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 governments 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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.207

Mo-S-212
Suicide prevention of young people in Switzerland
P.P. Haemmerle
Department Of Child And Adolescent Psychiatry, Fribourg Network for Mental Health, Fribourg, Switzerland

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, interdisciplinary approach to prevent suicide of young people, but also of other high risk groups. Our program is presented and will be discussed.

http://dx.doi.org/10.1016/j.neurenf.2012.05.208

OPD-CA in research and clinical practice

Mo-S-213
OPD-CA in research and clinical practice
I. Seiffge-Krenke, F. Resch, E. Koch
Germany

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 a 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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.209

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

A. Streeck-Fischer*, C. Cropp
Child and Adolescent Psychiatry and Psychotherapy, IPU Berlin Asklepios Fachklinikum Tiefenbrunn, Rosdorf, Germany
*Corresponding author.

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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.210
http://dx.doi.org/10.1016/j.neurenf.2012.05.210

New models in adolescent psychopathology: the adolescent’s houses

Mo-S-219
Working crisis when the adolescents are under judicial mandate
V. Delvenne
Hôpital universitaire des enfants Reine Fabiola, université libre de Bruxelles, Bruxelles, Belgium

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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.212

Mo-S-220
Anorexia nervosa and its different cultural expressions: A critical review
G. Guzman a,*, R. Radjack b, C. Blanche c, O. Taieb c, M.R. Moro b
a Unidad de Salud del Adolescente, Complejo Asistencial Dr Sotero del Rio, Servicio de Salud Metropolitano Sur Oriente, Santiago, Chile
b Unité Inserm 669, université Paris Descartes, maison de Solféen-maison des adolescents, AP–HP, 97, boulevard de Port-Royal, Paris, France

* Corresponding author.