



# 2026 SA-ACAPAP Congress

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## ABSTRACT BOOK



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## ● Resilience begins in the community: Integrating MHPSS into SRHR for adolescents and young people in Kibra, Kenya

**Ms Rosemary Ayiera Kombo**<sup>1</sup>

<sup>1</sup>Regional Psychosocial Support Initiative (REPSSI), Nairobi, Kenya

**BIOGRAPHY:** Rosemary Ayiera is the Country Representative and Mental Health, Psychosocial Support & Child Protection Technical Manager at REPSSI Kenya. She is a skilled global public health specialist and social worker with over three decades of experience advancing adolescent and youth sexual and reproductive health and rights, mental health, and psychosocial well-being. Rosemary has led large-scale community and health systems strengthening initiatives, working closely with governments, civil society, and international partners to integrate MHPSS into SRHR and broader health programs. She has trained hundreds of health workers, community health promoters, and youth peer facilitators, pioneering community-linked models that improve accessibility, affordability, availability, and acceptability of care for adolescents and young people. With a strong intersectionality lens, her work addresses the overlapping impacts of gender, poverty, rights, and culture on health outcomes. Her motivation is rooted in seeing every young person thrive with dignity, voice, and opportunity.

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**Background:** Adolescents and young people in informal settlements often face stigma, fragmented care, and limited access to essential services. Mental Health and Psychosocial Support and Sexual and Reproductive Health and Rights are frequently delivered in isolation, creating missed opportunities for holistic care. REPSSI Kenya is implementing a community-linked integration model in Kibra to embed MHPSS within SRHR services by leveraging existing community and health structures.

**Approach:** Using a cascaded training model, 24 health workers, 600 community health promoters, and 41 youth peer facilitators were equipped with mhGAP-IG skills. Service delivery was embedded in schools, youth groups, faith institutions, and public health facilities, trusted entry points already used by AYPs. Implementation focused on the 4As framework: accessibility, availability, affordability, and acceptability.

**Results:**

- Accessibility: Strong referral pathways enable seamless care from community to facility level.
- Availability: Integration within SRHR platforms ensures MHPSS was consistently present where AYPs seek services.
- Affordability: Delivering care through community and public systems removes financial barriers.
- Acceptability: Peer-led safe spaces and caregiver involvement reduce stigma and strengthen trust.

The model has led to increased uptake of MHPSS and SRHR services, improved adolescent follow-through at facilities, and greater caregiver confidence in referral systems. AYPs report higher confidence in seeking help, and mental health has become normalized within SRHR service delivery and community, building resilience at both individual and community levels.

**Conclusion:** REPSSI Kenya's experience shows that resilience can be built through existing community structures. By integrating MHPSS into SRHR, services become more accessible, acceptable, and widely used. This replicable model offers practical lessons for scaling and sustainable adolescent-responsive, integrated care across Africa.

# ● Reframing the understanding of giftedness: A comparative analysis of Dabrowski's Overexcitabilities and sensory integration

**Mrs Kirsty Beamish**<sup>1</sup>

<sup>1</sup>Silvertree Cottage Occupational Therapy Practice, Cape Town, South Africa

**Biography:** Kirsty Beamish is an Occupational Therapist who graduated from the University of Cape Town in 2001. Early in her career, she presented her thesis on the importance of play at the World Federation of Occupational Therapists Congress in Sweden, before gaining experience in the UK within social services and hospital settings. Returning to South Africa in 2003, she established her own paediatric practice in 2011, where she has worked extensively with children facing learning, concentration, emotional, behavioural, sensory processing, and developmental challenges. Kirsty has a special interest in gifted children and sensory processing, exploring how these impact both the child and their family. Passionate about lifelong learning, she regularly updates her practice through courses and academic involvement, joining UCT in 2017 as an adhoc lecturer and beginning her Master's journey in 2022. She has presented both locally and internationally, and continues to advocate for reframing giftedness and children's mental health.

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Gifted individuals often present with heightened responses to their internal and external environments, commonly described through Dabrowski's theory of overexcitabilities (OEs). These intensities—psychomotor, sensual, intellectual, imaginational, and emotional—have been used to explain the unique behaviours, sensitivities, and developmental trajectories observed in gifted populations. It is suggested that many of these experiences can also be understood through the lens of sensory integration frameworks, grounded in occupational therapy and sensory integration theory. By drawing parallels between OEs and sensory system reactivity—such as vestibular, proprioceptive, tactile, auditory, and visual processing—thus reframing the understanding of giftedness in a way that bridges psychological and neurodevelopmental models. Recognizing this overlap not only offers a more holistic perspective but also has profound implications for mental health. Gifted individuals frequently experience overwhelm, anxiety, and emotional dysregulation when their heightened sensitivities are misunderstood and/ or unsupported. Through this comparative analysis, professionals, educators, and families can better identify sensory-based contributors to gifted behaviours, apply practical strategies for regulation, and foster environments that reduce stress and support well-being. Ultimately, integrating sensory integration frameworks with the concept of overexcitabilities enhances both our theoretical understanding, and provides a holistic and actionable approach to support and promote resilience and positive mental health in gifted individuals.

# ● The TANDem-2 Study: Closing the gap to interventions for TSC-Associated Neuropsychiatric Disorders

Dr Liezl Schlebusch<sup>1</sup>, Dr Erin Campbell<sup>1</sup>, **Dr Nola Chambers**<sup>1</sup>, Dr Lucas Gutiérrez-Lafrentz<sup>2,3</sup>, Dr Tosca-Marie Heunis<sup>2</sup>, Dr Liesbeth De Waele<sup>4,5</sup>, Prof Anna C Jansen<sup>2,6,7</sup>, Prof Petrus J. de Vries<sup>1</sup>

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**Biography:** Dr Nola Chambers is a speech and language therapist in the Centre for Autism Research in Africa (CARA). She has an interest in early detection and early intervention for children with autism.

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**Background:** Tuberous Sclerosis Complex (TSC) is frequently accompanied by TSC-Associated Neuropsychiatric Disorders (TAND), which profoundly affect individuals and their families. Although awareness of TAND has grown, there remains a lack of large-scale longitudinal data on how TAND evolves and which factors predict its course. The connection between caregiver wellbeing and TAND severity is also underexplored, and no wellbeing interventions have been trialled in the TSC community. The TANDem-2 study aims to (1) chart patterns and predictors of TAND severity over time, (2) investigate links between caregiver wellbeing and TAND outcomes, and (3) test whether a brief online programme can enhance caregiver wellbeing.

**Methods:** For Aims 1 and 2, data from 500 individuals with TSC or their caregivers will be collected through the TAND Toolkit App at five time points across 12 months. Measures will include characteristics of individuals (e.g., genotype, seizure history, intellectual ability, treatment), caregivers (e.g., burden, wellbeing), and TAND severity using the TAND-SQ Checklist. Latent class mixed models will identify distinct TAND trajectories, and multinomial logistic regression will determine their predictors. Relationships between caregiver wellbeing and TAND will be examined using structural equation and mediation models. For Aim 3, participatory co-design within the TAND Consortium will adapt a three-session online wellbeing programme for caregivers, followed by a pilot online clinical trial.

**Results:** Here we will outline the overall protocol, present preliminary data to support the hypotheses in the project, and summarise progress to date.

**Conclusion:** By identifying distinct developmental pathways of TAND and their predictors, this study will inform prognosis, mechanisms, and future interventions. Exploring the dynamic link between caregiver wellbeing and TAND could shift clinical practice toward holistic, family-centred care. Testing a brief, scalable online support programme will establish feasibility and provide early evidence for broader implementation to benefit families affected by TSC.

# ● Validation of the TSC-Associated Neuropsychiatric Disorders Self-Report Quantified Checklist (TAND-SQ)

**Dr Nola Chambers**<sup>1</sup>, Dr Lucas Gutierrez-Lafrentz<sup>2</sup>, Dr Tosca-Marie Heunis<sup>2</sup>, Dr Liezl Schlebusch<sup>1</sup>, Dr Liesbeth De Waele<sup>3</sup>, Professor Anna Jansen<sup>2</sup>, Professor Petrus de Vries<sup>1</sup>, TAND Consortium

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**Biography:** Dr Nola Chambers is a speech and language therapist in the Centre for Autism Research in Africa (CARA). She has an interest in early detection and early intervention for children with autism.

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**Background:** Tuberous Sclerosis Complex (TSC) is a rare genetic condition with high rates of associated neuropsychiatric disorders (TAND). To help families screen for TAND, a self-report quantified checklist (TAND-SQ), was developed, including 33 items making up seven natural TAND clusters. Each item is rated as having ever been present to generate cluster scores (CS) and given a severity rating (over the last month) to generate cluster severity scores (CSS) and a total TAND severity score (TTSS). This study aimed to validate the CS, CSS and TTSS.

**Methods:** We used two convenience samples with existing relevant independent clinical data (TSC Alliance Natural History Database (NHD); n=69) and standardised research data (Rare Diseases Clinical Research Network (RDCRN; n=23). We used Cronbach's alpha ( $\alpha$ ) to assess the reliability of the items within each cluster, and Spearman's correlations ( $\rho$ ) to examine relationships between TAND-SQ scores, and the clinical and research data.

**Results:** We found acceptable internal consistency for the CS ( $\alpha = .67-.89$ ) and CSS ( $\alpha = .76-.95$ ) for most clusters. Most CS and all CSS were significantly correlated to self-reported clinical diagnoses in the TAND-SQ, and independent clinical and research diagnoses in the NHD and RDCRN cohorts respectively. In the RDCRN cohort, we found significant correlations between the CS, CSS, and scores on a range of relevant standardised behavioural measures. The TTSS was significantly correlated to a global self-rating of TAND burden reported within the TAND-SQ ( $\rho=0.75$ ,  $p<.001$ ) and with the Vineland-3 Adaptive Behavior Composite ( $\rho=-0.75$ ,  $p<.001$ ) and the Child Behavior Checklist ( $\rho=0.71$ ;  $p=.001$ ).

**Conclusions:** Findings support the internal consistency and convergent validity of the CS, CSS and TTSS. Scores may be useful for guiding clinical care for individuals with TSC. Findings support further research of the TAND-SQ as a measure of TAND trajectories over time and as a possible outcome measure for TAND interventions.

# ● Reducing adolescent sexual violence and improving family mental health: Findings from a cluster randomised trial in Tanzania

**Mrs Nicole Chetty**<sup>1</sup>, Dr Abigail Ornellas<sup>1</sup>, Mr Jonathan Klapwijk<sup>2</sup>

<sup>1</sup>University of Cape Town, Cape Town, South Africa, <sup>2</sup>University of Oxford, Oxford, United Kingdom

**Biography:** Nicole Chetty is a project manager working on ParentApp for Teens, focusing on making parenting programme tools easy to use and effective. She's involved in everything from testing and pilot studies to research trials, and is currently finishing an MPhil in Public Mental Health. Nicole loves turning research into practical resources and enjoys working with different groups to help build stronger families and communities.

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**Introduction:** Sexual violence poses a serious threat to adolescent mental health, particularly in low-income settings where high family stress and limited caregiver support exacerbate vulnerability. Interventions that strengthen family environments and caregiver skills may reduce violence and improve mental health outcomes.

**Purpose:** This study evaluated the effectiveness of ParentApp, a digital parenting intervention designed to reduce sexual violence victimisation among adolescents and improve a range of mental health and parenting outcomes by alleviating family stress and enhancing caregiver-adolescent relationships in Tanzania.

**Method:** A pragmatic cluster randomised controlled trial was conducted with 2396 caregiver-adolescent dyads from low-income urban and peri-urban communities in Mwanza, Tanzania. ParentApp delivers 12 interactive modules promoting positive parenting, stress reduction, and violence prevention via phone apps accessible offline. Outcomes were assessed at baseline and at 1-month and 14-month follow-ups using validated, locally adapted psychometric instruments. Intention-to-treat analyses employed generalised linear mixed models adjusted for clustering and covariates.

