is an important protective factor for immigrant children’s mental health. Qualitative studies made in Finland show that children belonging to ethnic minorities face racism at school, but adults have difficulties to notice it. The “Together at school” programme supports principals to lead schools in an ethical way and to promote intercultural learning, which requires critical reflection of one’s own assumptions, dialogue and working with one’s own identity process. Preliminary quantitative results are presented about children’s and parents’ experiences of Finnish schools.

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Mo-S-177
School mental health in cultural context: School programme to promote children’s socioemotional competences and well being at school – immigrant children and multicultural issues in focus
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Finland has been a relatively homogenous society, but since the 1990s immigration has increased. Today in Helsinki, the capital of Finland, the mother tongue of every tenth child is not Finnish or Swedish. This proportion is estimated to be nearly 25% in 2025. “Together at school” is a programme financed by the Ministry of Education and Culture and the National Institute for Health and Welfare to promote children’s socioemotional competences and well being at schools. Previous studies have shown that having positive experiences at school is an important protective factor for immigrant children’s mental health. Qualitative studies made in Finland show that children belonging to ethnic minorities face racism at school, but adults have difficulties to notice it. The “Together at school” programme supports principals to lead schools in an ethical way and to promote intercultural learning, which requires critical reflection of one’s own assumptions, dialogue and working with one’s own identity process. Preliminary quantitative results are presented about children’s and parents’ experiences of Finnish schools.

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La sexualité de l’Enfant

Mo-S-178
La sexualité de l’enfant et sa gestion en entretien diagnostique ou en psychothérapie
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Les pédopsychiatres et les psychothérapeutes ont-ils suffisamment d’échanges avec l’enfant, considéré ici avant sa puberté achevée, à propos de sa vie sexuelle ? Les coordonnateurs de l’atelier ne le pensent pas et expliquent d’abord pourquoi. Ils décrivent ensuite des manières de procéder dans ce domaine qui soient à la fois actives et délicates, aussi bien face à des enfants qui ne parlent spontanément de rien de particulier que face à ceux dont on vient de révéler qu’ils avaient participé à une expérience sexuelle. Ils se centrent surtout sur la sexualité désirée, voulue, agie par l’enfant comme auteur, davantage que sur la sexualité subie dans l’abus sexuel. Les coordonnateurs discutent ensuite comment une connaissance plus précise des faits sexuels permet souvent de situer l’enfant dans quelques grandes catégories développementales de fonctionnement sexuel, donc de gérer plus précisément avec lui ce qui est en jeu.

Ils rappellent enfin que la fonction des éducateurs et des médecins ou des psychothérapeutes est partiellement différente pour accompagner l’enfant dans la gestion de sa sexualité.

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Treating tinderbox kids

Mo-S-179
Treating tinderbox kids treating severe emotional dis-regulation and aggression in children and adolescents
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The Sett, Northamptonshire Healthcare Trust, 6UH/United Kingdom

The presentation will explore the possible biological, social and emotional antecedents that contribute to the development of aggression in children. It will explore the onset, presentation, severity and types of aggression that can be displayed. It will also look at how the classification of aggression can affect the onset, treatment and prognosis of young people. The presentation will also explore diagnosis commonly associated with aggression. It will look at the character of aggression and the reasons for its manifestation as well as how it can vary within different diagnosis. It will explore the changes that have occurred over time in the diagnosis of aggression and it will look at the proposed changes within the forthcoming publication of the DSM-5. Within the discussion, it will explore the diagnostic rubric of severe mood dis-regulation, including its definition and the aetiological factors within young people. It will also highlight the interplay between mood dis-regulation and the symptoms associated with attachment disorders, social communication skills and impulsivity leading to an inability to control emotion.

