**Integrating family perspectives into clinical practices**

**Mo-S-186**

**Integrating family perspectives into clinical practice**

L. Ruggiero a, A. Casey b

a Child And Adolescent Mental Health Service, Austin and Repatriation Medical Centre, Heidelberg, Australia
b Child & Youth Mental Health Service, Alfred Health, Moorabbin, Australia

*Corresponding author.

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 others’ perspective and interpretation of the presenting problems. This workshop provides you 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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**Integrating family perspectives into clinical practice**

N. Coventry

Clinical Director, Cambs, Austin Hospital, Heidelberg, Australia

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**Mo-S-188**

**Life events, anxio depressive vulnerability and emotional processing during adolescence**

F. Gollier-Briant a,⁎, E. Artiges b, M. Paillère-Martinot c, A. Barbot d, R. Goodman e, M. Struve f, T. Fadaï g, V. Jucksh h, L. Poustka i, P. Conrad i, T. Banaschewski j, C. Büchel k, H. Flor l, J. Gallinat m, H. Garavan n, A. Heinz b, T. Faus s, M. Rietschel c, M. Smolka o, J.-B. Poline s, G. Schumann s, J.-L. Martinot b

a Service de psychiatrie de l’enfant et de l’adolescent, hôpital Pitié-Salpêtrière, Paris, France
b UMR Inserm-CEA U 1000, SHFJ, Orsay, France
c Maison de Soienn, hôpital Cochin, AP–HP, Paris, France
d I2BM-neurospin, CEA, Gif-sur-Yvette, France
e IOP, King’s College, London, UK
f Central Institute of Mental Health Mannheim, Mannheim, Germany
g Universitätsklinikum Hamburg Eppendorf, Hamburg, Germany
h Charité-Universitätsmedizin Berlin, Berlin, Germany
i CHU Ste Justine Hospital, Université de Montréal, Montreal, Canada
j Campus Charité Mitte, Charité–Universitätsmedizin Berlin, Germany
k Trinity College Institute of Neuroscience, Dublin, Ireland
l Rotman Research Institute, Toronto, ON, Canada
m Technische Universität, Dresden, Germany
o UMR Inserm-CEA U1000, Imagen consortium
p Corresponding author.

**Background.**—Anxio depressive 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 anxio depressive 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 gyri 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**

M. Paillère

Maison des adolescents, hôpital Cochin, AP–HP, Paris, France

**Background and objectives.**—A significant proportion of adolescents having sub threshold 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...
in June 2011. Thirty-seven children visited the center (the total number of visits: 138) for nine months since it’s opening. As for changes of chief complaints with time, 53.1% of the total visits in the first three months were related to sleep disturbance, followed by behavioral problem (43.8%) and truancy (40.6%). The latter two have had high percentages; however, sleep disturbance has decreased every three months, whereas regression, separation anxiety, and developmental problems have been increasing.

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Mo-S-192
Strategy of psychiatric intervention in collaboration with the municipal caregivers at severe disaster areas
M. Usami a *, Y. Iwadare, M. kodaira, K. Watanabe, K. Saito
Department of Child and Adolescent Psychiatry, National Center for Global Health and Medicine, Kohnodai Hospital, Ichikawa, Japan
*Corresponding author.

Ishinomaki, the second largest city in Miyagi Prefecture with a population of 162,822, suffered enormous damage from the huge earthquake and tsunami occurred on March 11, 2011. In order to treat children stressed by the catastrophic disaster, the National Center for Global Health and Medicine organized the Child and Adolescent Psychiatric Intervention Team for Ishinomaki. The team’s activities included three steps of intervention, collaborated with the Community Board of Education. The first intervention was interviewing the children in shelters. The second intervention was performing a questionnaire study of psychiatric symptoms for 13,353 children (age: 4–18 years). And the third intervention the visiting every school in Ishinomaki and talked about children’s problems with their schoolteachers based on the results of the study. Based on these three activities, we are planning a long-term intervention of children’s psychiatric problems with a collaboration of the Community Board of Education.

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Mo-S-193
Mental health problems of the children in the earthquake and tsunami effected district: Early intervention by expeditionary child psychiatric care team from Hokkaido, Japan
S. Sugiyama
Child Psychiatry, Sapporo City General Hospital Seiryoinn, Sapporo, Japan

The Great East Japan Earthquake occurred on March 11th, 2011. The earthquake triggered a powerful tsunami wave, which did serious damage to the Pacific coast of the Tohoku district. Hokkaido Prefecture sent 13 psychiatric support teams for children to the Kesennuma area, which was greatly affected by the disaster, between March 26th and September 2nd, 2011. The psychiatric support team was composed of 3 or 4 members. Each team stayed there for 5 to 7 days. We visited shelters and educational facilities, examined children affected by the disaster, attended (held) lectures and consultation meetings. We visited 41 shelters, 20 nursery schools, 23 schools, and we held eight meetings. We examined 110 children who had psychiatric symptoms caused by the disaster. The symptoms are as follows; fear, avoidance of their damaged houses, sleep disturbance, separation anxiety, psychological regression, irritability, aggressiveness, and somatoform symptoms.

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Mo-S-194
Analysis of child psychiatric intervention by Miyagi child mental health care team
H. Yoshida a *, H. Homma a, S. Onodera a, M. Takada a, Y. Mizumoto a, M. Tominaga a, S. Abe b
a Miyagi Comprehensive Children’s Center, Sendai City, Miyagi Prefecture, Japan
b Wakamiya Hospital, Yamagata, Japan
*Corresponding author.