

Adult Children's Perceptions of Growing up with Parental Mental Illness using grounded theory and photovoice, this qualitative study explores the lived experiences of adult children who have grown up with parental mental illness in order to assist families currently living in these circumstances. Few studies have investigated adult children's experiences as a source of authority and knowledge on outcomes of parental mental illness. To develop meaningful interventions for these families, their perspectives must be considered. Qualitative research has the capacity to humanize, destigmatize, and uncover the complexities of despair and resilience within this experience. While retrospective accounts may be considered of historical interest, key constructs influencing the phenomena remain constant: stigma towards mental illness, unclear etiology of mental illnesses; sporadic treatment access, and fragmented family services. Thus first person accounts of growing up with parental mental illness have significant potential to inform services. One in five Canadians will experience mental illness in their lifetime with estimates suggesting that 15 - 50% are parents. It is likely a considerable number are adult children of parental mental illness, given what is known about heredity, genetics, and risk factors. Preliminary results from this study inclusive of excerpts of photos will be discussed to promote a broader understanding of this experience and inform a more holistic approach to service delivery.

## The Health of Adolescent Incarcerated Males: Future Directions

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Adolescents within forensic settings are affected by illness more frequently than their non-incarcerated counterparts. This presentation reflects on the findings of a recent literature review examining health issues among incarcerated adolescent males. A brief overview of the primary disparities in health is provided and areas of further investigation are discussed. An emphasis is placed on describing implications for current practice and considerations for future directions to support health within this vulnerable population.

## 15. Criminology and Children

### Assessing the Influence of Neighbourhood Disadvantage on Violent Crime among Child Psychiatric Patients

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The aim of this study is to assess the effect of neighbourhood socioeconomic disadvantage on violent crime among a group of children and adolescents who attended Psychiatric Child and Youth Clinics in Stockholm, Sweden. Data is drawn from The Stockholm Child-psychiatric database, which consists of approximately 7600 children and adolescents who consulted the Psychiatric Child and Youth Clinics (PBU) in the county of Stockholm. The children were born in 1981-1989, and finished their contacts with the Psychiatric Child and Youth Clinics between 2003 and 2005. Using multilevel techniques, incidences of violent crime in police registers were related to characteristics of the neighbourhood where the children and adolescents lived. About 7 percent of the variance in violent crime incidents is found at the neighbourhood level. Controlling for individual characteristics reduces the between-neighbourhood variance, though a significant neighbourhood effect remains. When neighbourhood-level disadvantage is added to the model, the between-neighbourhood variance in incidence of violent crime is further reduced, but still significant. This implies that neighbourhood characteristics, in addition to individual characteristics, should be considered in the design and development of psychiatric care for children, and for the development of strategies to prevent future criminality.

### Children's Pathways to Psychiatric Child and Youth Clinics: Are Ethnicity and Neighbourhood of Residence Associated with Source of Referral?

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This study examines how child and adolescent referrals to psychiatric child and youth clinics are associated with ethnicity and neighbourhood of residence. Four sources of referrals are examined: family referrals, social/legal agency referrals, school referrals and health/mental health referrals. Referrals of 2054 children aged 11-19 from the Stockholm Child-Psychiatric Database were studied using multilevel logistic regression. Results indicate the importance of ethnicity for child and adolescent referrals to psychiatric child and youth clinics. Family referrals were more common among children and adolescents of Swedish background than among those of immigrant background. Referrals by social/legal agencies were more common among children and adolescents of African and Asian background, while children of Asian or South American background were more likely to have been referred by schools or by the health/mental health care sector. A significant neighbourhood effect was found only in relation to family referrals (i.e. it was more likely to be referred to psychiatric child and youth clinics by the family in some neighbourhoods than in other neighbourhoods). These