**Results:** The intervention reduced past-month sexual violence victimisation by 57% among adolescent girls (IRR 0.43, 95% CI 0.21–0.86,  $p=0.018$ ). Significant reductions were observed in adolescent depressive symptoms (IRR 0.95, 95% CI 0.91–0.99,  $p<0.0001$ ) and caregiver depressive symptoms (IRR 0.91, 95% CI 0.87–0.94,  $p<0.0001$ ). Parenting stress significantly decreased (effect size  $d = -0.19$ , 95% CI  $-0.32$  to  $-0.06$ ,  $p<0.0001$ ). Positive parenting behaviours, including praise and supervision, improved while caregiver-reported intimate partner violence experience diminished. Social support for caregivers increased, reflecting strengthened family and community networks. The study achieved over 90% retention with no significant adverse events reported.

**Conclusion:** ParentApp's multidimensional benefits on adolescent safety and mental health demonstrate the potential of targeted digital parenting programmes to reduce violence and improve psychosocial wellbeing in vulnerable communities. Integrating family stress reduction with parenting support sustainably addresses complex risk factors, supporting the scale-up of such evidence-based interventions in low-resource settings.

# ● Parenting in the age of tech: Disrupted co-regulation and developmental risk in the first 1,000 Days

**Mrs Meg Faure**<sup>1</sup>

<sup>1</sup>Sense-it, Cape Town, South Africa

**Biography:** Meg Faure is an occupational therapist, bestselling author, and internationally recognised thought leader in infant and child development. With over 25 years of clinical and research experience, she has dedicated her career to translating neuroscience into practical strategies for parents and professionals in the first 1,000 days of life. Meg is the founder of Parent Sense, a science-based digital platform supporting families globally, and the author of eight bestselling parenting books including *Baby Sense*, *Weaning Sense* and *Parent Sense*. She is a sought-after keynote speaker at international conferences on early childhood development, sensory integration, and maternal-infant mental health. Through her writing, app development, and professional training programmes, Meg bridges evidence-based research with innovative tools that promote resilience, self-regulation and secure attachment in young children. Her work has impacted thousands of parents and practitioners, shaping integrated approaches to family mental health in the digital age.

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In the first 1,000 days of life, a child's capacity for emotional regulation, attachment security, and social engagement is built on the foundation of co-regulation - the responsive, face-to-face interactions between caregiver and infant. However, as mobile technology becomes ubiquitous in caregiving environments, these critical moments of "serve and return" are increasingly disrupted by a phenomenon known as technofence.

This presentation explores how caregiver technology use during daily routines, particularly mealtimes - mimics the Still Face Paradigm, producing physiological and emotional stress in infants, and eroding the foundation for resilience. Drawing on recent research, including Cimino et al. (2025) and Konok et al. (2024), we examine how even brief tech interruptions can measurably alter interaction quality, increase dysregulation, and displace essential developmental experiences - from sensory input to boredom-induced free play and language learning.

By synthesising evidence from infant mental health, sensory integration, and media use research, this presentation highlights how early exposure to parental device use is associated with elevated stress, disrupted attachment trajectories, and reduced self-regulation capacities in young children. Importantly, it reframes these patterns not as inevitable consequences of modern life, but as modifiable risk factors.

Participants will leave with a deeper understanding of the opportunity costs of tech use in the early years and practical tools for integrating this insight into prevention and health promotion work with families. This presentation will be particularly valuable for clinicians, educators, and researchers interested in fostering resilience through relationship-based care and developmentally attuned practice in a digital world.

Attendees will also be invited into reflective discussion: Are we creating relationally impoverished environments, and then diagnosing the child who struggles to cope within them?

# ● Childhood psychosis and catatonia revealing late-onset Cobalamin C Deficiency: First case from India

**Dr Ankita Garg**<sup>1</sup>

<sup>1</sup>Sir Ganga Ram Hospital, New Delhi, New Delhi, India

**Biography:** Dr. Ankita is a dedicated psychiatrist with extensive experience in providing comprehensive mental health care across diverse populations in India. She completed her MBBS and internship at TN Medical College, Mumbai, followed by a DNB in Psychiatry from Lourdes Hospital, Kochi. Her clinical experience spans leading medical institutions in India's capital city, Delhi, as well as developing medical colleges across other regions. She is currently pursuing a Fellowship in Child and Adolescent Psychiatry at Sir Ganga Ram Hospital, New Delhi.

She has authored multiple research publications, including studies on electroconvulsive therapy and psychiatric comorbidities in chronic kidney disease, and has presented her work at national and international conferences. She has also pursued specialized training in "Yoga in Mental Health" organized by the World Psychiatric Association.

Passionate about mental health awareness, she combines psychiatric evaluation, medical management, and counselling with empathy and strong communication.

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**Introduction:** Childhood-onset psychosis is rare, carries a poor prognosis, and is often associated with schizophrenia or mood disorders. When presentations are atypical, treatment-refractory, or complicated by catatonia, underlying medical causes must be considered.

**Methods:** We evaluated a 12-year-old girl with progressive social withdrawal, reduced speech, inappropriate laughter, fearfulness, and poor self-care. Neurological examination, MRI brain, and EEG were unremarkable. She was diagnosed with Acute and Transient Psychotic Disorder, showing transient partial improvement on antipsychotics. Gradually, she developed catatonia. Common causes of psychosis with catatonia were excluded with lab investigations and slit-lamp examination. She developed gait disturbances and feeding difficulties. In view of poor antipsychotic response and evolving neurological features, metabolic evaluation was pursued. Despite normal serum B12 levels, homocysteine was markedly elevated, indicating functional B12 deficiency. Urinary GCMS and TMS confirmed elevated methylmalonic acid. Genetic confirmation of a homozygous MMACHC mutation established the diagnosis of late-onset Cobalamin C deficiency.

**Results:** Treatment with intramuscular hydroxycobalamin, betaine, folinic acid, pyridoxine, levocarnitine, and dietary modification led to marked improvement in behaviour, psychotic features, speech, gait, and oral intake within one week, with complete resolution in three months. Homocysteine levels steadily normalized. This is the first reported Indian case of late-onset Cobalamin C deficiency presenting with psychosis and catatonia.

**Conclusion:** This case illustrates a rare but treatable cause of childhood psychosis and catatonia. Diagnosing such presentations is challenging in low- and middle-income countries (LMICs) due to rarity and heterogeneity of late-onset cases, limited familiarity among psychiatrists, and resource constraints. Since indiscriminate extensive testing is often impractical, a pragmatic approach is essential. We recommend incorporating simple, accessible tests such as serum homocysteine and TMS when evaluating unexplained pediatric psychosis or catatonia with poor antipsychotic response. Targeted screening enables early recognition of metabolic etiologies, timely treatment, and reversal of severe neuropsychiatric symptoms even in resource-limited settings.

# ● Exploring rural youth's perceptions and experiences of occupational engagement and its influences on mental health in Pofadder, Northern Cape

**Ms Elizabeth Jonker**<sup>1</sup>, Prof Lisa Wegner, Prof Thuli Mthembu

<sup>1</sup>University of the Western Cape, Cape Town, South Africa

**Biography:** I completed my community service in the rural town of Pofadder, where the experience deeply impacted me and inspired the focus of my Master's research. With the guidance of my supervisors, I chose to explore the occupational engagement of rural youth and its influence on their mental health. My thesis aimed to give voice to the lived experiences of young people in under-resourced communities, highlighting the barriers they face and the urgent need for supportive interventions. Currently, I work at an NGO supporting the elderly, where I continue to apply my passion for mental health and occupational well-being across the lifespan. I am committed to using occupational therapy as a tool for empowerment and social change, especially in underserved communities.

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**Introduction:** Occupational engagement refers to participation in meaningful activities such as education, employment, and leisure, which are vital for health and well-being. In rural South Africa, historical and systemic challenges, including the legacy of Apartheid, continue to limit youth opportunities for such engagement. This study explores the perceptions and experiences of rural youth in Pofadder, Northern Cape, regarding occupational engagement and its influence on mental health.

**Methods:** A qualitative, descriptive design underpinned by the Person-Environment-Occupation model was employed. Data was collected from 24 participants aged 18–24 years through interviews and focus groups. Thematic analysis was used to identify and refine themes related to occupational engagement and mental health. Trustworthiness was ensured through reflexivity, triangulation of data sources and methods, peer examination, and ethical transparency with participants.

**Results:** Findings revealed significant occupational disengagement among youth, particularly in the domains of education, employment, and leisure. Participants reported multiple barriers limiting their occupational choices and access to meaningful activities, contributing to feelings of hopelessness, frustration, and poor mental health. These barriers included inadequate infrastructure, limited access to services, and lack of opportunity. Despite these challenges, youth expressed a desire to engage meaningfully in their communities, highlighting the need for systemic change.

**Conclusion:** Youth in Pofadder face numerous obstacles to occupational engagement, adversely impacting their mental health. This study underscores the importance of investing in rural development, including infrastructure, human resources, and targeted youth programmes. It also highlights a key role for occupational therapists in addressing occupational injustice and promoting mental health in rural settings. By giving voice to rural youth, this research bridges a gap in the literature and calls for collaborative action across community and policy levels to support occupational engagement.

## ● Digital parenting programmes: Promises and pitfalls

**Ms Carly Katzeff**<sup>1</sup>, Prof Catherine Ward<sup>1</sup>, Ms Cindee Bruyns<sup>1</sup>, Ms Bronwen Pietersen<sup>1</sup>, Ms Likhona Qazisa<sup>1</sup>

<sup>1</sup>University of Cape Town, Global Parenting Initiative, Cape Town, South Africa

**Biography:** Carly Katzeff is a Co-investigator on the SWIFT Study - Supporting Wellness through Integrated Family Training - within the University of Cape Town's Safety and Violence Initiative. She is a Public Mental Health PhD candidate with an Honours in psychology and an MPhil in Public Policy. She previously worked with families in conflict in the psycho-legal space and as a research assistant on a Parenting for Lifelong Health project. Carly has a research and professional interest in the implementation and evaluation of social policies, particularly around providing support for children and families. She is also an alumnus of the Canon Collins Trust.

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**Introduction:** Positive parenting programmes and parenting support have strong evidence of effectiveness in preventing violence against children. However, access remains limited in low- and middle-income contexts. Digital delivery methods (e.g. the ParentText chatbot) intuitively offer low-cost, scalable universal prevention, but the methods are new and have implications both for programmes and for evaluation design.

**Methods:** The SWIFT (Strengthening Wellness through Integrating Family Training) study tests ParentText, a WhatsApp-based chatbot based on the Parenting for Lifelong Health programmes. SWIFT examines a 10-day, 5 minutes daily, adapted version of ParentText, including modules on 1) strengthening caregiver-child relationships and coping, and 2) promoting child safety and wellbeing, and their integration into routine public health service delivery. Posters promoting ParentText are displayed in clinics across two Western Cape public health districts. The study has two aims:

1. Assess whether clinic staff encouragement to use ParentText improves uptake and engagement;
2. Assess whether the child safety module reduces child sexual violence risk.

A May 2025 pilot study tested the initial design – a randomised encouragement design with an embedded RCT. The purpose was testing encouragement methods, gauging uptake, determining sample size, and refining study design. The pilot ran over two weeks in a rural Western Cape clinic. In addition to data collected via the chatbot, patients were also invited to take part in brief exit interviews.

**Results:** Pilot learning's: Uptake was initially slow, but improved after posters were altered in line with patient feedback. Incentives to complete study questionnaires caused an overnight massive surge in uptake that crashed the chatbot, requiring changes to incentives and study design.

