Tu-S-298
Consultations, coalitions and associations: The power of group action to enhance conditions for child, adolescent and family mental health of communities in Australia
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Enhancing conditions for flourishing child, adolescent and family mental health is an uphill battle, even in wealthy countries such as Australia. Obstacles in Australia seem to express certain societal attitudes prevalent among politicians, bureaucrats, and the community. One attitude is that childhood should be, and therefore is, an untroubled golden period, when anxieties are easily forgotten in the excitement of growing up. Another is that teenagers are oppositional, and their problematic behaviours simply require discipline. Combined with the attitude that mental health professionals are soft-hearted idealists, these views undermine the message that improved resources are needed. Australia and other democracies like France find that the voices of parents, carers and consumers must be heard in concert with those of professionals, to help decision-makers listen to unwelcome facts and arguments. Consultations, coalitions and associations in Australia demonstrate the struggle to expose mental health needs, and the potential power of group action.

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Tu-S-299
Families and associations of parents’ involvement in the evolution of autism in France: A true stake
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The first association dedicated to autism in France was founded in 1962. Now, “Fédération française Sesame Autisme” offers 100 special services for children and adults with autism. Many more parent associations have developed in France, actively with professionals. This paper describes the roles of these associations. In the legal area, they helped autism become acknowledged from 1995, and as a handicap from 1996, enabling planning of government services and protections, including a single base for updating knowledge about autism spectrum disorder. Many associations support research to deepen understanding of autism and improved care. Associations also aim to raise public awareness about autism, participating with public institutions to provide access to cultural life and leisure for those with autism. Finally, associations help parents in despair and in emergency, as government structures are still inadequate. Fighting for children is ongoing and multi-dimensional, to recognise their dignity and right to live.

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Psychopathology in humanitarian contexts

Tu-S-300
Libya, children in the war, which place for care?
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In humanitarian context, it is necessary to consider how construct cares, which kind of care can be provided in a short time, in a context where all the family is touched, but also in a place with a care system operating but which is overwhelmed. Moreover, it is indeed complex, repetitive and multiple traumas affecting the entire family system, trauma type 1 and type 2 confer Terr. Like in all conflicts, in Libya, children were not spared. How to deal with a psychodynamic approach on a short time, with all possible change in a field (additional trauma, modification of intervention framework...) although in front of the keen interest for cognitive approach? An example of introduced of care for a family exposed to the Libyan conflict in July 2011, with children between 1 year and a half and 7 years old.

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Tu-S-301
Addressing mental health needs of young children in humanitarian contexts: Screening tool for non-specialists
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Background.— Mental health needs of young children in humanitarian contexts often remain unaddressed due to the lack of valid, rapid and simple tool for screening. The RST-22 is a simple scale for children 3 to 6 years old administered by non-specialists.

Methods.— A standard cross-cultural validation was implemented in three contexts (Niger, Colombia, Kenya). The tool was psychometrically examined and external validity was assessed comparing the RST-22 against a clinical interview (gold standard).

Results.– The RST-22 demonstrated good concurrent validity, as scores correlated with the gold standard and the Clinical Global Impression Severity Scale (CGI-S). The test-retest reliability of the RST-22 was found to be high.

Conclusions.— To our knowledge, this is the first validation of a screening scale for children 3 to 6 years old with a cross-cultural validation component, for use in humanitarian contexts. The RST-22 is a reliable and a valuable tool in screening for psychological distress.

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Tu-S-302
“A child does not belong to one person”. Child fosterage in West Africa and its implications for clinical intervention
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In West Africa children are not always raised by their biological parents. Rather, they can circulate within or outside the extended family through the phenomenon of fosterage. Determined by culturally meaningful reasons, this set of practices takes its origin in the moral imperative of solidarity. According to such a construction, a child does not belong to one person, as the whole group is responsible for his/her education. The outcomes of these forms of child circulation can be considerably different among families and communities. Moreover, their original meaning is complicated by local and global dynamics of transformation. Until recent times, child fosterage has been analyzed above all from an anthropological viewpoint. Yet, more attention is needed to the psychological impacts of these long-term displacements on children and adolescents. Using a transcultural approach based on decentring, the present communication aims at analyzing child fosterage and its implications for clinical intervention in humanitarian settings.

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