 delays. These multiple and inter-related factors have a stronger association with conduct disorders, substance and alcohol abuse, although they also predict emotional disorders such as adolescent depression. Poverty is a result of different socioeconomic causes across the globe, consequently understanding these pathways offers opportunities to intervene and promote child mental health. In high-income countries, predominant factors are the increasing social and income inequalities, even in nations with high overall gross domestic product (GDP); and the disintegration of social support networks, particularly in inner cities. In low-income countries, with more than 20% of children and families living below the poverty line, lack of basic human needs is linked to adverse child health outcomes across the spectrum, non-withstanding high mortality rates, low birth weight and malnutrition. Child mental health practitioners and services have a major role to play at different levels in enhancing children's current and future mental well-being, even in the context of substantial socioeconomic adversity. The wealth of epidemiological and aetiological evidence indicates that child mental health outcomes and associated risk factors should be explicitly included in international and national anti-poverty policies and campaigns (level 1). Universal programmes, with increasingly international collaboration, should target parenting, enhancement of family and social supports, and school mental health (level 2), and these are more likely to be resource-effective when combined with other public health and child welfare initiatives. Risk factors for child mental health problems are the focus of targeted programmes, for example on preventing parental mental ill health, family and community violence, drug and alcohol abuse, antisocial behaviour and school exclusion (level 3). For the vast number of children who already present with mental health problems and who live in poverty, interventions and services should be integrated with school and community initiatives, and maximize the resourcefulness of NGOs, especially in low-income countries (level 4). Child mental health training for all frontline staff and agencies in contact with children in deprived areas is of paramount importance, and should be adjusted to their remit and the sociocultural needs of the local population.

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We-L-23

From brain to mind
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It is easier to fragment our knowledge: on the one hand the brain, on the other the soul. Today, the progress in psychology and neuro-sciences invite us to integrate the data. The unconscious always has associated the « biological under-rock » with « the memory of the past civilisations », but knowledge in the beginning of the 20th century made it difficult to go from biology to culture. Nowadays, neuro-sciences make it observable the « forcing the way through neurons », Freud had been speaking about. The implicit memory tracks in our brain a particular sensitivity for a kind of event. This memory without reminiscence gives no access to consciousness. It is close to ethological imprint when the local population.

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We-L-24

How culture shapes the brain
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The human brain comes to life with a complex set of pre-wired modularly organized neural systems that pre-specify their basic functions. For example, lateralized perisylvian areas show an extremely early response specific to spoken language, ventral occipito-temporal regions to object’s shape, and particular dorsal regions to approximate numerical quantity. During learning, complex cultural-dependent acquisitions such as reading and calculation are grounded on some of these pre-existing evolutionary ancient neural circuits, thus inhering many of their structural constraints. This process (also referred to as “recycling”, or partial reconversion of pre-existing cortical maps), entails important reorganizations of brain responses, and this is reflected in gains but both also sometimes in losses in behavioral performance. In this conference we will draw upon recent neuroimaging and behavioral data of both literacy and numeracy acquisition, to directly illustrate the idea that the brain both shapes and is shaped by culture.

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We-L-25

Transition to adulthood: Challenges of child and adolescent mental health and education in modern society
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The process of transition from adolescence to adulthood has become longer and harder for all youth in most of the developed countries over the past several decades. Today, many young people are experiencing prolonged dependent adolescence with a greater risk of maladaptation including mental health problems. Also, youth tend to stay longer in educational institute and consequently most adolescents experience their transition to adulthood in schools rather than in workplaces. Given many adolescents need transition support and most of them enter high school; the school-based approach would be promising to promote successful transition to adulthood in modern society. While adolescence is a vulnerable period for various psychopathologies, which require intensive mental health services, the school-based transition support program should be a comprehensive one which incorporates education, employment, social welfare, as well as mental health. Some examples of school-based transition support in Japan will be discussed.

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We-L-26

Neurofoncionall approach of autism: From brain exploration to therapy
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Autism is a neurodevelopmental disorder that alters from the early life social interaction, communication and adaptation to the environment. Detailed