**Conclusion:** Digital interventions are low-touch, low-cost ways of providing essential services. However, nuances of these interventions and incentive use within digital research needs exploration.

# ● Empowerment strategies for child psychiatric nurses: A research perspective

**Dr Rorisang Machailo**<sup>1</sup>

<sup>1</sup>North-West University, Mafikeng, South Africa

**Biography:** Dr Rorisang is a senior lecturer at North West University - School of nursing. She is a psychiatric nurse specialist with clinical experience mainly at Tara Hospital. Her research focus is in child psychiatry. She is a developing researcher

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**Background:** Mental health has attracted more attention recently and psychiatric nurses are at the forefront of taking preventive mental health measures such as screening. The purpose of this study was to develop strategies to empower psychiatric nurses caring for children diagnosed with mental health problems. To create sensitivity to the needs of the psychiatric nursing workforce context, more knowledge about its diverse needs is required. The study supports the previous findings which show capacity building, empowering environment, policy framework, research and information can be more progressive towards quality mental health care for children with mental illness.

**Methods:** A qualitative, exploratory, descriptive, and contextual research design was used to develop the strategies to empower psychiatric nurses caring for children with mental health challenges. The strategies are formulated through the Donabedian model which assumes the three essential factors. Namely, structure, process, and outcome. A framework serves as a reference for the facilitation of the process of engagement in the formulation of strategies for empowerment.

**Results:** A suite of services that include quality of life, developmental training sessions, research, attention to infrastructure and technical assistance is feasible to support psychiatric nurses. The relationship between the components that enhances the knowledge base of the dynamics of child psychiatric nursing practice is explained and strengthened. The identified pathways are recognised to provide support and empowerment to psychiatric nurse.

**Conclusions:** An effective strategy to boost psychiatric nurses has been suggested to enhance service quality. There are considerable benefits for both psychiatric nurses and children with mental health challenges. The mental health of psychiatric nurses caring for children with mental health challenges need to be preserved. There is a need for structures and processes necessary to deliver quality mental health care through empowered psychiatric nurses' care.

# ● The moderation effect of attachment on the relationship between psychological resilience and help-seeking behaviour among University students

Ms Revelation Hlengiwe Majola<sup>1</sup>, Ms Mokgaetji Mamabolo<sup>1</sup>, Prof Jabu Patrick Mokwena<sup>1</sup>

<sup>1</sup>University of Limpopo, Polokwane, South Africa

**Biography:** Ms Hlengiwe Majola is registered MA Clinical Psychology Student at the University of Limpopo. Her research focus is on mental health.

Ms Mokgaetji Mamabolo is a lecturer at the University of Limpopo. She is registered with the Health Professions Council of South Africa as a Clinical Psychologist. Her research focus falls within the health psychology and mental health.

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**Introduction:** The increasing prevalence of mental health challenges has raised concerns among students in institutions of higher learning. One of the strategies found to promote their mental wellbeing was an interaction of their resilience and help-seeking. Understanding the moderating effect of the attachment styles towards their resilience and help-seeking behaviour will create a broader view in their coping and approaches to seeking support; and to inform targeted mental health interventions for university students.

**Hypothesis:** Attachment style will moderate the relationship between psychological resilience and help-seeking behaviour among students.

**Methods:** The study will employ a quantitative, cross-sectional correlation research design. A sample will include 379/400 male and female students in their undergraduate and postgraduate level of study at the University of Limpopo.

**Data analysis:** The data will be analysed using the Statistical Package for the Social Sciences (SPSS), with a moderation analysis conducted to examine the moderating effect of attachment styles on the relationship between psychological resilience and help-seeking behaviour.

**Conclusion:** The findings of the study will indicate the associations of resilience and help-seeking behaviour and how attachment moderates the relationship and the implications thereof, in terms of clinical intervention and future research.

# ● Parental stressors, coping mechanisms, family resilience and hope among parents of children living with Autism Spectrum Disorder in semi-rural communities in Limpopo, South Africa

**Dr Thandiwe Mokgomola**<sup>1</sup>, Prof Nicoleen Coetzee<sup>1</sup>

<sup>1</sup>Sefako Makgatho Health Science University, Tshwane, South Africa, <sup>2</sup>University of Pretoria, Tshwane, South Africa

**Biography:** Dr Thandiwe Mokgomola is a Clinical Psychologist registered with HPCSA and lecturer at Sefako Makgatho Health Science University. She completed her undergraduate and Honours studies at North-West University (Mafikeng Campus) and her master's in clinical psychology at University of Limpopo. She has worked in both government and private institutions. She completed her PhD studies at University of Pretoria under the guidance of Prof Coetzee. She has presented in various platforms including Psysa conference. Her research interests include neurodevelopmental conditions such as autism, fatherhood and family studies.

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This study explored how parents cope with and navigate the day-to-day stressors associated with raising their child with autism spectrum disorder. It furthermore sought to determine which coping mechanisms were used when dealing with stressors and the role played by such mechanisms in the development of family resilience and hope. The study made use of a triangulation mixed methods research design. During Phase I, the Family Resilience Assessment Scale (FRAS), Adult Hope Scale (AHS), Brief Coping Scale (BRIEF-COPE) and Perceived Stress Scale (PSS) were used to investigate parental stressors, coping, family resilience and hope among parents raising a child with ASD (n= 45). Quantitative data were analysed using IBM SPSS version 28.0.1.0. The results indicated that, despite experiencing stress to a certain extent, problem and emotion focused coping mechanisms were used when faced with these stressors. During Phase II, semi-structured interviews were used to explore 21 parents' subjective experiences of raising a child with ASD. Qualitative data were thematically analysed using Braun and Clarke's six-phase approach for thematic analysis. The themes developed using the qualitative data were parental stressors, coping mechanism and resilience. The results highlighted parents are displaying high levels of resilience despite the parental stressors experienced. The results are corroborated by the theme named "Resilience" from the qualitative data analysed. It can be concluded that, despite the increased levels of stress that parents raising their child with ASD experienced, the adoption of problem and emotion focused coping mechanisms assist them to effectively deal with parental stress. Since they were able to cope with parental stressors, parents displayed increased levels of family resilience and hope.

# ● Resilience and family quality of life in parents of children with developmental disabilities: A South African pilot study

**Dr Sashmi Moodley**, Dr Kirsten Reichmuth, Prof Michael Hendricks, Prof Kirsten Donald

<sup>1</sup>University of Cape Town, Department of Paediatrics and Child Health, Cape Town, South Africa

**Biography:** Dr. Moodley has worked in Paediatrics for 18 years in South Africa. She is a Sub Specialist in Developmental Paediatrics at Red Cross War Memorial Children's Hospital in Cape Town, lectures within the University of Cape Town and the African Paediatric Fellowship Programme. Holding a Master's in understanding the experiences of families caring for children with neurodivergence and disability, and a Master's in Paediatrics where she described the rare genetic primary immunodeficiencies in children, she serves on the secretarial board of International Developmental Paediatrics Association. Instrumental in organizing the 2023 congress hosted in Africa, Dr Moodley now works alongside other LMICs to take the congress to Guatemala in 2025. Committed to vulnerable communities, she has established outreach services for children living with Autism and is transitioning adolescents with cerebral palsy, collaborating with multidisciplinary teams and NGOs. Loyal to RX Children's Radio, striving to include voices of children living with chronic conditions.

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**Objective:** The study was conducted to understand resilience in parents of children with disabilities and the impact on their family quality of life, at a time of socio-economic crisis.

**Methods:** The University of Cape Town partnered with a non-governmental disability organization, Shonaquip Social Enterprise, in October 2021 during the COVID-19 pandemic in South Africa. A mixed methods study was conducted on thirteen parents being trained by the organization, to lead parent support networks for childhood disability in the community. Parents were contacted telephonically. We report on the quantitative component which entailed the 10-item Connor Davidson Resilience Scale and Beach Family quality of life survey.

**Results:** Thirteen mothers (mean age 39 years, range 30-64 years) participated in the study, with 46% (n=6) reporting unemployment. Two fathers (15%) were reported to be involved in their children's care. The participants' dependent children (mean age 12 years, range 4-27 years) lived with cerebral palsy, epilepsy, intellectual disability, Down syndrome, autism, and/or albinism. Mothers who were employed, had a college education, paternal support for their children, and had children returning to school, scored higher on the resilience scale (third quartile) compared to those who did not (first quartile). Resilience and family quality of life were correlated. Depression, stress and loneliness were reported in parents scoring lower in the resilience scale.

**Conclusion:** Poor socio-economic factors and mental health negatively affect family quality of life and resilience in mothers of children with developmental disabilities. Interventions that include caregivers, recognizing factors which could improve the potential to enhance resilience may improve their family quality of life, thus strengthening the environment of children with disabilities. Strengthening the mental health of those caring for the high needs of children with disabilities includes training paediatricians in the field, increasing referrals to existing health services and greater collaboration with non-governmental advocacy groups.

# ● Developing a socio–emotional well-being programme for preschool children in the North West province, South Africa

**Dr Mariska Oosthuizen-van Tonder**<sup>1</sup>

<sup>1</sup>North-West University, Potchefstroom, South Africa

**Biography:** Mariska is a nurse at heart, a proud wife and mother of three, and a passionate advocate for holistic healthcare. With deep gratitude for the strength received from above, she has pursued her vocation with dedication and compassion. She obtained her undergraduate Bachelor of Curationis degree in Nursing Science at North-West University in 2010, followed by a Master of Curationis with a speciality in Mental Health Nursing in 2014. Her love for teaching led her to complete a Bachelor of Curationis in Nursing Education and Management at UNISA in 2018. Her work reflects a commitment to nurturing relationships, advancing nursing education, and promoting socio-emotional well-being in vulnerable populations. She celebrates her recent PhD in Philosophy with Nursing Science. Her thesis developed the Bloom socio-emotional well-being (SEWB) programme for preschoolers (aged 3–5 years), addressing the urgent need for early mental health promotion.

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Our children are the foundation on which our future will be built. They are our greatest asset as a nation. As future leaders, they have the potential to lead our country to prosperity, but this will prove difficult if their mental health needs are neglected. Preschool children in South Africa face numerous challenges and life stressors that increase their vulnerability to the development of mental health disorders. The COVID-19 pandemic imposed additional challenges on preschool-age children and highlighted the critical nature of the global mental health crisis. Notably, during this period, the focus on physical health often overshadowed the integration of socio–emotional well-being (SEWB) in routine care. Primary healthcare nurses operating within the private sector assume the role of a facilitator for numerous preschool children who have mental health challenges, thus positioning them to contribute significantly to early identification and preventative care. The mixed-method research study aimed at developing an SEWB programme for preschoolers. From the results, it was evident that proactive, universally applied SEWB promotional programmes could help mitigate risk factors for children in a developing country such as South Africa. Using the DECA-P2 behavioural rating questionnaire in a South African context for the first time, it was evident that preschool children showed no notable strengths in initiative and self-regulation and that their attachments/relationships were an area of need. There is a need for cultural and socio-economic tailor-made programmes that prioritise play-based interactions. Enhanced family functioning and participation were associated with improved child behaviour, with an emphasis on high-quality environments and nurturing and responsive relationships.

The research illustrates how global evidence can be contextualised to meet the needs of a developing country, setting a precedent for broader policy and programme development in the region.

