school and pre-school versions).

**Results:** 204 children had been resident. 119 were seen. Those not seen were resident for a short period. Forty-two of the 119 were aged <3 years. The remaining 78 were screened. Mean Rutter score =12(range 0-42). Thirty-eight (48%) scored >11. Twenty had predominantly emotional difficulties, 15 conduct and 3 mixed. Twenty-seven (35%) scored >3 on the hyperactivity scale. Mean pro-social score =17(range 8-22). Mean scores for males =13, and for females =12, with 46% males and 51% girls scoring >11. Mean score for White Europeans (n=48) was 16(66%>11, range 0-42). Mean score for other ethnic groups (n=30) was 6(20%>11, range 0-24).

**Conclusions:** We found a high prevalence of emotional and behavioural problems. A few individuals had severe distress. Providers of mental health services need to consider supporting refuge workers in providing a therapeutic environment, and identify fast track referral for very disturbed children.

**G212 PARENTING STYLE, PEER INFLUENCE AND EARLY INITIATION OF SEXUAL INTERCOURSE IN TEENAGERS**

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While many parents believe that they are able to exert little influence on their teenagers behaviours (anecdotal) the literature suggests that certain parenting styles are associated with high rates of risk taking behaviours.

Data were collected from over 10,000 teenagers in their last year of compulsory education at a mean age of 16 by means of an anonymised questionnaire completed under "exam conditions".

46% of girls and 36% of boys were sexually experienced and of these >80% had practised a recognised form of contraception at last intercourse. Odds ratios for various associations were calculated and shown as simple numbers in {} preceded by 'f' if only true for females and 'm' for males. P values are all < 0.001 unless indicated. Sexual intercourse was strongly associated with other high risk behaviours {12} and belief that more than half of friends were sexually experienced {10}; both associations stronger for males. Other associations are significant in a logistic regression model include: leaving school at 16 {3}; a 'neglectful' (low involvement, low control) style of parenting {2.6}; not living with both biological parents {1.7}; attending a low achieving school {1.8}; not claiming to be religious {1.7}; affected by peer pressure {1.6} and believing father {1.7} or mother {1.4} would be angry. Similar associations with low self-esteem, manual occupations and urban living are not significant in a regression.

Evidence of being peer pressured was most strongly associated with a neglectful parenting style {6.8}. Family breakdown was associated with high risk taking {1.8} and neglectful parenting style {2.0} and less closely with urban living, no plans for higher education, low achieving school and not being religious.

We conclude that family life and parenting styles are of critical importance in adolescents' likelihood of engaging in early sexual intercourse; parents may have more influence than they often believe.

**G213 ESTIMATING THE PREVALENCE OF ASPERGER SYNDROME (AS) AND HIGH FUNCTIONING AUTISM (HFA) IN MAINSTREAM SCHOOL CHILDREN AGED 7-11 YEARS USING THE AUTISM SPECTRUM SCREENING QUESTIONNAIRE (ASSQ)**

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**Aims:** To estimate the prevalence of AS and HFA in children age 7-11 years.

**Methods:** All local mainstream junior schools were invited to take part. Class teachers filled in an initial screen, based on ICD10 criteria (in the 3 domains of social difficulties, communication problems and rituals/obsessions), for each

class. Children with problems in 2 or more domains were identified. The teacher then filled in the ASSQ on these children.

**Results:** 21 schools declined to take part. This left 70 schools covering a population of 11,692 children born between 1/9/86 and 31/8/90. 76 children were identified as having problems in all 3 domains. 67 ASSQs were returned (88%). Of these 67 34(51%) scored >21 and 33 scored less. 158 children were identified in 2 domains. ASSQs were obtained for 84 (53%). Of these 84, 26 (30%) scored >21 and 58 scored less. This gave a total of 60 children (8f) identified with scores of >21. Their notes were examined. Six (1f) were known to have AS (ASSQ = 24 - 47). Two had Tourette syndrome, eight had conduct problems associated with abuse or deprivation, one had isolated speech delay. In four AS/HFA had been previously excluded. No known cases were missed. Thirty-seven require further assessment.

