gical condition or who have unexplained physical symptoms. Children up to the age of 18 are seen by the service.

Programmes for promotion of health and early intervention for physical and psychological problems related to a medical condition and/or treatment are described.

The challenge of promoting best practice in relation to treatment interventions in line with evidence base and the development and use of evidence-based codes of practice, policies and protocols is discussed.

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Tu-S-365
Developing quality improvement programs in pediatric consultation-liaison psychiatry
P. Ibeziako
Department of Psychiatry, Children’s Hospital Boston, Boston, USA

In the United States more than 6 million children are hospitalized annually and nearly 3 million children undergo surgical procedures. High rates of comorbidity between childhood psychiatric and physical disorders ensure that psychiatric issues will present during the peri-operative period. Commonly encountered symptoms include agitation, anxiety, disorientation, perceptual disturbances, insomnia and pain. Agitation and aggressive behavior in the medical/surgical setting presents a unique challenge to providers, is costly to the healthcare system, and has adverse psychological and physical consequences. There are very few studies that pre-emptively target at risk patients prior to elective surgical procedures and implement strategies to prevent agitation during their hospitalization. This presentation will describe the development of preoperative psychiatric assessments by a psychiatry consult service and factors that contributed to successful patient hospital outcomes.

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Tu-S-366
The development of PCLP and its challenges in a Singapore paediatric hospital – A first-hand experience
S.H. Ong
Department of Psychological Medicine, KK Women’s and Children’s Hospital, Singapore

Introduction. – Efforts to make psychiatric care more accessible and to reduce stigma associated with psychiatric consultation have resulted in the development of a new psychiatric service set in the largest paediatric hospital in Singapore. The Child and Adolescent Mental Wellness Service (CAMWS) sited in KK Women’s and Children’s Hospital (KKWCH), was started in November 2010, and supported by two part-time paediatric consultation liaison psychiatrists (PCLP) and one resource nurse.

Results. – Linking medical and psychological components of a patient’s condition, and facilitating communication among patients, doctors, families, and hospital systems have emerged as the most challenging of psychiatric skills. Other challenges included manpower and resource constraints, incomplete understanding of PCLP service by medical teams which may affect referral and hospital systems have emerged as the most challenging of psychiatric skills.

Conclusion. – The PCLP must possess adequate understanding of medical illnesses, as well as a general knowledge of procedures, hospital routines, and working culture existing in a paediatric hospital.

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Tu-S-367
Fifty studies later, have we finally arrived? Results from an updated meta-analysis
S.N. Merry
Department of Psychological Medicine, University of Auckland, Auckland, New Zealand

Prevalence of depression rises rapidly in mid-adolescence and is associated with high levels of disability. Our aim was to determine whether psychological and/or educational interventions are effective in preventing its onset. We carried out a systematic review and meta-analysis of randomised controlled trials of psychological or educational interventions for young people aged 5 to 19 years old. Fifty-three studies with over 14,000 participants were included in analysis which showed the risk of having a depressive disorder post-intervention was reduced compared with no intervention (15 studies; 3115 participants risk difference (RD) =−0.09; 95% CI: −0.14 to −0.05; P<0.0003), at 3 to 9 months (14 studies; 1842 participants; RD =−0.11; 95% CI: −0.16 to −0.06) and at 12 months (10 studies; 1750 participants; RD =−0.06; 95% CI: −0.11 to −0.01). Thus, there was evidence that targeted and universal depression prevention programmes may prevent the onset of depressive disorders compared with no intervention, although there were some limitations to the studies. The persistence of findings suggests that this finding is real and not a placebo effect.

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Tu-S-368
Depression prevention (RAP) in UK Schools
P. Stallard
Department For Health, University of Bath, Bath, UK

This presentation will provide an overview of an implementation trial of a depression prevention programme delivered in UK schools. 5030 young adolescents aged 12–16 from eight schools were randomised to receive a cognitive behaviour therapy programme (Resourceful Adolescent Programme), attention control or usual school curriculum. The interventions were delivered to whole classes of young adolescents (i.e. universal delivery) as part of the school curriculum. The challenges of delivering school based depression programmes will be highlighted and the widespread use of such programmes discussed.

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Tu-S-369
MEMO: A multimedia mobile phone programme to prevent depression
R. Whittington, S.N. Merry, K. Stasiak, H. McDowell, M. Shepherd, I. Doherty, S. Ameratunga, V. Parag
a Clinical Trials Research Unit, FMHS, University of Auckland, Auckland, New Zealand
b Department of Psychological Medicine, University of Auckland, Auckland, New Zealand
c Auckland District Health Board, Auckland, New Zealand
d University of Auckland, Auckland, New Zealand
e Learning Technology Unit, University of Auckland, Auckland, New Zealand
Corresponding author.

MEMO is a CRT-based multimedia messaging intervention that is delivered solely over the mobile phone. Key CRT messages are wrapped up in usual teen contexts and told in video diary messages from six adolescents, short cartoon “mobisodes” about four fictitious teens, video messages from celebrities and text messages. This universal prevention intervention was trialled in 15 high schools in Auckland in comparison with a full attention control programme of similar types of messages on different topics. 855 students (aged 13–17 years) were randomised and remained blind to allocation. At the end of the 9-week intervention, participants said it helped them to be more positive (67%, P<0.001), get rid of negative thoughts (50%, P<0.001), and 91% would recommend it to a friend.