# ● Impact of maternal antenatal intimate partner violence exposure on the volume of the infant visual cortex

**Ms Jae Eun Park**<sup>1</sup>, Michal Zieff<sup>2</sup>, Jessica Ringshaw<sup>1,2</sup>, Niall Bourke<sup>3,4</sup>, Layla Bradford<sup>2</sup>, Simone Williams<sup>1,2</sup>, Donna Herr<sup>2</sup>, Daniel Alexander<sup>5</sup>, Derek Jones<sup>6</sup>, Steven Williams<sup>7,8</sup>, Marlie Miles<sup>1,2</sup>, Kirsten Donald<sup>1,2</sup>

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**Biography:** Jae Eun Park is an Intercalated Honours student in Neuroscience and Physiology at UCT with a background of 3 years in medicine. As a future clinician scientist, her interests are in paediatrics, neuroscience and neurology. She is the Head of Paediatrics of SHAWCO Health, a UCT-based NGO which runs free primary healthcare and health promotion clinics in communities in Cape Town. Her research focuses on investigating the effects of maternal antenatal exposure to intimate partner violence on the infant brain.

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**Introduction:** Intimate partner violence (IPV) is highly prevalent in South Africa. Postnatal IPV is associated with reduced cortical volume in children, including the visual cortex. However, little is known about the relationship between antenatal IPV exposure and infant visual cortical volume. Additionally, there is growing interest in ultra-low-field magnetic resonance imaging (ULF-MRI) as a more affordable alternative to standard high-field magnetic resonance imaging (HF-MRI). This study examined the association between antenatal IPV exposure and grey matter volume of the infant visual cortex using HF- and ULF-MRI.

**Methods:** The Khula Study recruited 329 women antenatally from Gugulethu, Western Cape. MR images were acquired from a subset of infants aged 3-12 months ( $M \approx 8.1$  months,  $SD \approx 4.1$  months, 57% male) and processed using SynthSeg (HF-MRI:  $n = 94$ ; ULF-MRI:  $n = 175$  after exclusion of poor-quality scans). Linear regression models investigated relationships between IPV exposure and lateral occipital cortical (LOC) volume, controlling for scan age or total intracranial volume (ICV), and sex.

**Results:** LOC volume was significantly correlated with age at scan and ICV in both HF (age:  $r = 0.77$ ,  $p < 0.001$ ; ICV:  $r = 0.90$ ,  $p < 0.001$ ) and ULF (age:  $r = 0.61$ ,  $p < 0.001$ ; ICV:  $r = 0.76$ ,  $p < 0.001$ ) samples. In the HF sample, antenatal IPV severity was negatively associated with left LOC volume ( $\beta = -65.59$ ,  $p = 0.015$ ) when controlling for ICV and sex. This association was not observed in the right LOC, in the ULF sample, nor with recent IPV exposure as the predictor in either sample.

**Conclusion:** Maternal antenatal IPV severity was associated with reduced left LOC volume relative to ICV in HF samples, suggesting region-specific vulnerability of the visual cortex. Findings encourage advances in infant imaging using ULF and inclusion of children in IPV-related interventions.

# ● Challenges faced by teachers when teaching learners with Autistic Spectrum Disorders in Capricorn District, Limpopo

**Mrs Keorapetse Linda Ralebapa**<sup>1</sup>

<sup>1</sup>Limpopo Department of Education, Polokwane, South Africa

**Biography:** Keorapetse is a chief Speech-language therapist working at Limpopo Department of Education servicing special schools for learners with intellectual disabilities and other learning difficulties. She obtained Bachelor of Speech-Language Pathology and Audiology (2012) and Master of Public Health from University of Limpopo (2025). She has interests in supporting learning difficulties, teacher development and continues to pursue research in that area.

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**Background:** Teachers of learners with ASD encounter various challenges that impact learners' educational outcomes. The aim of this study is to determine challenges faced by teachers when teaching learners with Autistic Spectrum Disorder in Special Schools in Capricorn District, Limpopo Province.

**Objectives:** The study explored and described the challenges faced by the teachers when teaching learners with Autistic Spectrum Disorder in Special Schools in Capricorn District, Limpopo Province.

**Methods:** A qualitative descriptive phenomenological approach was used to conduct face-to-face semi-structured interviews with 15 teachers to determine the challenges they are faced with when teaching learners with ASD. Data was analysed thematically. Three (3) themes and seven (7) sub-themes emerged from the study, which also discussed measures to ensure trustworthiness as well as ethical considerations.

**Results:** Analysis of data from interviews revealed that several factors impact the teaching of learners with ASD. Teachers of learners with ASD are faced with challenges relating to uncooperative parents; shortage of staff, classrooms and educational materials; and lack of knowledge and skills to teach the learners.

**Conclusion:** Various factors that impact teachers when teaching learners with ASD are highlighted, which are consistent with other studies. These provide future opportunities for further research in this area about possible intervention and adjustment of policies regarding the education of learners with ASD.

# ● Harnessing the playful power of F-words in child mental health - application in clinical practice

**Dr Gina Rencken**<sup>1</sup>

<sup>1</sup>University of KwaZulu-Natal, Westville, South Africa

**Biography:** Gina is a lecturer and clinician in the field of paediatric occupational therapy, with a particular interest in neonatal care, early intervention, ADHD and neurodevelopmental conditions. She has a research and clinical interest in infant, child and maternal mental health and development. She is trained in Ayres Sensory Integration ® and lectures in the South African Institute for Sensory Integration (SAISI)'s qualification course. She is an executive committee member of SAISI, and serves as the chair of council and director for research on the International Council for Education in Ayres Sensory Integration (ICE-ASI). She has co-authored book chapters in ADHD and Maternal Mental Health, published in peer reviewed journals and presented at national and international congresses.

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**Background/Context:** Child mental health, emotional regulation and sensory integration and are closely intertwined in shaping children's participation. The F-words for Childhood Disability, an application of the World Health Organisation's ICF framework, place an emphasis on function, family, fitness, fun, friends, and future. In children with possible autism, sensory reactivity and praxis challenges may limit children in one or more of these domains. In the context of family units, consideration of caregiver sensory profiles and emotional regulation offers further insight into "goodness of fit" and guides family-centered intervention.

**Aim & Learning Objectives:** This presentation illustrates how integrating sensory and emotional assessment with the F-words framework can inform occupational therapy practice.

**Learning objectives:**

1. Analyse the relationship between sensory processing and emotional regulation in a young child with suspected autism using standardized assessments.
2. Apply caregiver-child sensory profile comparisons to inform family-centred, F-word-aligned intervention planning.

**Methods:** A single case study is presented on a 3-year-old girl referred with possible autism and dysmorphic features. Assessments included the Toddler Sensory Profile, Bayley Scales of Infant and Toddler Development, and the sensory profiles of her caregivers. Intervention planning incorporated findings into the ICF F-words framework, with emphasis on nurturing care, sensory integration and participation.

**Results:** Findings revealed sensory integrative challenges impacting emotional regulation and social-emotional development. Intergenerational sensory profiling highlighted novel insights into mismatches in sensory preferences contributing to relational stress.

**Conclusion:** This case demonstrates how assessment and intervention framed by the F-words and nurturing care can bridge sensory and emotional domains. Embedding strategies into family routines enhanced play, preschool readiness, and caregiver confidence, while also supporting future participation and friendships.

## ● The “Bloom” autism support programme for families: Findings from a South African pilot study

Dr Nola Chambers<sup>1</sup>, Dr Liezl Schlebusch<sup>1</sup>, Dr Gala Morozova<sup>2</sup>, Dr Slava Dovbnya<sup>3</sup>, Dr Tanya Morozova<sup>3</sup>, Annie Vo<sup>3</sup>, Dr Keagan Clay<sup>1</sup>, Dr John-Joe Dawson-Squibb<sup>1</sup>, Professor Petrus de Vries<sup>1</sup>

<sup>1</sup>University of Cape Town, Cape Town, South Africa, <sup>2</sup>The University of Edinburgh, Edinburgh, United Kingdom, <sup>3</sup>Naked Heart Foundation, United Kingdom

**Biography:** Dr Liezl Schlebusch is a social scientist in the Division of Child and Adolescent Psychiatry at the University of Cape Town. Her research focuses on human development, disability, and caregiver well-being, particularly in resource-limited settings. She is a core researcher on the TANDem-2 Project, the Bloom Autism Support Programme for Families, and the World Health Organization Caregiver Skills Training (CST) Programme in South Africa. Her work centres on developing and implementing evidence-based, family-focused interventions that promote the well-being of children with disabilities and their caregivers.

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**Introduction:** Autism is recognised as a global public health concern. To help families flourish we need feasible, effective and globally relevant programmes that empower families with knowledge, skills and support. In this project, we used a participatory approach with diverse stakeholders to co-create and then pilot a new programme to meet these needs.

**Methods:** The “Bloom” Autism Support Programme for Families consists of 6 group sessions facilitated by two trained facilitators, with optional introductory and celebratory sessions at the beginning and end of the programme. Bloom integrates principles of acceptance and commitment therapy (ACT) to promote caregiver wellbeing, naturalistic developmental behavioural interventions (NDBI) to promote child development, and performance psychology to promote caregiver reflection, planning, and problem-solving. We piloted Bloom with 10 caregivers of autistic children from low-income families who had received little to no previous support for their children. We assessed feasibility (attendance), acceptability (session feedback forms and a focus group), and potential impact of the programme on caregivers and children using a range of standardised measures for psychological flexibility, caregiver wellbeing and child skills.

**Results:** A 90% attendance rate was observed. In feedback forms and focus group, caregivers reported high satisfaction and reported benefits in their own wellbeing, and confidence in using strategies to help their child, along with some recommendations for improvement (e.g., increasing the length of each session). All standardised measures showed changes in the desired direction with significant reductions observed in caregiver anxiety (Generalized Anxiety Disorder Scale;  $p < .02$ ) and stress (Autism Parenting Stress Index;  $p < .04$ ). Caregivers also reported significant improvements in their children’s communication and social skills on the Autism Treatment Evaluation Checklist ( $p < .02$ ) after the programme.

**Conclusion:** Findings suggest the Bloom programme is feasible, acceptable, and potentially beneficial for underserved families in South Africa. Programme revisions are underway to inform larger-scale evaluation.

# ● Understanding the barriers and facilitators to autism early intervention in South Africa: Implementation partners' perspectives on caregiver coaching by non-specialists

**Mrs Amy Seale**<sup>1</sup>, Ms Katlego Sebolai<sup>1</sup>, Ms Marisa Viljoen<sup>1</sup>, Ms Musaddiqah Brown<sup>1</sup>, Dr Nokuthula Shabalala<sup>1</sup>, Ms Noleen Seris<sup>1</sup>, Prof Petrus de Vries<sup>1</sup>, A/Prof Lauren Franz<sup>1,2,3</sup>

<sup>1</sup>Division of Child and Adolescent Psychiatry, University of Cape Town, Cape Town, South Africa, <sup>2</sup>Duke Center for Autism and Brain Development, Department of Psychiatry and Behavioral Sciences, Duke University, Durham, United States of America, <sup>3</sup>Duke Global Health Institute, Duke University, Durham, United States of America

**Biography:** Amy Seale is a speech-language therapist with a master's degree in Augmentative and Alternative Communication from the University of Pretoria. She works as a Junior Research Fellow on the Autism Caregiver Coaching in Africa (ACACIA) project within the Centre for Autism Research in Africa (CARA) at the University of Cape Town. Amy also lectures part-time at Stellenbosch University and the University of Pretoria.

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**Introduction:** Early intervention services for autistic children can improve developmental and family outcomes. In low- and middle-income countries, limited specialist availability, resource constraints, and infrastructure challenges can hinder successful implementation. The Autism Caregiver Coaching In Africa (ACACIA) project is a hybrid effectiveness–implementation trial in which caregivers are coached by Early Childhood Development (ECD) practitioners within resource-constrained special schools. This study explored implementation partners' perspectives on the barriers and facilitators influencing delivery and sustainability of caregiver coaching within the Western Cape Education system.

