Suicide prevention in Australia has had national leadership since the 1990’s with accompanying national funding, national policy frameworks and subsequent improvements suicide prevention with some evaluation of initiatives. Initially, this included a specific focus on youth, but this focus has been incorporated into a broader suicide prevention agenda in recent years. The impact of a national approach will be discussed. The Australian public is highly concerned about mental health issues and rated them as the third most important issue for government to address prior to the 2010 federal election. Mental health issues have an unusual prominence amongst Australians. A public health approach has informed national strategies with a significant role for both NGO’s and government organisations. This presentation will focus on child and youth targets of national strategies, discuss the strategy, relevant social media interventions and outline future directions.

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Mo-S-212

Suicide prevention of young people in Switzerland
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Suicide is an important issue for mental health services in Switzerland. Indeed, suicide is the main cause of death in young men between 19 and 24 and the second one for those between 15 and 19 years. Nevertheless, suicide prevention in Switzerland isn’t organized on a federal level, but only by local, “cantonal”, authorities or associations, covered by a NGO called IPSilon (Initiative for Suicide Prevention in Switzerland). This contribution to the Symposium presents the activity of a suicide prevention association in the canton of Fribourg. Starting from an analysis of the local socio-cultural context and according to evidence based results of international studies we have built up a multi-sectorial, inter-disciplinary approach to prevent suicide of young people, but also of other high risk groups. Our program is presented and will be discussed.

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OPD-CA in research and clinical practice

Mo-S-213

OPD-CA in research and clinical practice
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The operationalized psychodynamic diagnosis OPD was first developed as a system of classification of mental illnesses for adults and in the following years by a large German group of child psychiatrists and psychotherapist as manual of diagnosis and treatment planning. Since 2003, the manual is published as a book and it is planned to translate it in other languages as it is already done in OPD for adults. The need for such a clear circumscript specification of psychiatric syndromes for research purpose and a diagnostic evaluation is geared to facilitate the clinical diagnosis, treatment planning and prognostic assessment of individual children and adolescents. It has proven to be a mayor challenge for psychiatry and allied mental health fields. Research and clinical practice show, how important it is, to use these instruments to validate especially psychodynamic psychotherapy and to find psychotherapeutic techniques concerning to the severity of the psychiatric disorder.

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Mo-S-216

Evaluation of inpatient psychodynamic psychotherapy for adolescents who suffer from mixed disorders of conduct and emotions (F92, ICD-10) with OPD-CA axis structure
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Objectives.– A randomized controlled clinical trial carried out at Asklepios Fachklinikum Tiefenbrunn (Rosdorf, Germany) studied the efficacy of a manualized psychodynamic inpatient treatment for adolescents who suffer from mixed disorders of conduct and emotions (F92, ICD-10). A treatment group (n = 32) was compared to a waiting-list (treatment as usual) control group (n = 34) for a six months period. In addition to various global outcome measures (SCL-90-R, IIP, BPI, BSSK, IES, ILK etc.) the OPD-CA axis “structure” as specific psychodynamic outcome measure was used in the patients of the treatment group (n = 32). It was expected that the treatment group showed significant reductions in ego structural deficits such as lack of impulse regulation, communicative functions and reality perception.

Methods.– To assess improvements in ego structure, pre- and posttreatment scores in OPD-CA axis “structure” were compared using t-test.

Results.– Patients of the treatment group showed substantial improvement on all ego structural measures.

Conclusions.– The present results of the study demonstrate that the examined psychodynamic inpatient treatment produces significant reductions in psychopathology among adolescents who suffer mixed disorders of conduct and emotions. Especially in terms of psychodynamic measures (OPD-CA structure) significant improvements can be shown. Therefore, the study provides evidence supporting the use of psychodynamic psychotherapy for this patient group.

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New models in adolescent psychopathology: the adolescent’s houses

Mo-S-219

Working crisis when the adolescents are under judicial mandate
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Psychiatric hospitalization of adolescents has always be an ultimate recourse when no more ambulatory solution can be proposed and when no more other therapeutic space is available. When no more contention of the external framework is available and when the situation needs an institutional framework, these hospitalizations can be supported by social or judicial mandates. The therapeutic team is in a double constraint: to develop a clinical relationship with the patient and his family and to realize a diagnostic statement with a specific treatment proposition considering the symptoms, the mental functioning and the family dynamic.

