social interventions/structured psychotherapy — with pharmacotherapy in the first line of treatment choice — is recommended in the treatment of adult ADHD. Pharmacotherapeutic treatments showed high effect sizes in controlling ADHD core symptoms, however these effect sizes are lower compared to those found in children and adolescents. Additional pharmacotherapy or psychotherapeutic interventions are needed for the control of comorbid conditions. Nevertheless, psychosocial interventions (skill training/coaching) seem to be effective in primary ADHD symptom control as well, further underlining the importance of these therapeutic approaches in the treatment of ADHD in adulthood, next to medication.

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Involuntary psychiatric hospitalization

Tu-S-282

Japanese legal grounds with regard to the problem of the involuntary hospitalization of children and adolescents with psychiatric disorders

K. Kimura
Shakujii Cocolo-no Clinic, Tokyo, Japan

The legal grounds on which a patient can be admitted to a mental hospital is the act pertaining to the mental health and welfare of persons with mental health disorders.

This law is set for hospitalization at a mental hospital but not for forced treatment. However, as no laws on forced medical treatment exist today, treatment is provided with the consent of the caretaker pursuant to this law. This law does not take into consideration cases wherein obtaining consent might be problematic if the patient has developmental problems or is very young. In the case of the hospitalization of an abused child, it is necessary to obtain the guardian’s consent. Therefore, with regard to abused children, stringent laws are always pressed for. Presently, no laws pertaining to this case exist. This problem needs to be considered in the future.

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Tu-S-283

Current state of informed consent and assent: Multicentre study specialized hospital for child and adolescent psychiatry in Japan

J. Ota
Mental Health and Welfare Center of Okayama-City, Okayama-city, Japan

Background.—In Japan, in child and adolescent psychiatric practice, off-label use of psychiatric drugs is common, and even contraindication usage can be seen, and involuntary admission is not rare, for some compelling reasons. However, conditions of informed consent and assent (ICA) among such cases have not been studied in detail. We, The ethical committee of The Japanese Society for Child and Adolescent Psychiatry (JSCAP) have studied those conditions from 2007 to 2008 in Japan.

Methods.—Mail questionnaire survey was performed on ICA in daily practice among 108 child and adolescent psychiatrists in Japan. Direct interviews were performed on 22 hospitalized cases, both of patients and their doctors.

Results.— We got answers from 55 psychiatrists. Generally, they reported that they gave enough information to patients and their parents, and that they regarded psychoeducation as more important than telling diagnosis. There were many discrepancies between patients’ and their doctors’ answers on conditions of ICA. For example, patients reported that they did not agree adopted treatments, though their doctors reported that they got agreement. A certain portion of patients reported that they were satisfied with treatment in spite of poor information about treatment.

Conclusion.—In many cases studied here, poor condition of ICA was observed. But the condition of ICA may not be the main factor that determines patients' satisfaction with treatment. We may say that psychoeducational ICA during treatment is more important than formal ICA at starting time of treatment.

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Tu-S-284

Consent by children in research and medication

E. Taylor
Child and Adolescent Psychiatry, King’s College, Institute of Psychiatry, London, UK

Consent and Coercion in Child Psychiatry Children’s responsibility for themselves increases gradually. They acquire knowledge about themselves, their disorder if present, the nature of interventions, and their consequences. They also develop the means to use this information rationally. Illness can affect all of these. Decisions, about competence for consent and assent, need to be framed in this developmental context. The balance between parental and societal decision-making should be determined by the best interest of the child.

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Tu-S-285

The approach in England to compulsory admission to hospital and issues of consent for children and young people up to their 18th birthday

E. Taylor*, B. Jacobsb,*

a Institute of Psychiatry, King’s College, London, UK
b The South London and Maudsley HS Foundation Trust, The Michael Rutter Centre, London, UK

* Corresponding author.

This presentation will discuss recent mental health legislation in England and its effect on the hospitalisation and treatment of children and adolescents for psychiatric disorders. It will briefly consider these in the context of decisions by the European Court of Human Rights. It will also address issues of mental capacity as they apply to children and young people.

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Tu-S-286

Identity development in a German school sample measured by the questionnaire AIDA (Assessment of Identity Development in Adolescence)

K. Goth , M. Birkhölzer∗
Child and Adolescent Psychiatric Hospital, Psychiatric University Hospitals, Basel, Switzerland
∗ Corresponding author.

Objective.—The self-report questionnaire AIDA is designed to assess identity development in healthy and disturbed adolescents. It showed promising results for scale reliability and diagnostic validity in the validation study (n = 352). No significant differences had been found between older (15-18) and younger (12-14) adolescents and only moderate differences between boys and girls concerning their levels of Identity Continuity and Coherence. Our aim was to analyze these developmental differences in detail in a representative population sample.

Methods.—We note that 1446 adolescents (age 10–22, Mean 14.72, SD 2.43; 617 boys, 829 girls) from two public schools were assessed with AIDA and JTTCI 12–18 R. MANOVA with the factors gender and age (five 2-year-step age groups) was performed.

Results.—The AIDA scales showed no significant differences according age groups and no meaningful differences (effect sizes .34, .33) according gender.

Conclusion.—Identity development as measured by AIDA reflects age and gender neutral identity integration vs. identity diffusion.

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