**Methods:** A qualitative, cross-sectional design was employed to gather perspectives from nine implementation partners: two Western Cape Education Department officials, two school principals, three supervisors, and two ECD practitioners. Semi-structured interview guides were developed for each participant group. Interviews were audio-recorded and transcribed verbatim. Data were analysed thematically using a combined deductive–inductive approach in NVivo v15.2 software. Rigour was ensured through weekly consensus meetings where the research team reviewed emerging themes, subthemes, and supporting quotations.

**Results:** Facilitators: Training was viewed as comprehensive and practical. Coaching sessions were well-structured in terms of duration and complexity. Materials shared via WhatsApp were accessible and easily understandable. Ongoing supervision helped ECD practitioners gain confidence and independence, while positive leadership and staff attitudes supported implementation. Improvements in caregiver engagement and child communication were also observed.

**Barriers:** Limited physical space and high workloads for ECD practitioners were identified as barriers. ECD practitioners also experienced challenges teaching individualized child goals and managing challenging child behaviours in sessions.

**Sustainability:** Recommendations included protected time for coaching and ongoing supervision for ECD practitioners. Systemic sustainability would require continued training, sufficient departmental resources, and funded posts through the WCED, which is challenging given existing budget commitments and limited supervisory capacity.

**Conclusion:** Caregiver coaching by non-specialists is feasible, yet sustainability depends on long-term investment in training, supervision, and system-level support.

# ● “Akalali umntu ozala inkwenkwe”: The experiences of mothers whose sons have been through Ulwaluko in the Xhosa culture

**Ms Zintle Sigwabe**<sup>1</sup>, **Dr Leigh Tucker**<sup>1</sup>, Mr Kyle Jackson  
<sup>1</sup>University of the Western Cape, Cape Town, South Africa

**Biography:** Ms Zintle Sigwabe is registered Intern Clinical Psychologist and currently a graduate lecturing assistant at the University of the Western Cape, while she is completing her master's degree in clinical psychology. Her research and clinical interests include family centered interventions, parent-child relationships in the South African context.

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Ulwaluko is an initiation ceremony in the Xhosa culture where young boys transition from boyhood to manhood, to be culturally recognised as men. One of the rites of the initiation ceremony is traditional circumcision. From 1995 to 2019, there has been 1133 recorded initiate deaths through the Ulwaluko practice in the Eastern Cape. Mothers are often side-lined during the process of Ulwaluko, and they fear for their children's safety. The purpose of this study was to explore the subjective experiences of mothers whose sons have undergone the Ulwaluko cultural practice. This study explored the mothers' experience of motherhood within the Xhosa culture and within the Ulwaluko cultural practice. The experiences of mothers were viewed from a social constructionist theoretical framework. A qualitative exploratory research design was utilized to gain insight into the experiences of mothers in the rural areas of Keiskammahoek in the Eastern Cape province of South Africa. Participants were recruited via gatekeeper engagement, using purposive and snowball sampling within the community. A focus group discussion consisting of 10 mothers was held in the identified community. The conversational data was transcribed and analyzed using thematic analysis. Themes were co-created, maternal responsibilities shift from routine caregiving to ritualised tasks carried out in silence. Emotional labor and attachment (inimba) reflect the depth of the maternal bond, wherein mothers endure inner turmoil while sustaining hope. Social and gender dynamics illustrate patriarchal structures that privilege male authority and marginalize women's contributions. Spiritual and symbolic engagement demonstrates how mothers uphold cultural continuity through practices such as ritual mourning, amabele offerings, and entsadwini. Finally, financial and practical strain highlights the significant economic pressures mothers face, which are often mitigated through stokvels and communal support. The findings foreground mothers' often-overlooked agency, sacrifice, and resilience in sustaining the legitimacy of Ulwaluko.

# ● Developing service indicators for child and adolescent mental health in South Africa: A framework-guided mixed-methods study

**Ms Ilze Steenkamp**<sup>1</sup>, Prof Jennifer Chipps<sup>1</sup>, Professor Laura Maria Peltonen<sup>2</sup>

<sup>1</sup>University of the Western Cape, Department of Nursing, Cape Town, South Africa, <sup>2</sup>University of Turku, Department of Nursing Science, Kiinamylynkatu, Finland

**Biography:** Ilze Steenkamp is a registered nurse and educator with over ten years of experience in nursing and higher education. She is currently a PhD candidate in Nursing at the University of the Western Cape. Ilze holds postgraduate qualifications in Occupational Health Nursing and Nursing Management, as well as a Master's degree in Nursing Education. Her earlier research focused on supporting nursing students through resilience-building, psychological well-being, coping strategies, and blended learning. Her current doctoral research aims to advance digital transformation in nursing and mental health services through user-centered design, data-driven decision-making, and practical innovation.

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Reliable and contextually relevant indicators are crucial for evaluating the quality and outcomes of Child and Adolescent Mental Health Services (CAMHS). In South Africa, the limited availability of standardised service-level indicators hampers effective data-driven planning and assessment. This study aims to establish a set of CAMHS service indicators that are conceptually robust and contextually appropriate, to enhance quality measurement and inform the design of a CAMHS digital dashboard in the Western Cape.

We employed a multi-phase mixed-methods approach. Initially, qualitative data were gathered through an exploratory-descriptive focus group comprising CAMHS professionals, aimed at identifying priority areas for service monitoring and information required for decision-making. The findings were synthesised with existing international and national literature to develop a draft set of 51 indicators. The development of these indicators was guided by three complementary frameworks, ensuring both conceptual depth and practical utility: (1) eight recognised dimensions of mental health service quality (appropriateness, accessibility, acceptability, competence, effectiveness, continuity, efficiency, safety); (2) Donabedian's structure-process-outcome model; and (3) A model of decision-making levels (operational, tactical, strategic) and information flows (vertical, lateral, longitudinal).

A one-round modified Delphi process will be conducted with purposefully selected CAMHS professionals (n=15–20) to validate the indicators based on clarity, relevance, and feasibility. Consensus will be defined as at least 75% agreement (ratings of 4 or 5 on a 5-point Likert scale).

The preliminary synthesis produced a balanced set of structure, process, and outcome indicators covering essential domains such as accessibility, workforce capacity, safety, and service effectiveness. The Delphi process will further refine and confirm the validity and practical applicability of these indicators.

This study provides a conceptually sound and contextually relevant foundation for measuring the quality of CAMHS in South Africa. The resulting indicators will support evidence-informed service planning, continuous quality improvement, and the development of a digital dashboard for CAMHS.

# ● Strengthening decision-making in child and adolescent mental health services through healthcare information systems in a resource-constrained setting

**Ms Ilze Steenkamp**<sup>1</sup>, Prof Jennifer Chipps<sup>1</sup>

<sup>1</sup>University of the Western Cape, Cape Town, South Africa

**Biography:** Ilze Steenkamp has over ten years of experience in nursing and education and is currently a PhD candidate in Nursing at the University of the Western Cape. Her research focuses on digital innovations that enhance nursing practice and improve user experience. Since earning her degree, she has completed postgraduate studies in Occupational Health and Nursing Management, and she also holds a Master's degree in Nursing Education. Earlier in her career, she explored how to support nursing students through resilience, psychological well-being, coping strategies, and blended learning. Her current research aims to advance digital transformation in nursing through user-centred design and practical innovation.

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**Introduction:** In resource-constrained settings, Child and Adolescent Mental Health Services (CAMHS) face persistent challenges in using information effectively to support planning, coordination, and care delivery. Fragmented health information systems (HIS), limited infrastructure, and uneven digital competencies constrain decision-making. This study explored how CAMHS professionals in the Western Cape access, use, and share information across decision-making levels, with the aim of identifying priorities for strengthening information management and digital health readiness.

**Methods:** A qualitative, exploratory–descriptive design was used. Two focus groups were conducted with 17 multidisciplinary CAMHS professionals, including psychiatrists, nurses, occupational therapists, psychologists, counsellors, and administrators from primary and tertiary levels of care. The Descriptive Model of Decision-Making Levels and Information Management in Hospitals informed the design of the interview guide to ensure balanced attention to operational, tactical, and strategic decision-making, and to examine how information and types of information flow between these levels. Data were analysed inductively using Braun and Clarke's six-phase thematic analysis to allow findings to emerge directly from participants' experiences.

**Results:** Three interrelated themes were identified: (1) Building the foundations for data-informed decision-making, highlighting deficits in infrastructure, governance, and leadership; (2) Empowering the workforce with tailored digital tools and competencies, revealing inconsistent training and uneven digital literacy; and (3) Bridging digital health innovation with real-world care needs, emphasising usability, interoperability, and workflow alignment. Participants described fragmented information flows and reliance on informal channels such as personal devices and messaging platforms.

**Conclusion:** Digital transformation in CAMHS requires more than technology, it depends on governance, infrastructure, and workforce capability. Co-designed, interoperable systems that support effective information flow across decision-making levels can strengthen coordination, efficiency, and evidence-based care. These findings provide novel, contextually grounded evidence to guide HIS development and digital health policy in low-resource mental health settings.

# ● Parenting experiences of parents of children with ADHD, in grades one to three, during COVID-19 lockdown in South Africa

**Mrs Michelle Szigethy**<sup>1</sup>, Prof Joanne Potterton<sup>1</sup>, Dr Jacqueline Bezuidenhout<sup>1</sup>

<sup>1</sup>University of the Witwatersrand, Johannesburg, South Africa

## **Biography:**

- B.Sc (Occ Ther) Wits (1994)
- M.Sc (Med) (Child Life Specialty and Paediatric Psychosocial Care) Wits (2023)
- Currently working full time as occupational therapist at School of Achievement, Gauteng, with grade 1-7 learners with special educational needs including neurodevelopmental disorders (ADHD, ASD), neurodivergent learners and learners on Autism Spectrum.
- Previously worked as self-employed private practitioner with learners in mainstream schools from age 2-14, including learners with neurodevelopmental disorders and sensory processing difficulties and disorders.
- Qualified in Ayres Sensory Integration in 1997.

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**Introduction:** This study explored the experiences of parents of children with attention deficit hyperactivity disorder (ADHD) in grades one to three during the Coronavirus Infectious Disease 2019 lockdowns in South Africa. During this time, schools were closed and extra mural activities, therapies and social gatherings were prohibited. This study sought to explore parents' experiences, their perspectives of the impact that these prohibitions had on their child, and to determine the strategies they implemented to support their child in lockdown.

**Methods:** A qualitative research design of a cross-sectional study was done using an interpretivist paradigm. Data were collected from twelve participants, whose children were at a school for learners with special educational needs, through questionnaires and online/face-to-face interviews conducted between March and June 2022. Interviews were audio recorded, transcribed and analysed using an inductive thematic approach.

**Results:** Participants were parent couples from six households who lived with their children during lockdown. Four themes emerged describing i) familial implications, ii) occupational and educational implications, iii) physical and mental well-being of families, and iv) effective coping strategies implemented during lockdown. Parents described the insight gained into their child's positive and negative behaviours, their learning styles and social needs. They desired to have been better equipped to cope with ADHD symptoms. They described the strategies they implemented to support their child's well-being and functioning when access to healthcare professionals was prohibited.

**Conclusion:** Recommendations reiterate the education of parents in the management of ADHD symptoms from the point of diagnosis. Social and extra mural opportunities are valuable aspects of ADHD management as part of a holistic approach. Online teaching and applications for children with ADHD in grades one, two and three must be explored. Access to facilities and professionals for the diagnosis and treatment of ADHD is critical for appropriate intervention.

