Models of primary care consultation and collaborative care in the United States and United Kingdom

We-S–461
Massachusetts child psychiatry access program
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Since 2004, the MA Child Psychiatry Access Project (MCPAP) has provided child psychiatry consultation, care coordination, and educational services to pediatric primary care clinicians designed to improve their performance in addressing children’s mental health needs. MCPAP consists of an array of mental health teams geographically distributed across the state of MA. Each team consists of several child psychiatrists, a care coordinator, and a licensed child psychotherapist. Teams provide:
- immediate telephone consultation regarding any mental health question;
- prioritized outpatient child psychiatry consultation;
- care coordination services assisting patients with referrals for mental health services;
- continuing medical education in child psychiatry for primary care providers. Available data indicates that MCPAP is a stable and well-utilized resource supporting the provision of care for children and adolescent with mental health problems in the pediatric primary care setting. MCPAP is designed to not only assist in management of these patients but to contribute to the professional development of pediatric primary care providers and to create ongoing linkages between primary care and mental health systems for children.

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We-S–462
Partnership access line consultation services in Washington and Wyoming
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Washington and Wyoming are two rural US states with very limited access to child psychiatrists, which have created a shared child mental health consult service system called the Partnership Access Line (PAL). PAL child psychiatrists have provided over 3000 telephone consultations to primary care providers in these states so far, backed up by rapid access televidio consult appointments, social work referral assistance and faxed communications. Consults have high fidelity to a child mental health treatment guide produced by the program, available for free at www.palforkids.org and www.wyomingpal.org. Community providers are also shown how to manage child mental health issues by attending free local conferences. Furthermore, the PAL consultants provide mandatory medication reviews on antipsychotics and ADHD prescriptions that exceed state defined criteria to maintain a consistent, overall academic detailing message to providers. PCP feedback, process measures, and system data will be reported that demonstrate how this whole system improves care.

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We-S–463
Maine’s child psychiatry access program
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The Maine Child Psychiatry Access Program (CPAP) is a pilot program developed in 2009 to enhance primary care clinicians’ ability and confidence to assess and treat common behavioral health concerns in the pediatric setting. Child psychiatry resources are limited in Maine, and the goals of CPAP include aiding primary care clinicians with local mental health resources, provide collaborative educational experiences to enhance knowledge, attitudes and skills, and provide telephone consultation to support the primary care clinician. Currently CPAP works with pediatricians in southern and western Maine and is being extended to support pediatric house officers at Maine Medical Center covering a total of ~38,500 pediatric lives. Data will be shared with respect to resources sought, diagnoses, family burden, and impact of the program on the pediatric primary care provider. An area of focus will be the educational component of CPAP and the pediatric provider response to the educational program.

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We-S–464
Consultation and collaborative programs in England
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The UK benefits from universal health care free at the point of need. While most children and young people present to primary health care with physical complaints rates of emotional and behavioral disorders are increased in attenders. The majority remain undetected and untreated. While primary care remains well placed for the detection of these disorders concerns about the already overstretched capacity of specialist services act as a barrier to early recognition and intervention. A Department of Health initiative to improve primary care capacity introduced a new role, that of Primary Mental Health Workers, to work between primary and specialist services. Further work to improve primary care capacity has addressed the training needs of primary care staff in order to detect and intervene for depression in primary care. This presentation will highlight complexities of improving provision at the level of primary care and report evaluations of the Primary Mental Health Worker initiative and the TIDY Program (which trains primary care staff to detect and manage adolescent depression).

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Disrupted attachment and vulnerable youth: new models for treatment and intervention

We-S–465
Overview of theories of attachment
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Attachment theory is currently one of the best articulated theories, for understanding parent-child relationships, which, in turn, impacts a child’s physical and mental health via direct and indirect mechanisms. Attachment theory, further, provides an empirically-based framework from which related constructs can be readily assessed across time. The attachment behavior system is an important concept in attachment theory because it provides the conceptual linkage between ethological models of human development and modern theories on emotion regulation and personality. According to Bowlby and Ainsworth, the attachment system essentially “asks” the following fundamental question: Is the attachment figure nearby, accessible, and attentive? Clinicians who have good understanding of the nature and process of how attachments develop are in a better position to form therapeutic relationships with children and families. Research has shown repeatedly the positive role of good social relationships. It is clear that early childhood is an important window of time for understanding and promoting resilience. Factors associated with resilience are thought to include secure attachments to significant others, absence of early loss and trauma, high self-esteem, social empathy, and an easy temperament. Easy temperament has only been found to be a protective factor when support is also present. Arguably, quality of attachment is instrumental in the four central areas associated with resilience, individual characteristics, supportive family, positive connections with adults or agencies in the environment, and culture. Although Bowlby was primarily focused on understanding the nature of the infant-caregiver relationship, he believed that attachment characterized human experience from “the cradle to the grave”. It was not until the mid-1980s, however, that researchers began to take seriously the possibility that attachment processes may interplay with our ongoing relationships, grief and our motivations. The neurobiology of the effects of attachment is also beginning to emerge. New insights into brain development
and plasticity, how stress interacts with development, and the interplay of genes and experience in shaping development promise to revolutionize the science of resilience and prevention. The goals of this presentation include: an overview of attachment theory, as it pertains to child development and relationships; current research on different styles of relating. Particular focus is devoted to the role of attachment in social bonding, youths at risk and resiliency.  

