Cross cultural perspectives on child protection

Tu-S-307
**A case of severe physical abuse from Eritrea**

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**Introduction.**– The challenges of gaining access to mental health services in a complex and often fragmented system of health care are well known. However, the situation is even more dire in parts of the world with very few resources or training.

**Method.**– This presentation focuses on child abuse in Eritrea through a case presentation and the challenges encountered.

**Results.**– Initially, there was no acknowledgement of any abuse of children in Eritrea. The challenges encountered were:
- acknowledgement and acceptance of the fact that the child was abused;
- difference between “punishment/consequences and abuse”;
- absent child protection laws;
- how to intervene and who was going to talk to the father;
- how to keep the patient safe.

**Conclusions.**– Pediatricians have unique opportunities to identify and address the unmet mental health needs of children through mental health screening at routine pediatric visits and ensure coordination of total care through ongoing communication and co-management.

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Tu-S-308
**Negligence and violence against children and adolescents with enuresis: What can we do about it?**

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**Objectives.**– To discuss risk factors associated Enuresis and actions to prevent violence against it.

**Method.**– A review of epidemiological/international studies on Enuresis and Brazilian studies on violence with enuretic kids was done.

**Results.**– Three main reasons for lacking empirically based treatment for this condition were:
- no concern;
- lack of knowledge;
- inefficient familial strategies delaying the efficient treatment.

These ignorance or parental negligence signs are frequent; studies have also shown that almost 80% of enuretic children did not go to any treatment. Brazilian review on violence with enuretic kids show that most suffer parental violence and are at risk of more severe psychiatric problems in the future, especially, if parents are low level of scholar education. Two Chinese epidemiological studies on Enuresis are focused since they might illustrate the role of clinical researchers besides studying and treating, preventing this aversive condition.

**Conclusions.**– Researchers shall be more proactive than reactive.

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Tu-S-309
**Multicultural issues in child and adolescent psychiatry in Ireland**

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Ireland has changed from being a country of emigration to one of immigration. Many families experience significant difficulties acclimatizing to the Irish way of life, and experience significantly more adverse events than their Irish counterparts. Different immigrant groups have different risks and resilience factors and should not all be grouped together.

Additional to non-Irish nationals is another ethnic minority group: the Travelling community, an indigenous minority who has been part of Irish society for centuries and representing 0.5% of the population. They have a value system, language, customs and traditions that make them an identifiable group both to themselves and to others. They have lower levels of education, substantially lower life expectancy and higher rates of unemployment and mental health problems.

In a country as culturally and linguistically diverse as Ireland, specific attention should be paid to the cultural dimensions of mental disorders in service provision and in training.

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Tu-S-310
**Analysis of Eastern European child mental health services practice 20 years after fall of communism: Cultural differences or systemic violations of children’s rights**

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**Objectives.**– To discuss obstacles for development of effective child and adolescent mental health (CAMH) services in the region of Eastern Europe (EE).

**Method.**– A review of reports submitted to the UN Committee on the Rights of the Child from the countries of EE and recommendations of the Committee in the area of CAMH and related services.

**Results.**– Systemic concerns have been identified which hinder the process of effective change in the field of CAMH and related areas:
- twenty-two years of transition was marked by low priority given by governments to the field of CAMH and failure to replace system based on institutionalization and neglect of child rights with effective child-friendly services;
- critical areas to be addressed as priorities are:
  - services to assist young parents in their parenting skills and thus prevent institutionalization of infants,
  - community based services for children with developmental disabilities,
  - services for troubled adolescents to prevent their stigmatization and criminalization.