# ● Sensory integration challenges in South African sign language deaf learners: Implications for participation and mental health

Mrs Margeretha (Retha) Van Lingen<sup>2</sup>, Mrs Rialda Hattingh<sup>2</sup>

<sup>1</sup>SAISI, Johannesburg, South Africa, <sup>2</sup>UFS, Bloemfontein, South Africa

## **Biography:**

- Name: Margeretha van Lingen
- Highest Qualification: M. Occupational Therapy (University of the Free State)
- HPCSA no: OT0055379
- 29 November 2001: Qualified as OT at UFS
- 2002 – 2004 (April): UK: Social Services & NHS
- 2004 (May – December): Private Paediatric Practice under Carli Du Rieux
- 2005 – 2008 (May): Paediatric OT working from Gr.R – Gr.12 with Deaf learners (Dominican School for Deaf Learners)
- 2008 (June) – to present: Paediatric OT at remedial school, HOD since 2010 (School of Achievement)
- 2005 – 2010: Chairperson and founder of School Based Occupational Therapy (SBOT)
- 2007: Presented at the OTASA Conference on behalf of SBOT
- 2009: Qualified as SIPT user
- 2020: Qualified as EASI user
- 11 April 2025: Graduated with Masters in Occupational Therapy at UFS
- 2025 (May): Passed Fidelity Measure

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**Introduction:** Research on the sensory integration (SI) functions of South African Sign Language Deaf learners (SASLDL) is virtually absent, despite clinical observations of challenges affecting their learning, participation, and wellbeing. This study aimed to describe the SI profile of SASLDL and explore its implications for participation.

**Methods:** A quantitative analytical matched-control design was used. Thirty-two Deaf learners (aged 7–12 years) from three government SASL schools in Gauteng participated. The Evaluation in Ayres Sensory Integration® (EASI®) was administered, with adaptations for SASL. Descriptive and summary statistics were calculated, and comparisons made with hearing peers.

**Results:** Analysis indicated that SASLDL demonstrated consistent difficulties in vestibular and proprioceptive domains, particularly within balance, postural control, bilateral integration, and praxis ideation. These challenges cluster within the Vestibular and Proprioceptive Bilateral Integration and Sequencing (VPBIS) praxis pattern.

**Conclusion:** This study provides the first evidence of distinct SI challenges among SASLDL in South Africa. These difficulties may reduce participation, resilience, and learning opportunities, with downstream effects on mental health and family wellbeing. The findings highlight the importance of culturally and linguistically appropriate assessment, such as the EASI®, and the urgent need to integrate SI-informed occupational therapy services into schools for the Deaf. Addressing SI challenges may strengthen resilience and promote more inclusive, supportive environments for Deaf children and their families.

## ● Building resilience and hope through rural youth engagement

**Prof Lisa Wegner**<sup>1</sup>, Prof Wilson Majee<sup>1,2</sup>

<sup>1</sup>University of the Western Cape, Bellville, South Africa, <sup>2</sup>University of Missouri, Missouri, USA

**Biography:** Prof. Lisa Wegner is an occupational therapist and an Emeritus Professor in the Department of Occupational Therapy at the University of the Western Cape, South Africa. Her professional experience and research interests are mental health of vulnerable youth, group therapy, youth risk behaviour and resilience, youth development, leisure and boredom. She is the co-developer of HealthWise South Africa: Life Skills for Young Adults, which is an intervention that reduces risk (substance use and sexual risk) in school-going youth through a focus on positive leisure and life skills. She has published her work in journals and books, and recently co-edited the sixth edition of the book Crouch and Alers Occupational Therapy in Psychiatry and Mental Health.

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**Background:** Youth who engage positively in society are motivated to connect with others and contribute to the well-being of their communities. Unfortunately, many youths in South Africa live in adverse circumstances and face numerous challenges. Adversity may lead to risk behaviour and disengagement; alternatively, it can develop resilience. However, little previous research has explored engagement of rural youth in South Africa.

**Methods:** A mixed methods study was conducted to explore and describe perceptions of risk and resilience amongst youth in seven rural communities in the Eastern Cape. Ninety-nine participants (age range 18 to 34 years) completed a questionnaire reporting on substance use, mental health, sexual behaviour, self-management and leisure engagement. Focus groups were conducted to explore the participants' perceptions of risk and resilience related to these components.

**Results:** Findings were integrated to provide an understanding of risk and resilience amongst the rural youth. Themes highlighted challenges such as the geographical location of the communities, limited resources, inter-generational poverty, and racial tension. Substance use was relatively high, for example, 56% (n=55) of participants reported binge drinking and 19% (n=19) reported cannabis use in the previous month. Despite 24% (n=23) reporting feeling sad most of the time, 42% (n=39) felt hopeful most of the time. Participants felt that challenges restricted their choices and opportunities to engage in work and leisure, and influenced well-being and self-esteem; however, they identified various solutions reflecting resilience and hope.

**Conclusion:** A multi-systemic approach is needed to engage rural youth in programmes that build resilience and hope. Specifically, these programmes should facilitate self-management and other skills. In addition, community spaces are needed where youth can engage safely in proactive pursuits that nurture talent.

# ● Beyond behaviour: Understanding emotional Dysregulation in ADHD through a sensory lens

**Mrs Emma Wijnberg**<sup>1</sup>

<sup>1</sup>South African Institute for Sensory Integration (SAISI), Howick, South Africa

**Biography:** Emma Wijnberg is a paediatric occupational therapist with a special interest in sensory integration and neurodevelopmental conditions such as ADHD and autism. She is the founder and clinical director of Chrysalis Learning Centre and Little Lives Child Development Practice in KwaZulu-Natal, South Africa. Emma is certified in Ayres Sensory Integration® through SAISI, where she lectures on training courses and serves on the board. She has presented at both national and international congresses and is actively involved in teaching and mentorship within the field. With over a decade of clinical experience, Emma has a strong background in evidence-based practice and integrates current research into all aspects of her work. She is passionate about equipping families, educators, and therapists with practical, research-informed strategies to support children's regulation, participation, and emotional development.

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**Introduction:** While ADHD is commonly associated with inattention and hyperactivity, emotional dysregulation is often its most disruptive feature. Children may experience overwhelming emotional reactions that result in outbursts, shutdowns, or mood shifts. These responses are often misunderstood as behavioural problems, when in fact they reflect underlying sensory and arousal regulation difficulties. This presentation explores how sensory processing challenges contribute to emotional dysregulation in ADHD and how body-based strategies can offer effective support.

**Methods:** Grounded in Ayres Sensory Integration® (ASI®) theory and informed by neurodevelopmental and self-determination theory, the presentation outlines how difficulties with processing proprioceptive, vestibular, tactile, and auditory input impact a child's ability to regulate. Standardised tools such as the Sensory Profile (Dunn, 1999), Sensory Processing Measure (Parham et al., 2007), and Evaluation in Ayres Sensory Integration® (EASI) (Mailloux et al., 2021) are used to identify sensory modulation patterns. Case examples demonstrate the link between sensory overload and emotional escalation.

**Results:** Children with ADHD who receive targeted sensory input, such as deep pressure, heavy work, oral-motor strategies, and co-regulatory routines, show improved emotional control, reduced behavioural incidents, and increased participation. Adults who understand these responses and provide timely sensory support report greater success in managing escalation and building relational safety.

**Conclusion:** Emotional dysregulation in ADHD is not simply behavioural; it often reflects neurophysiological distress linked to sensory overload. Sensory-informed intervention equips children with the tools to feel safer in their bodies and more in control of their emotions. This presentation offers practical, evidence-based strategies for clinicians and educators seeking a deeper, more compassionate understanding of emotional dysregulation in ADHD.

# ● Reaching the child who won't reach back: Sensory-based approaches to engagement, safety, and regulation

**Mrs Emma Wijnberg**<sup>1</sup>

<sup>1</sup>South African Institute for Sensory Integration (SAISI), Howick, South Africa

**Biography:** Emma Wijnberg is a paediatric occupational therapist with a special interest in sensory integration and neurodevelopmental conditions such as ADHD and autism. She is the founder and clinical director of Chrysalis Learning Centre and Little Lives Child Development Practice in KwaZulu-Natal, South Africa. Emma is certified in Ayres Sensory Integration® through SAISI, where she lectures on training courses and serves on the board. She has presented at both national and international congresses and is actively involved in teaching and mentorship within the field. With over a decade of clinical experience, Emma has a strong background in evidence-based practice and integrates current research into all aspects of her work. She is passionate about equipping families, educators, and therapists with practical, research-informed strategies to support children's regulation, participation, and emotional development.

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**Introduction:** Children who appear resistant, withdrawn, or defensive in therapy are often those most in need of connection. These children, frequently impacted by trauma, anxiety, or neurodevelopmental vulnerabilities, may not respond to traditional relational or cognitive approaches. This presentation explores how Ayres Sensory Integration® (ASI®) can support therapeutic alliance by addressing the body-based roots of dysregulation, helping professionals engage children who are otherwise "hard to reach."

**Methods:** Grounded in the ASI® framework (Ayres, 1972; Bundy et al., 2002) and informed by trauma and attachment theory (Bowlby, 1988; Perry & Szalavitz, 2017), the presentation outlines bottom-up sensory strategies that support engagement and co-regulation. These include the use of predictable routines, deep pressure input, rhythmic movement, and play-based sensory activities that calm hyperarousal and reduce threat perception. The neurophysiological mechanisms of these approaches are explained in relation to Polyvagal Theory (Porges, 2011) and the developing stress-response system.

**Results:** Case studies from occupational therapy practice will demonstrate how children with complex histories, such as selective mutism, high anxiety, or early relational trauma, begin to initiate social interaction and self-advocate when their sensory needs are consistently met. These children show improved affect regulation, increased tolerance for relational proximity, and greater participation in therapy, school, and home environments.

**Conclusion:** Sensory strategies offer a non-verbal, neurobiologically grounded pathway to connection for children who struggle to feel safe. This presentation contributes to the mental health field by reframing therapeutic resistance as an expression of dysregulation, rather than defiance or disinterest. Delegates will leave with a deeper understanding of how sensory-informed interventions can enhance engagement, emotional safety, and outcomes in therapeutic work with vulnerable children, particularly when used as part of an interdisciplinary, trauma-informed approach.

● **The mask of ADHD: 20/20 eyesight with 0/0 vision**

**Mr Dharmendra Jithendra Bhoola**<sup>1</sup>

<sup>1</sup>Vision Solutions Inc., Johannesburg, South Africa

**Biography:** Dharmendra (DJ) Bhoola completed a BSc degree with majors in Human Physiology and Microbiology at the University of Durban – Westville, before entering the Bachelor of Optometry program at the above- mentioned institution. He graduated from the Optometry program (1995) and received the Merit award for his contribution to Optometric student Research. In 1997 he entered the Master's program at the University of Waterloo (Canada), focusing on Neurophysiology of Binocular Vision which he completed in 2000. He further went on to complete a specialization in low Vision at the John Hopkins Eye institute (2008) in the US. He is in an associate member of NORA (Neuro Optometric Rehabilitation Association), and COVD (College of Optometrists in Vision Development). He has presented at AMCOA (Association of Medical Councils of Africa), EAOO (European Academy of Optometry and Optics as well as World Council of Optometry.

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The diagnosis of ADHD has reached epidemic proportions globally. Vast numbers of children are being treated with psychostimulant drugs such as Ritalin and Concerta. This over diagnosis of ADHD stems from the fact that the most common ADHD symptoms are like those of visual performance problems. With 75 to 90% of all learning taking place through sight, the visual system is commonly overlooked by parents and educators as one of the key problems preventing a child from reaching their full academic potential. While 20/20 eyesight merely refers to a person's ability to read a line of letters on a chart, vision is defined as the person's ability to interpret and to process information that comes to them via sight involves from than 20 visual skills that utilizes more than 65% of all the pathways to the brain. Current research in the US indicates that as many as 1 out of 4 children and 7 out of 10 juvenile delinquents have had visual problems that have interfered with their ability to achieve their full academic potential. Sadly, the eyesight screening chart used to assess a child's eyesight was developed in 1862, not meeting current visual demands at near. It only assesses clarity of eyesight at distance. When a child's vision interferes with their ability to achieve, not only will their academic performance suffer but so too will their self-esteem. The goals of this presentation are to review the critical visual skills required to cement cognitive visual skills leading to scholastic achievement, review new standards to be legislated with respect to visual assessment of school children in addition to the role of Optometry as part of a multi-disciplinary collaborative team in the management and care of children impacted by inefficient visual skills.