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We-S-466  
**Personality and attachment among young offenders**  
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This paper reports on analyses of a sample of 790 incarcerated juveniles (650 boys, 140 girls; mean age = 16.8) who completed an assessment of Axis II Diagnoses (SID-P). Subjects also completed secondary questionnaires assessing anger-irritability (YSR), aggression (YSR), delinquency (MAYSI-2), distress and restraint (WAI). The sample was ethnically diverse and representative of the California juvenile justice population: 224 (28.4%) were African American, 374 (47.3%) were Hispanic, 130 (16.5%) were Non-Hispanic White, and 60 (7.8%) were of other ethnicities. Antisocial (91.8%), borderline (17.6%), narcissistic (7.8%), schizotypal (2.2%) and schizoid (2.5%) personality disorder rates were all relatively high. Many youth meeting APD criteria also met criteria for other personality disorders. Using this data we present an analysis of the ways that early life attachment disruption lead to maladaptive functioning and personality disorder. Finally, we present a cluster analysis to aid in organizing interventions and treatment.  

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We-S-467  
**Unaccompanied refugee minors from Africa in the European context**  
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The objective of the session is to present a multimodal analysis of psychopathology among African unaccompanied refugee minors (URMs) in Austria. Apart from the results of the study, the situation of unaccompanied refugee youth in Europe will be outlined from a psychosocial and demographic perspective. The outcomes of the mentioned study should serve to understand the background and the needs of this diverse population of vulnerable youth. Besides, the presented research findings should be linked with clinical implications in unaccompanied refugee children and adolescents, as one example of youth suffering from disrupted attachment, in the European context. Eventually, the session should provide an outlook on treatment and intervention models for unaccompanied refugee children in Europe.  

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We-S-468  
**Systems of care and the repair of attachment**  
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Although the concepts of “looked after children” or “children in public care” are widely used in policy, practice and research across the world, neither legislation nor service systems are consistent. These terms indicate that the welfare state has characteristics which make them less likely to access services such as their frequent moves, lack of advocates, and intermittent input from different health and social care agencies. These factors explain the documented limited access and engagement with mental health services. A number of service and intervention issues will be discussed in this presentation, supported by evolving research evidence, on addressing these service gaps for children in care. Child mental health services should be tailored to children’s specific needs, and should be planned and often commissioned jointly with social services or other welfare agencies responsible for their care. Service fragmentation should be avoided by establishing joint protocols and care pathways. Assessment and treatment should be complemented by consultation and training for staff looking after these children such as social workers, residential workers, or foster carers. Examples of training programmes based on an attachment framework will be described. Therapeutic interventions should also be applied to the characteristics of children in care, often involving carers. Multi-modal programmes have been found to be more effective for this vulnerable group of children. A number of such types of interventions and their indications, and how these are integrated within overall services, will also be presented.  

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Traumatisme et famille : quel impact sur l’enfant et dispositifs de soin et d’accompagnement  

We-S-469  
**Figures du jeu traumatique chez l’enfant victime : repérage, prise en charge et prévention**  
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Les enfants exposés à un événement traumatique peuvent présenter des symptômes de reviviscences parmi lesquels figurent les jeux traumatiques. Ces pratiques restent méconnues et peu prises en charge alors qu’elles sont bien souvent la seule trace du trauma dans le quotidien de l’enfant. Notre propos vise à décrire la symptomatologie du jeu chez l’enfant victime (jeu traumatique, jeu abrégatif, réenactement) et à envisager le travail thérapeutique qui peut être fait, en immédiat comme en différé, avec l’enfant en lien avec sa fratrie et ses parents.  

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We-S-470  
**Le deuil de « ange ». Impact des traumatismes de la périnatalité sur le développement psychique des enfants**