**Conclusions:** This gives a minimum prevalence of AS/HFA of 6/10,000 in this study population. A cut-off of 22 for the teacher ASSQ gives an odds ratio of 7.5:1 that children will have Autistic Disorder. Correcting for incomplete ASSQ returns, the prevalence could be as high as 6 per 1000.

**G214 FAMILY RELATIONSHIPS AND PSYCHOSOCIAL IMPAIRMENT IN ADULT SURVIVORS OF CHILDHOOD CANCER**

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**Aims:** To establish whether adult survivors of childhood cancer have impaired psychosocial functioning, and to assess the role of family relationships as risk or protective factors.

**Methods:** 102 adult survivors (82% of those eligible) of childhood Acute Lymphoblastic Leukaemia and Wilms' Tumour, and 102 matched controls (74% of those eligible) aged 19-30 were interviewed. Interpersonal and social role functioning, and current relationships with each parent were assessed in standardised investigator-based interviews with subjects

**Results:** Adult survivors were more likely than controls to have impaired close relationships (love relationships and friendships) - OR 8.47, 95%CI 3.14-22.86 - and poorer day to day coping - OR 3.65, 95% CI 1.67-7.99. Cancer survivors were more likely than controls to experience current lack of encouragement from their fathers - OR 2.23 95% CI 1.22-4.06, and to a lesser extent from their mothers - OR 1.92 95% CI 1.08-3.40. Impaired close relationships were strongly associated with lack of paternal encouragement - OR 5.05 95% CI 1.96-12.99 - and modestly with lack of maternal encouragement - OR 2.13 95% CI 1.00-4.52. Poor coping was associated with lack of paternal encouragement - OR 3.41 95%CI 1.50-7.77 - but not with maternal encouragement.

**Conclusions:** It is not possible from this study to distinguish between the impact of the illness and treatment on family relationships, and effects on family relationships arising from the young person's psychosocial problems. Nevertheless fathers are often neglected by health professionals, and if these findings were replicated in prospective studies, there would be implications for clinical practice.

**G215 PAEDIATRIC CHRONIC FATIGUE SYNDROME IN ONE HEALTH AUTHORITY-EPIDEMIOLOGY, SPECTRUM OF SEVERITY AND NATURAL HISTORY**

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**Aim:** To study the prevalence, demography and natural history of paediatric Chronic Fatigue Syndrome (CFS) in the catchment area of one Health Authority over a 10 year period.

**Methods:** A proforma was completed for 49 cases of paediatric CFS diagnosed between 1988-96, 30 by personal interview and 19 by case note review. Follow-up period was from 2-10 years. The study included cases across the whole spectrum of severity.

**Results:** There was a steadily increasing incidence of this condition over the period studied, with a peak of 12 new cases in 1995. Mode of onset was insidious in 38/49 cases. Female:Male ratio was 35:14 (2.5:1). Age of onset ranged from 1.7-16 years (mean 11.8 years). There was a positive family history of CFS in a first degree relative in 7 cases (14%). There was a past history of migraine in 33 cases (67%), and a positive family history of migraine in a first degree relative in 28 cases (57%).

Six cases were classified as **Mild** (12%), 19 as **Moderate** severity (39%) and 24 as **Severe** (49%). Cases were found in all social classes, 6 from Social Class I, 16 from II, 18 from III, 5 from IV and 4 from V.

**Full recovery** - was seen in 15 cases (31%) (5 mild, 8 moderate and 2 severe). Mean duration of illness in this group was 5.1 years.

**Significant improvement** - (change to a less severe category) was seen in 7 cases (14%). Twenty-seven cases (55%) were **static** at the time of follow-up, of whom 7 were still in the **severe** category. **School loss** was considerable, with a total of 89 academic years being lost out of a possible 220 years, and the average school loss per child was 1.8 years.