However, the point of view of the mandate is still different: he has the role to protect the youth but mainly the society. His language and his work’s references are different than that of the psychiatrist. Usually, the time of intervention of the two systems are not the same. We will discuss the collaborative propositions.

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Mo-S-220

Anorexia nervosa and its different cultural expressions: A critical review
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Catatonia in young people

Mo-S-222
The role of deprivation, abuse and trauma in pediatric catatonia without a clear medical cause
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Catatonia occurs in children and adolescents with a wide range of medical and psychiatric disorders. In some cases, a clear medical cause cannot be found. The role of deprivation, abuse, or trauma in the development of pediatric catatonia was assessed through examination of classic writings and of recent studies. There are multiple accounts of children and adolescents in whom catatonia develops in the aftermath of severe deprivation, abuse, or trauma, in past and recent literature. Catatonic symptoms may be falsely attributed to other disorders associated with deprivation, abuse, or trauma, and labeled as anacritic depression, quasi-autism, reactive psychosis, complex PTSD, and pervasive refusal syndrome (for example in detained refugee children). Children and adolescents with catatonia should be assessed for neglect, trauma, and abuse within the family or social situation, in addition to medical causes. Regardless of purported etiology, pediatric catatonia is an urgent indication for medical intervention.

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Mo-S-223
Pharmacological treatments for catatonia in young people
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Once correctly identified, there is a range of effective drug treatments for catatonia. The evidence base for adults is better than for children and teenagers, which consists of case reports and small case series. While benzodiazepines remain the gold standard, I will review all the main agents and present a small case series demonstrating the range of approaches outside of Electroconvulsive therapy.

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Mo-S-224
Medical and developmental risk factors of catatonia in children and adolescents: A prospective case control study
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Context.– Rare diseases have been associated with more and more genetic and non-genetic causes and risk factors. But this has not been systematically assessed in catatonia, one of the psychiatric syndromes, that is the most frequently associated with medical condition.

Objective.– We sought to assess the medical and developmental risk factors of catatonia in children and adolescents.

Methods.– From 1993 to 2009, 58 youths aged 10 to 18 years were prospectively admitted for catatonia and were followed up after discharge. A multidisciplinary approach assessed patients’ medical condition and developmental history. A causality assessment scored medical risk (maximum score = 10; κ = 0.91). We compared the prevalence of catatonia in these patients to that of 80 inpatients with bipolar I disorder admitted from 1993 to 2003 who were also followed up.

Results.– We found that 13 (22.4%) patients had medical conditions and 18 (31%) had a history of developmental disorder in the catatonia group, whereas one (1.3%) and 17 (22.6%) patient had the same conditions in the bipolar group (P < 0.001; P = 0.17, respectively). Medical conditions associated with catatonia included auto-immune encephalitis (systemic lupus erythematosus [n = 3] and anti-NMDA-receptor encephalitis [n = 1]), seizures (n = 1), cyclosporin encephalitis (n = 1), post hypoglycaemic coma encephalitis (n = 1), and genetic or metabolic conditions (Chorea [n = 2], SHT cerebrospinal fluid deficit [n = 1], storage disease [n = 1], fatal familial insomnia [FFI; n = 1], and PRODH mutations [n = 1]). Six patients responded to a specific treatment approach related to their medical condition (e.g., plasma exchange in the case of auto-immune encephalitis).

Conclusion.– Catatonia in children and adolescents is associated with a high prevalence of medical conditions. This needs to be acknowledged as it may greatly delay the treatment of catatonia and the diagnosis of medically related catatonia. Tragically, this may deny patients treatment opportunities.

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Does the clinic of the baby allow us to revisit our vision of adolescence and vice versa?

Mo-S-225
La clinique de l’adolescent
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Notre vision de l’adolescence permet de revisiter la clinique du bébé en montrant combien le corps permet la construction intime et la vie intérieure du sujet humain de sa naissance à sa mort quand celui-ci ne peut l’exprimer par les mots. La clinique nous montre combien par son corps l’adolescent exprime la quête de lien à l’autre dans un rapport de séduction et de destructivité, de plaisir et de déplaisir, de tension et de détente. L’absence de rencontre avec l’autre, quelqu’en soit l’expression corporelle, nous permet de comprendre que le narcissisme est toujours secondaire à la rencontre avec l’objet à.

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