Postgraduate training of specialists in child and adolescent psychiatry in Europe

We-S-451
Child psychiatry training in Europe: What has been achieved and next steps?
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This presentation will provide an overview of the development of child and adolescent psychiatry in Europe and the work of uEMs to improve standards of training. Developments in postgraduate medical education are leading to increasing specification of what should be learnt by trainees to improve knowledge and skills and to protect the interests of their patients. There are some who think that a detailed curriculum for child and adolescent psychiatry should be developed to be applied across Europe. The presentation will examine the practicality of such a venture and propose a way forwards.

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We-S-452
Doctor’s specialist medical training in child and adolescent psychiatry in Sweden
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In 2008 The National Board of Health and Welfare in Sweden decided to announce new regulations and general guidelines for doctors’ specialist medical training. The statute consists of a general part with common provisions for all specialties and a specific part with all the descriptions of objectives for a given specialty. The new regulations are due to criticism of the old system with lack of quality assurance, geographical variations and unsatisfactory evaluations. The new regulations will be described. Increased structure, continuous evaluation, trained supervisors and recurrent inspections of training institutions are some of the advantages of the new regulations.

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We-S-453
Child and adolescent mental health: Regional training for primary care physicians
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We coordinated in Midi-Pyrénées region (France), a training entitled "Primary care physicians and mental suffering of children and adolescents: how to recognize early signs, share expertise and develop partnerships?"; 195 primary care physicians were trained in 11 of 12 territories of the region. This action was initiated throughout all France, by ministries of health and education, French Federation for Psychiatry (Fédération française de Psychiatrie [FFP]) and National public health school. A referential was developed by FFP, to support the training of primary care physicians: general practitioners, school doctors and physicians of maternal child health (Protection Maternelle et Infantile [PMI]). The trainers were pairs of child psychiatrists and psychologists, school and PMI doctors, specially trained and involved in the design of this training. Our paper will present the design of the training, how it was set up in all the region and its evaluation by the 195 participants.

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We-S-454
Building new trends in training of CAP specialists: The situation in Eastern Europe and the Lithuanian experience
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Introduction.– Qualified and experienced care providers are crucial elements in mental health services. Comprehensive child psychiatric care, implementation and development of CAP services in Lithuania as well as in other post-soviet countries in Eastern Europe started receiving attention after these countries regained their independence. The development over more than 20 years has been an experience comprising achievements, obstacles and week spots. Aim of the presentation is to review the development of CAP services and training.

Methods.– Data have been collected in discussions with national and international colleagues, through literature studies and web sites of national CAP societies and communications with representatives of UEMS-CAP, ESCAP, IACAPAP and EFPT.

Results.– There are still large differences in the structure of CAP services and in the process of CAP training in East European countries. In most countries CAP is a mono-specialty with developed programs for residents, in others CAP is still linked to general psychiatry. A good example for the big variety could be presented by the situation in the three Baltic countries. The contents of the curriculum differ. The integration of psychotherapy remains a problem. Knowledge of psychopharmacology has to be improved as has knowledge of Infant psychiatry. Access to research and international medical literature is essential for trainees. Insufficient funding and political will for adequate service and a quality therapeutic milieu and cultural stigma regarding CAP and CAMH could be listed as dominating obstacles.

Conclusions.– International cooperation and joint attempts to improve and harmonize training in CAP could be fruitful for all the countries.

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We-S-455
A complementarist frame between neuroscience and psychoanalysis applied to neurodevelopmental disorders
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Actually the theoretical debate in the field of child development becomes more and more necessary. Neurosciences has proposed an amount of researches that are real Copernican revolution for some clinicians. In the other hand, such findings seem to produce the same things as in the French Revolution: heads are falling, including that of psychoanalysis. Our purpose is: how to built a new frame for psychopathology that takes into account neurosciences findings, and keep alive the major principles of psychoanalysis: the existence of an unconscious, and the transference phenomenon? Complementarism (Devereux, 1972) is an interesting frame that proposes to keep two valuble theories, without reduciing one to another. Those two theories has to be used not simultaneously, but alternatively. We will illustrate the way it can be used, its interests and limits.

