A Survey of Bullying Experiences in a Child and Adolescent Psychiatric Clinic Population

Sultana Jahan, MD[1], Ellen O'Neill[2] and Jordan Richardson[2]

[1]University of Missouri-Columbia, Columbia, MO, USA and [2]Undergraduate Student, University of Missouri-Columbia, Columbia, MO, USA

Abstract

Objectives. The study hypothesis is that regardless of "zero-tolerance policies," bullying is still occurring in schools. The study objective is to assess the prevalence of bullying in a child and adolescent psychiatric clinic patient population and gather information from students about their experiences with bullying, the response of school staff, and results of corrective actions taken.

Methods. A proposal was approved by the University of Missouri Internal Review Board to conduct this study. 101 randomly selected patients who are students in the mid-Missouri area were interviewed at the University of Missouri Child and Adolescent Psychiatry Clinic. All school districts in the surveyed area currently endorse a zero-tolerance bullying policy. After obtaining a guardian's consent, each participant was asked a standard series of questions inquiring whether they had been bullied ever or in the past 12 months, bullied someone else, or witnessed bullying. Details including category, location, and action taken were also collected.

Results. Of the 101 study participants, 80% reported having been bullied at some point in their lifetime and 49% in the past year. The most common form of bullying was emotional/verbal, which was reported by 77 participants. 43 participants reported they had been victims of physical bullying. 25 participants reported cyber bullying and 11 reported sexual bullying. Of the 81 patients who reported experiencing bullying, 52% were male and 48% were female. The study population was 75% Caucasian, 11% African American, 7% biracial, and 7% other. The bullied population was 80% Caucasian, 11% African American, 4% biracial, and 5% other. When asked where at school bullying occurs the most, responses were as follows: 23% playground, 21% classroom, 20% hallway, 13% lunchroom, 11% restroom, and 13% somewhere else. 66.3% of participants reported never having bullied someone and 74% of participants responded that they would intervene if they saw someone getting bullied. 67 participants reported that they had previously acted against bullying, and 37% of these stated nothing happened as a result of their action. 22% of participants got the bully to stop and 13% got them to stop temporarily. 16% reported that their bully got in trouble, but 9% reported they themselves got in trouble after taking action.

Conclusions. Despite zero-tolerance policies in place, a significant portion of bullied students reported that no action was taken even after reporting their bully. The threat of suspension or expulsion for the child accused may prevent school staff from taking these reports more seriously. Evidence-based methods, such as Positive Behavioral Interventions and Supports, are recommended to prevent bullying victimization. Many of these methods focus on creating a safe, inclusive environment by positively reinforcing expected behavior. There is also substantial evidence that educational programs can be successful in bullying reduction. As demonstrated by the results of this study, zero-tolerance policies alone are not sufficient bullying prevention. Revision to current policy is necessary to protect students in schools.

Funding. No Funding

Acute Emergence of Suicidal Thoughts Following Lemborexant Initiation: An Adverse Reaction Case Report

Thomas Roberts, DO, Homer Stryker, MD and Madhavi Latha Nagalla, MD

Western Michigan University, School of Medicine Department of Psychiatry, Kalamazoo, MI, USA

Abstract

This is a case report highlighting the side effect of suicidal ideation with lemborexant, a novel agent approved for the treatment of insomnia. A 22-year-old man received care at an outpatient psychiatrist for the treatment of major depressive disorder, persistent depressive disorder, generalized anxiety disorder, social phobia, and insomnia. The patient also has a diagnosis of Loeys-Dietz syndrome, a connective tissue disorder. Following numerous medication trials for both depression and insomnia that resulted in partial remission of mood symptoms without improvement in sleep, he was initiated on lemborexant to address insomnia. He was noted to be denying suicidal ideation at the appointment when lemborexant was prescribed. The patient did not take lemborexant until three days after the appointment, at which time he took the recommended dose of 5 mg at bedtime for insomnia. The patient experienced drowsiness immediately following taking this dose; however, he woke up two hours later with new-onset suicidal ideation. The patient was brought to the hospital for this complaint, and the following evening had attempted suicide by hanging in his hospital room. Laboratory investigations showed normal findings in blood chemistries, complete blood count, thyroid stimulating hormone, vitamin B12 level, vitamin D level, and urine illicit drug screening. Differential diagnosis includes acute reaction to insomnia, medication-induced side effect, and major depressive disorder. He had completed trials for insomnia with zolpidem, hydroxyzine, quetiapine, nortriptyline, and trazodone prior to beginning lemborexant. The patient had no history of suicide attempts in the past, but did experience suicidal ideation following a trial of nortriptyline. In the hospital, the lemborexant was discontinued, and clonidine and clonazepam were initiated at bedtime to address insomnia and ruminative thoughts. The patient was discharged with follow-up at his outpatient psychiatrist after his suicidal ideation was in remission, as well as noted improvement in insomnia. This case highlights new-onset suicidal ideation with subsequent suicide attempt after first use of lemborexant in a patient with major depressive disorder. This case is important given lemborexant is a new medication with limited information about its efficacy and safety in major psychiatric disorders.

Funding. No Funding

https://doi.org/10.1017/S1092852923002122 Published online by Cambridge University Press