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-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 assent and consent, 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 a, B. Jacobs b, c

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 JTCI 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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