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We-S-456
Perinatal stress and plasticity: The destiny of early traces
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The preterm infant experience of early stress in critical phases of development may result in a persistent vulnerability and emotional reactivity to secondary stress later in life. It is therefore important to recognize infant’s signs of stress, as well as signs of competences. Parents’ emotional and affective experience plays also a fundamental role in the quality of parent-preterm infant relationship and the infant’s outcome. The parental experience can be understood as trau-
Sympathetic cortical response in mother-infant relation and post partum depression

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The adverse effects of postpartum depression (PPD) on psychological development, due to decreased maternal responsiveness and empathy to the baby needs, may be long lasting. Our aim was to investigate cortical mechanisms underlying mother’s responsiveness to infant’s pain, in mothers with or without PPD risks. After assessment for PPD risk, mothers were tested while watching a routine heel prick performed on their infants. We used near-infrared spectroscopy to assess mothers’ cortical activity. Changes in oxy-haemoglobin (HbO2), as estimate of cortical activity, were statistically analysed. In mothers not at risk for PPD, HbO2 increased significantly in the dorsolateral frontal cortex, which previously shown to activate in association to empathizing with the infant and parental behaviour. In mothers at risk for PPD, HbO2 decreased in the same areas. These findings may offer further insight on the cerebral basis of PPD interference with an adequate maternal responsiveness and empathy to the baby’s needs.

Assessment and intervention of psychiatric problems in adolescents experiencing Typhoon Morakot

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The aims of this assessment and intervention program were to examine the prevalence and associated factors of posttraumatic stress disorder (PTSD) related to Typhoon Morakot, the direct and indirect effects of PTSD, major depressive disorder (MDD), disaster-exposure experience, gender, and perceived family support on suicide risk, the level of general anxiety, and the intervention effects of four-session Eye Movement Desensitization and Reprocessing (EMDR) on reducing the severity of disaster-related anxiety, general anxiety, and depression in 271 Taiwanese adolescents who experienced Typhoon Morakot that impacted Taiwan in 7th August, 2009. The prevalence of PTSD related to Typhoon Morakot was 25.8%. Adolescents who were female, had PTSD related to previous traumatic events before Typhoon Morakot, had more exposure experiences, were physically injured, or had family member in same household died or seriously injured in Typhoon Morakot were more likely to have the diagnoses of PTSD related to Typhoon Morakot. General anxiety was significant among the adolescents experiencing Typhoon Morakot. The results of structural equation model indicated that increased disaster-exposure experience and female gender had direct influences on an increased suicide risk, and had indirect influences on increased suicide risk that were mediated by PTSD and MDD. Perceived high family support directly decreased suicide risk. Both PTSD and MDD had direct influences on an increased suicide risk, and PTSD had an indirect influence on an increased suicide risk that was mediated by MDD. The results of the MANCOVA indicated that the EMDR group had significantly lower post-intervention severity levels of general anxiety and depression than the TAU group. Meanwhile, the post-intervention level of disaster-related anxiety of the EMDR group tended to be lower than that of the TAU group (P = .05).

Resilience and trauma after disaster in Asian children and adolescents

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Japan has often experienced big earthquakes and mental health care activities for afflicted children and adolescents have become more common since the Hanshin-Awaji earthquake disaster of 1995. The Japanese Society for Child and Adolescent Psychiatry (JSCAP) has been serving an important role in the mental health care after major natural disasters through dedicated contribution of member psychiatrists and allied professionals. The Committee of Disasters of the JSCAP has experienced many onsite activities and made an effort to establish more effective mental health support system for children and adolescents after devastating disasters. In this presentation, we first report the latest East Japan earthquake and tsunami of March 2011 and the JSCAP activities for afflicted children and adolescents, and then discuss the development of mental health support system for youth after devastating disasters.

Developing mental health support system for children and adolescents after devastating earthquake and tsunami in Japan