# ● Understanding the mental health needs of children and adolescents with the complex neurodevelopment condition, Prader-Willi syndrome

Dr Tony Holland<sup>2</sup>, Ms Farisha Colbourne<sup>1</sup>, **Mrs Karin Clarke**<sup>1</sup>

<sup>1</sup>Prader-Willi Syndrome Support Group (South Africa), South Africa, <sup>2</sup>International Prader-Willi Syndrome Organisation, Cambridge, United Kingdom

**Biography:** Karin Clarke is the Chairperson of the Prader-Willi Syndrome Support Group of South Africa. In 2011 when her daughter was four years old and diagnosed with PWS she joined the PWS Association of South Africa. In 2015 she started the Facebook page for PWS SA and in 2017 she became the Chairperson and the structure was changed to a support group under Rare Diseases SA (RDSA). She works with RDSA as a rare ambassador for PWS. The core form of support is the WhatsApp group due to the large geographical distances in South Africa. Due to the very low levels of diagnosis of PWS elsewhere in Africa families from other southern and central African countries are welcomed to join PWS SA as there are no support groups for PWS in southern and central Africa. Karin has been a co-opted Trustee of IPWSO since 2022.

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**Introduction:** Prader-Willi syndrome (PWS) is a rare, genetically determined neurodevelopmental condition characterised by complex behavioural and neuropsychiatric features, including early-onset hyperphagia with risk of life-threatening obesity, cognitive impairments, and an increased risk of mood and psychotic disorders in adolescence. In 2025, the International Prader-Willi Syndrome Organisation (IPWSO) published an interdisciplinary international report on the mental health needs of people with PWS, highlighting current interventions, the importance of social support, and priorities for future research.

**Objectives:** To improve understanding of the behavioural and neuropsychiatric phenotype of PWS, and the mental health needs of children and adults with the syndrome and their families.

To provide an overview of interventions aimed at meeting the mental health needs of people with PWS and their families.

To stimulate discussion regarding the role of advocacy organisations, such as IPWSO, and the design of appropriate services.

**Methods:** The conclusions presented in the IPWSO report are based on published research and systematic reviews, lived-experience accounts from people with PWS and their families, expert clinical opinion, and insights gathered through virtual and face-to-face consultations and workshops. The presentation will draw upon findings from this report.

**Results:** Research has increasingly characterised the behavioural and mental health needs associated with PWS, however, effective targeted treatments remain limited. Pharmacological trials for hyperphagia are ongoing, with one treatment recently approved, and access to appropriate behavioural and mental health services remains limited in many countries.

**Conclusion:** The behavioural and mental health needs of people with PWS arise from interactions between biological vulnerability and environmental demands, with significant psychiatric impact in children and adolescents. This presentation will raise awareness of PWS in underdiagnosed settings, including public and private healthcare sectors in South Africa, highlight missed diagnostic opportunities in developmental clinics, and emphasise the importance of early diagnosis to support timely, family-centred and psychiatrically informed intervention.

## ● Psychometric evaluation of the WHO Global Scales for Early Development (GSED) in a South African birth cohort

**Ms Heesoo Diara**<sup>1</sup>, Ms Layla Bradford<sup>1</sup>, Ms Michal Zieff<sup>1</sup>, Mr Bokang Methola<sup>1</sup>, Ms Zayaan Goolam<sup>1</sup>, Ms Khanyisa Nkubunga<sup>1</sup>, Mrs Lauren Davel<sup>1</sup>, Ms Thandeka Mazubane<sup>1</sup>, Ms Simone Williams<sup>1</sup>, Dr Marlie Miles<sup>1</sup>, Ms Candice Knipe<sup>1</sup>, Ms Nwabisa Mlandu<sup>1</sup>, Prof Dima Amso<sup>2</sup>, Prof Melissa Gladstone<sup>3</sup>, Prof Susan Malcolm-Smith<sup>4,5</sup>, Prof Kirsten Donald<sup>1,5</sup>

<sup>1</sup>Division of Developmental Paediatrics, Department of Paediatrics and Child Health, University of Cape Town, Cape Town, South Africa, <sup>2</sup>Department of Psychology, Columbia University, New York, United States of America, <sup>3</sup>Department of Women and Children's Health, Institute of Life Course and Medical Science, Alder Hey Children's NHS Foundation Trust, University of Liverpool, Liverpool, United Kingdom, <sup>4</sup>Department of Psychology, University of Cape Town, Cape Town, South Africa, <sup>5</sup>Neuroscience Institute, University of Cape Town, Cape Town, South Africa

**Biography:** I am a qualified Neuropsychologist (UCT graduate) working as an Assistant Lecturer in the Psychology Department at the University of Cape Town. I work mainly with the Pediatric Neuropsychology team, training our students at Red Cross War Memorial Children's Hospital. I am also pursuing a PhD in Paediatric Neuroscience through the Department of Paediatrics and Child Health (UCT) under the primary supervision of Professor Kirsten Donald and co-supervision of Professor Susan Malcolm-Smith (Psychology Dept.) and Professor Dima Amso (Psychology Dept. Columbia University).

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**Introduction:** Early childhood development (ECD) plays a vital role in shaping long-term outcomes related to health, education, and overall wellbeing. The World Health Organization's Global Scales for Early Development (GSED) provides a globally applicable, psychometrically robust tool for assessing child development in children under 36 months. This study, which represents the first use of the GSED in Cape Town, South Africa, evaluated the performance of GSED as an appropriate measure of child development for our population.

**Methods:** The Khula study is a longitudinal South African birth cohort study designed to characterise emerging executive functions (EFs) in the first 1000 days of life. Participants were recruited antenatally from the Gugulethu Midwife Obstetrics Unit and postnatally from nearby clinics. A total of 394 mother-child dyads were enrolled in the Khula Study, 238 children were assessed at approximately 12 months and 185 at 18 months using the GSED Long Form. The GSED was administered by trained local assessors. Item-level data were analysed using the 1PL/Rash Item Response Theory (IRT) model to evaluate item difficulty.

**Results:** IRT analyses indicated strong psychometric properties, with Expected A Posteriori (EAP) reliability estimates of 0.871 at 12 months and 0.862 at 18 months and Weighted Likelihood Estimation (WLE) reliability estimates of 0.872 and 0.860 respectively. This indicates that the GSED is consistent in estimating developmental ability and has good measurement precision across individuals. Additionally, the item difficulties were widespread (-5.734 and 5.171 at 12 months; -4.902 and 5.830 at 18 months) suggesting good coverage across developmental ability levels.

**Conclusions:** These findings demonstrate that GSED is both a reliable and well-targeted measure for assessing ECD in South Africa, offering reliable insights into the developmental progress of young children in urban, low-resource contexts. This research supports ongoing ECD tracking and the use of the GSED for policymaking in this setting.

# ● The attitudes of educators and high school learners towards epilepsy in a rural community in Limpopo Province, South Africa

**Prof Saraswathie Govender**<sup>1</sup>

<sup>1</sup>University of Limpopo, Polokwane, South Africa

**Biography:** Professor Saraswathie Govender has a PHD in Psychology is a C3 rated NRF researcher and serves as the as Head of Department of Psychology. She was the former chairperson of the School Research and Ethics Committee and a member of the Faculty Higher Degrees Committees. Prof Govender's research interests are: Neuropsychology; Health Psychology/Behavioural Medicine; and Mental Health, Gender and sexuality and Sport Psychology as well as Community based research and research into the differently abled. Prof Govender has published numerous articles and chapters in books in accredited journals. She has travelled extensively presenting papers locally and globally. She works closely with colleagues and students in the Department of Psychology (at the University of Limpopo) and has successfully produced several Masters and PhD graduates.

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Epilepsy is a chronic neurological disorder that does not know geographical, racial and social boundaries. It can begin at any age but is most frequently diagnosed in children, adolescents and the elderly. Globally, there are almost 11 million children aged less than 15 years have active epilepsy. many of whom live in developing countries (WHO, 2024). Children with epilepsy experience traumas including head injuries and burns, stigma and discriminations, mental health problems, impaired cognitive development and psychosocial challenges. This study aims to investigate attitudes towards epilepsy among educators and learners in a rural township in Limpopo Province, South Africa. Such information is vital to structure awareness programmes to remediate inadequate knowledge and stigma about epilepsy. There was a total of 292 participants in this study comprising 246 teachers and 46 high school learners. The number of participants regarding gender consisted of 58% (169) females and 42% (123) males. The Attitudes towards Epilepsy Scale (AES) was completed by the participants. The aim of the study was to determine whether the attitude towards epilepsy differ according to gender and age. Analyses were performed with t-tests and Manova for the independent samples to determine whether age, gender, educational level and experience with epilepsy resulted in differences in attitude. The findings of the study reported that there were no differences in attitude towards epilepsy according to gender but there is an effect for age on the EAS scores.

# ● Psychological experiences of young women on dialysis in Limpopo Province, South Africa

**Prof Jabu Patrick Mokwena**<sup>1</sup>

<sup>1</sup>University of Limpopo, Polokwane, South Africa

## **Biography:**

Professor Jabu Mokwena is a senior lecturer at the University of Limpopo. He is registered with the Health Professions Council of South Africa as a Clinical Psychologist. His research attention falls within the field of health psychology, mental health and culture. His special interest covers the psychological health of teenage mothers, psychological trauma, resilience and the quality of life of patients (caregivers) diagnosed with chronic and/or terminal conditions.

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This study sought to explore the psychological experiences of young females while undergoing dialysis at a tertiary hospital in Limpopo Province, South Africa. The participants were 5 (five) young females aged between 20 to 40 years (mean age= 30.2 years; SD= 4.2). Data was collected through semi-structured interviews and a purposive sampling technique was used to identify participants who were on dialysis. Thematic analysis was used to analyse the data and 4 (four) major themes emerged which include; a) perception of dialysis by young women; b) notion of loss felt by participants; c) impact of dialysis on their relationships and, d) psychological reactions following diagnosis of End-Stage Renal Disease (ESRD). It is concluded that patients who undergo dialysis, whether it is haemodialysis or peritoneal dialysis, encounter psychological challenges as a result of the dialysis. The study recommends that it is important for renal units to have a psychologist and/or mental health practitioners who will help patients diagnosed with ESRD to prepare for the process of dialysis and also to provide ongoing psychological support to those on dialysis.

# ● Adolescent digital risk in South Africa: Parenting practices, decision-making styles, and online harm exposure

**Ms Kwanga Sibabalwe Monakali<sup>1</sup>**

<sup>1</sup>University of Pretoria, Pretoria, South Africa

## **Biography:**

Siba Monakali is an emerging researcher and PhD student in Psychology at the University of Pretoria. She holds a Master's degree in Research Psychology from the University of the Western Cape and BA and Honours degrees in Psychology from the University of Fort Hare. Her research focuses on social and environmental determinants of health, with a particular interest in understanding how community environments shape well-being. Siba has worked on interdisciplinary research projects exploring health from a transdisciplinary perspective and incorporating participatory and arts-based methods. She recently completed her internship as a Research Psychologist at Stellenbosch University, where she contributed to projects examining environmental influences on health and community well-being. Her work aims to elevate community voices in research and contribute to evidence that supports more inclusive and contextually relevant health interventions.

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**Background:** As social media use becomes embedded in adolescents' daily lives, concerns regarding the problematic use and exposure to harmful content are increasing globally. In low- and middle-income settings such as South Africa, limited empirical evidence exists to inform prevention and intervention efforts. Understanding how parenting practices and adolescent decision-making styles shape digital risk behaviours is critical for child and adolescent mental health.