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Mo-S-180
Treating tinderbox kids – who is being treated? Why do we need to start the treatment?
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The Sett, Northamptonshire Healthcare Trust, 6UH, UK

Treatment of aggression has always been a highly emotive topic. Approaches to reducing aggressive behavior have verged on the punitive. It is often just chance which determines whether a young person ends up in a criminal justice facility for treatment facility This talk looks at the factors that need to be considered before starting treatment for aggression. Who is being treated? Why do we need to start the treatment? Having decided to go down the treatment route for aggression it looks at the creation of treatment algorithms for aggression. It looks at the available pharmacological and nonpharmacological remedies. It looks that the side effects and pitfalls of going down each of these routes it looks at the advantage of choosing a pharmacological or a nonpharmacological intervention. Pitfalls and limitations of following a medical model of treatment it also look at increasing emotional resilience through treatment of co morbid symptom. Formulates a stepwise approach to treatment in the community.

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Mo-S-181
Treating tinderbox kids – management of aggression in child and adolescent in-patient units
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Aggression in adolescent psychiatric settings is a neglected research area as most available comprehensive data derive from adult studies. It has a significant impact on staff, patients and the therapeutic milieu hence the need for development and implementation of innovative preventive intervention strategies. Recommendations in management of child and adolescent aggression empha-
Integrating family perspectives into clinical practices

**Mo-S-186**

Integrating family perspectives into clinical practice

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Clinicians and family members are committed to a common goal of improved wellbeing for children and youth yet how do we ensure that all parties understand each other's perspective and interpretation of the presenting problems. This workshop provides an insight into the mindset of parents and carers. How they perceive the role of clinical staff and treatments they are offering. What is the presenting problem? Do professionals and parents agree on this? Issues around confidentiality: how to create a safe environment for families; guaranteeing families feel listened to and believed: These are some of the topics this workshop will explore. Tools will be presented which encourage discussion of issues so that the point of view of families and clinicians are elicited and there is conversation about how each perspective is acknowledged and understood. There will be tools that staff can put into practice immediately allowing clinicians to engage with carers in a more meaningful depth manner.

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**Mo-S-187**

Integrating family perspectives into clinical practice

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Clinicians and family members are committed to a common goal of improved wellbeing for children and youth yet how do we ensure that all parties understand each other's perspective and interpretation of the presenting problems. This workshop provides an insight into the mindset of parents and carers. How they perceive the role of clinical staff and treatments they are offering. What is the presenting problem? Do professionals and parents agree on this? Issues around confidentiality: how to create a safe environment for families; guaranteeing families feel listened to and believed: These are some of the topics this workshop will explore. Tools will be presented which encourage discussion of issues so that the point of view of families and clinicians are elicited and there is conversation about how each perspective is acknowledged and understood. There will be tools that staff can put into practice immediately allowing clinicians to engage with carers in a more meaningful depth manner.

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**Mo-S-188**

Life events, anxiodepressive vulnerability and emotional processing during adolescence

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Background. Anxiodepressive disorders often begin during adolescence and are a major problem of public health. Negative life events are an important factor of vulnerability for these disorders. Neuroimaging studies of anxiodepressive patients show structural and functional abnormalities in regions implicated in emotional processing. Very few papers study the influence of life events on brain function in healthy adults, none in adolescents. We hypothesised the existence of a relation between negative life events and emotional processing in adolescents.

**Methods.** Eight hundred and forty one adolescents from the IMAGEN database were included. They completed a multidimensional life event questionnaire (LEQ). A face task with three conditions (angry or neutral face and a control condition) was administered during functional magnetic resonance. Data were analysed using SPM8. We searched for correlations between LEQ scores and cerebral activation while viewing angry faces.

**Results.** We found a significant positive correlation between the “distress” score of the LEQ and brain activation in a bilateral network including the insula, the middle and inferior frontal gyrus and the middle temporal gyrus. These regions were deactivated during this contrast.

**Conclusion.** Negative life events may modify emotional processing of anger during adolescence, responsible for cognitive and emotional bias.

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**Mo-S-189**

Subthreshold bipolarity and depression in adolescence. A brain imaging study

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**Background and objectives.** A significant proportion of adolescents having subthreshold bipolar (SBP) or depressive symptoms convert to affective disorders. White matter (WM) and grey matter (GM) alterations have been reported both in adolescent-onset affective disorders and in youths at high familial risk. We sought to determine whether healthy adolescents with subthreshold symptoms would have similar early structural changes.

**Methods.** The participants were extracted from the European Imagen database of community 14-year-old adolescents investigated using T1-MRI and Diffusion

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