**Methods:** Data were drawn from the HABITS study (N = 1630; M age = 15.38 years). Logistic regression models examined associations between social media parenting practices, adolescent decision-making styles, and three outcomes: problematic social media use, publicly available social media accounts, and searching for self-harm content online. Models adjusted for age, gender, and family structure.

**Results:** Twenty-four percent of adolescents reported problematic social media use, and 12.4% reported searching for self-harm content online. Restrictive internet practices by parents were associated with reduced odds of problematic social media use (AOR = .57, p = .047). Uncertainty about parental monitoring increased odds of problematic use (AOR = 1.84, p = .051). Hypervigilant decision-making was associated with threefold increased odds of searching for self-harm content (AOR = 3.01, p = .009), while parental communication regarding online activities was protective (AOR = .49, p = .006). Parental login access reduced the likelihood of having a publicly available account (AOR = .44, p = .007).

**Conclusions:** Findings emphasise the interaction between adolescent cognitive-emotional processes and parental engagement in shaping digital risk. Interventions that strengthen adaptive decision-making and constructive parental communication may lessen online harm exposure. These findings have implications for adolescent mental health programming, digital literacy initiatives, and clinical risk assessment in South Africa.

# ● Assessing autism knowledge and stigma in Rehabilitation Care Workers (RCW) in the Western Cape Province

**Dr Sarosha Pillay**<sup>1</sup>, Ms Chertkow Liora, Ms Shannon Fritz, Ms Megan Kramer, Ms Dayna Mccarthy, Ms Marelé Snyman, Ms Cassidy Thaker, Ms Hailey Wilcocks, Ms Tasneem Mohomed

<sup>1</sup>University of Cape Town, Cape Town, South Africa

**Biography:** Sarosha Pillay is a lecturer in the Department of Health and Rehabilitation Sciences, Occupational Therapy Division, at the University of Cape Town (UCT). She leads the Child Learning, Development and Play Cluster within the division. Sarosha completed her PhD in 2023, conducting a whole systems analysis of the education system for children with autism in the Western Cape Province of South Africa. Sarosha serves on UCT's Undergraduate Student Development and Support Committee and the Mental Health Task Team. She is also the deputy chair of Autism South Africa National Executive Committee.

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**Background:** Autism is a growing public health concern and many autistic children in South Africa do not have access to early diagnostic and intervention services. Early intervention is essential and limited access to services could lead to poor future outcomes and quality of life. Rehabilitation care workers (RCW) could be instrumental in bridging this service gap however there has been no prior investigation of RCWs knowledge of autism.

**Aim:** This study aimed to investigate autism knowledge and stigma in RCWs in the Western Cape to substantiate the need for and inform curricula for RCWs' on autism.

**Methods:** A quantitative research design was used to assess autism knowledge and stigma in RCWs. The Autism Stigma and Knowledge Questionnaire (ASK-Q-2) was used to collect information about autism aetiology, diagnosis, treatment and stigma in RCWs. Descriptive statistics were used to summarise data with means and standard deviations for continuous variables, and proportion for categorical variables.

**Results:** From a population of approximately 120 RCWs from who graduated from the University of Cape Town between 2012 and 2024 only 12 participants (10%) completed the online survey. Eleven of them reported having prior knowledge of autism and one reported having no knowledge of autism. The results showed that participants demonstrated adequate knowledge of autism, with variability across the subscales of Diagnosis, Aetiology, and Treatment. Nine (75%) of the participants endorsed statements around stigma.

**Conclusion:** Findings from this study supports the need for autism specific training for RCWs. Including autism content in the curriculum for RCW's is recommended. The ASK Q-2 was an appropriate tool for assessing autism knowledge and stigma in the South African context and future research to collect larger scale and more diverse RCW perspectives on autism is recommended.

# ● Paediatric functional neurological disorder: A scoping review

**Dr Gina Rencken**<sup>1</sup>, Ms Samukelisiwe Cebekhulu<sup>1</sup>, Ms Fathima Hoosen<sup>1</sup>, Ms Mamello Mofokeng<sup>1</sup>, Ms Asivenathi Plaatjie<sup>1</sup>, Mrs Bonang Mhlele<sup>1</sup>

<sup>1</sup>University of KwaZulu-Natal, Westville, Durban, South Africa

**Biography:** Gina Rencken, M. Occupational Therapy (University of the Free State), B. Occupational Therapy (University of Pretoria), PhD (UKZN)

Occupational Therapy lecturer at the University of KwaZulu-Natal

Gina is a lecturer and clinician in the field of paediatric occupational therapy, with a particular interest in neonatal care, early intervention, ADHD and neurodevelopmental conditions. She has a research and clinical interest in infant, child and maternal mental health and development. She is trained in Ayres Sensory Integration ® and lectures in the South African Institute for Sensory Integration (SAISI)'s qualification courses. She is an executive committee member of SAISI, and serves as the chair of council and director for research on the International Council for Education in Ayres Sensory Integration (ICE-ASI). She has published in peer reviewed journals and presented at national and international congresses.

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**Introduction:** This scoping review aimed to map existing literature on occupational therapy assessment and intervention in paediatric functional neurological disorders, identifying current evidence, gaps, and directions for future research.

**Methods:** Following Arksey and O'Malley's framework, the Joanna Briggs Institute Population–Concept–Context model, and PRISMA-ScR guidelines, systematic searches were conducted in PubMed, Scopus, and EBSCOhost. Four reviewers independently screened and appraised studies using predefined inclusion criteria. Data were extracted and synthesised to identify key trends and gaps.

**Results:** Eighty-nine studies were identified, with thirteen meeting the inclusion criteria. All originated from high-income countries and offered limited occupational therapy-specific detail. Common assessments included functional motor evaluation, psychological assessment, and family interviews. Interventions focused on goal-directed rehabilitation, graded functional tasks, and family education. The Canadian Occupational Performance Measure and Assessment of Motor and Process Skills were frequently used, with emerging use of virtual reality.

**Conclusion:** Occupational therapy is recognised as integral to paediatric FND management, yet its role, theoretical frameworks, and outcome measures remain underdefined, particularly in low-resource settings.

**Implications for Practice:** Contextually relevant, occupation-based frameworks and standardised outcome measures are needed to capture functional change and participation, guiding holistic, evidence-informed intervention and multidisciplinary collaboration

## ● Does home language matter in language testing? Adjusted associations with Griffiths-III Language and Communication subtest at baseline.

**Ms Katlego Sebolai**<sup>1</sup>, Mr John Gallis<sup>2,3</sup>, Associate Professor Elizabeth L Turner<sup>2,3</sup>, Ms Marisa Viljoen<sup>1</sup>, Ms Sandy Askew<sup>2</sup>, Mrs Musaddiqah Brown<sup>1</sup>, Mrs Amy Seale<sup>1</sup>, Ms Noleen Seris<sup>1</sup>, Dr Nokuthula Shabalala<sup>1</sup>, **Professor Petrus J De Vries**<sup>1</sup>, Associate Professor Lauren Franz<sup>2,3,4</sup>

<sup>1</sup>Centre for Autism Research in Africa (CARA), Division of Child and Adolescent Psychiatry, University of Cape Town, Cape Town, South Africa, <sup>2</sup>Duke Global Health Institute, Duke University, Durham, United States of America, <sup>3</sup>Department of Biostatistics and Bioinformatics, Duke University, Durham, United States of America, <sup>4</sup>Duke Center for Autism and Brain Development, Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, Duke University, Durham, United States of America

**Biography:** Katlego is a Junior Research Fellow working in the Autism Caregiver Coaching in Africa (ACACIA) study. ACACIA is a Hybrid Type 1 effectiveness-implementation trial evaluating an early intervention program for young autistic children in Cape Town, South Africa. Katlego's background is in clinical neuropsychology, and her role in the study is to conduct cognitive assessments.

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**Introduction:** The developmental abilities of young autistic children, including social communication, are assessed using standardized measures developed, validated and normed on English-speaking populations from the global North. Little is known about how well these measures perform in multilingual and multicultural contexts. In Cape Town, South Africa the Griffiths Scales of Child Development (Griffiths-III) Language & Communication subtest is used as a primary outcome measure in an ongoing Hybrid Type 1 effectiveness-implementation trial evaluating an early-intervention program for young autistic children. The objective of this study was to investigate the association between child home language and baseline performance on the Griffiths-III Language & Communication subtest while adjusting for child-level (age, sex, autism-related behaviours, expressive language, intervention exposure) and caregiver-level (education, income) factors.

**Methods:** We conducted a cross-sectional analysis of baseline data (n = 114 caregiver-child dyads). Continuous variables were summarized using means, standard deviations, and medians, and categorical variables using count/percentage. We examined bivariable association between the Griffiths-III Language & Communication score and predictors of interest using scatterplots and violin plots, followed by a multivariable linear regression, adjusting for child and caregiver factors. Child mean age was 55 months (SD = 11.3), 83% were boys, 60% were Coloured and 52% received low-frequency autism-related services.

**Results:** Reported child home language was not associated with Griffiths-III Language & Communication scores after adjustment. A one-month increase in age was associated with a 0.4 increase in the Language & Communication score and moderate intervention exposure ( $\geq 6$  hours/year) was associated with higher Language & Communication scores.

**Conclusions:** In this baseline, cross-sectional analysis, child home language was not associated with Griffiths-III Language & Communication scores after adjustment; older age and moderate intervention exposure were linked to higher scores. These exploratory findings provide an early view of how a global-North-developed tool may perform in multilingual, global-South settings.

# ● Designing belonging: Translating autistic experience through visual narrative

**Ms Doné Smit**<sup>1</sup>

<sup>1</sup>-, Pretoria, South Africa

**Biography:** Doné Smit is a Visual Communication Designer and emerging researcher whose work explores the intersection of design, neuroscience, and lived experience. She completed her degree at Stellenbosch University in 2024, where her final-year project focused on translating autistic experiences into accessible visual communication tools. Inspired by personal experience and grounded in narrative inquiry, her work addresses the gap between scientific knowledge and public understanding of autism.

Doné developed the Introspectrum Navigator, a design-led framework that maps sensory and cognitive experiences to foster dialogue, empathy, and belonging. She is particularly interested in how communication design can influence mental well-being by reshaping how neurodivergence is understood across families, education, and healthcare contexts.

Her research aims to advance interdisciplinary collaboration between design and neurodevelopmental science to create tools that are both human-centered and clinically aligned.

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Autism Spectrum Disorder (ASD) shapes not only cognition and sensory processing, but identity, relationships, and mental health. Despite increasing scientific knowledge, a persistent communication gap remains between neurodivergent individuals and the neurotypical systems surrounding them. This gap often contributes to misunderstanding, social isolation, family strain, and a diminished sense of belonging.

This design-led research explores how visual communication and narrative inquiry can translate autistic lived experience into accessible, relational tools. Grounded in the Double Empathy Problem and the Social Model of Disability, the Introspectrum Navigator reframes autism not as deficit, but as a spectrum of sensory, cognitive, and relational experiences.

Developed from a Visual Communication Design perspective, the Navigator uses colour-based mapping and interactive narrative elements to make complex neurological concepts more navigable. Rather than simplifying autism, it offers a shared visual language through which individuals, families, educators, and clinicians can engage in dialogue.

The project addresses a critical interdisciplinary gap: while research continues to expand scientific understanding of autism, accessible tools that bridge knowledge and everyday communication remain limited. By translating neuroscience and lived experience into intuitive visual frameworks, this work aims to foster empathy, strengthen connection, and support mental well-being across personal and social contexts.

This research proposes that design is not supplementary to clinical knowledge, but connective. By rethinking how autism is communicated, we may influence not only understanding, but experiences of belonging within autistic communities and the systems that surround them.