The aims of this presentation is to describe clinical data from a naturalistic follow-up of children and adolescents with Bipolar Disorder (BD) type I which were admitted to our clinic (both inpatients and outpatients), and were followed for at least six to twelve months. All subjects were assessed using the KSADS, and met DSM-IV criteria for BD type I. Demographics, comorbidity, family history, past psychiatric history, functioning and number of past treatments and hospitalizations were assessed at intake. Information obtained after follow-up included number of hospitalizations, phenomenology, ADHD and anxiety comorbidity, number of mood episodes, psychotic symptoms, suicidality, substance use, treatment and functioning. Subjects were seen at least once or twice a month during follow-up. Intake and follow-up data will be discussed in the context of the background literature.

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Tu-S-315b
Follow-up study of a cohort of inpatients adolescents with bipolar disorder type I
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Follow-up study of a cohort of inpatients adolescents with bipolar disorder type I. Clinical particularities of acute mania in adolescents have been described in several studies but still little is known about adult outcome and diagnosis stability. In our 5-year follow-up study, we assessed diagnosis stability of adolescent-onset BD I and potential factors associated with diagnosis transition and quality of outcome respectively.

Method: Eighty subjects, aged 12 to 20 years, consecutively hospitalized for a manic or mixed episode between 1994 and 2003 were recruited. All patients were contacted in 2005–2006 for a follow-up assessment. Five refused, 20 were lost, 55 were assessed by direct and complete interviews (67%) or by phone and treating psychiatrist (33%).

Results: At follow-up, 35 patients had a diagnosis of BD, eight changed for schizoaffective disorder, 11 for schizophrenia. Mortality and morbidity were severe (one died, 91% had at least one relapse). All patients with a good psychosocial functioning at follow-up have a BD diagnosis.

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C.A.M.H. Service innovations in the developing world

Tu-S-316
Mental health gap action programme (mhGAP): Development, implementation and contribution towards improved child and adolescent mental health services
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Despite international evidence documenting a high prevalence of disabling mental conditions among children worldwide, access to child mental health care is inadequate in most LAMIC. The World Health Organization Mental Health Gap Action Programme (mhGAP) aims to contribute to address this treatment gap by providing a step-wise framework for improving quality and access to mental health services, including child and adolescent mental health services. The mhGAP advocates for mainstreaming mental health promotion and care services within existing PHC and community-based interventions, by engaging a broad range of stakeholders and service providers and by strengthening human resources’ skills at various levels of the health and education systems. It adopts a life-cycle approach. Evidence-based guidelines for management of priority mental, neurological and substance abuse conditions and training materials are being adapted and pilot tested in several countries. Lessons learnt and preliminary findings from the evaluation of mhGAP implementation will be shared.

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Tu-S-317
Developing child mental health services in the developing world
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There is an urgent need to pay attention to the mental health of children in developing countries. Professionals confronted with this task face a number of challenges. Services have to be planned in a rational way, keeping in mind the needs of local populations. These needs will often exceed the available resources, and it will be necessary to set priorities. Feasible and cost-effective models of service delivery then have to be developed to meet these needs. Professor Rahman will discuss a framework within which mental health needs of children can be assessed, priorities established, and services organised. This is illustrated with examples of relevant activities undertaken in low-income developing countries over the last two decades.

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Tu-S-318
Innovations in a child mental health service in Uruguay
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Uruguay is a small country in the Southern Cone of Latin America, with 3,000,000 inhabitants, one million of them underage (below 18 years old), 97.5% of the children attend school. However, nearly 50% of the children are born below the poverty line.

In 2003, through the contribution made to ATLAS on mental health resources, requested by WMH, it appears that the country could not account for children’s mental health needs and had no knowledge about the prevalence of psychiatric pathology nor about the available resources. Moreover, there were no validated epidemiological scales in child mental health.

The first epidemiological study in children’s mental health was conducted in 2005–2007, showing a prevalence of pathology in 22% of the children and a strong relationship with SES. In 2008–2009, epidemiological studies were conducted in populations with very low incomes, confirming these findings. The discrepancy between needs and resources is historic, so strategies that point to a proper use of resources are generated. Specialized polyclinics are created to account for the prevalent pathologies: severe mood and behavior disorders, learning disorders and developmental disorders. Under the concept of University Extension, there is collaboration with the establishment of local polyclinics that, in relation to the educational system, tend to decrease the impact of learning difficulties in child’s development.

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Tu-S-319
Child and adolescent mental health service innovations in Ibadan, Nigeria
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The prevalence of child mental disorders is about 20% in most parts of the world including Nigeria. The development of CAMH services at the University College Hospital, Ibadan, Nigeria commenced about a decade ago. To accommodate the growing need, a community outreach to the juvenile justice system, and a joint Paediatric Neurology/Child Psychiatry service were introduced. This study aims to describe the development of these services and to evaluate their impact on the short term psychosocial functioning of youth, as well as establish satisfaction with the services. Reports and activity logs around the development of the services were reviewed. The strengths and difficulties questionnaire (SDQ) and a semi-structured client satisfaction questionnaire were administered to youth and caregivers attending the services at baseline, and at three months follow-up.
Findings are discussed in the context of developing appropriate and culturally acceptable CAMH services for youth in the developing world.

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Unaccompanied minors: challenges for professionals

Tu-S-320
Risk and protective factors associated with unaccompanied refugee minors’ well-being: What about the context?
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Unaccompanied refugee minors are generally seen as “vulnerable” children, as they might have experienced difficult life events and currently live in challenging living conditions, without parents. Moreover, research extensively documented a high prevalence of diverse psychological problems. On the contrary, the availability of psychological support for them remains relatively scarce. In this study, self-report questionnaires on life experiences and symptoms of anxiety, depression and posttraumatic stress were administered in classes for newly arrived migrant children (n = 2100). Moreover, the current care and reception system was examined, through semi-structured interviews and field research, to explore availability of specific support systems and methods for these youths. Overall, unaccompanied refugee adolescents show high levels of psychological problems, clearly much more than accompanied refugee youths. On the other hand, little specific care initiatives to supporting (unaccompanied) migrant and refugee youths could be identified. To conclude, we can state that, although the vulnerability of unaccompanied refugee youths in developing psychological problems is largely acknowledged, this seems no to urge societies to implement specific care and support initiatives for them, largely questioning the current views in society onto this particular group.

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Transcultural competencies in the work with unaccompanied minors
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The work wit unaccompanied minors may be very challenging for professionals from the psychosocial and educational field. Dynamics linked to multiple separations, loss and bereavement, but also to traumatic experiences may have an impact on the relation professionals construct with these minors. In these specific situations, the capacity to understand and engage with the minors while respecting their experiences linked to trauma and loss is particularly important. This is why this work demands highly developed relational skills and transcultural competencies. In our presentation, we would like to discuss the possibilities to enhance these competencies in professionals, by training, supervision and interprofessional cooperation.

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From margins to marginality: Borderlines, bodies and subjectivity in the migration of Moroccan minors
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Many authors meet in considering lone migrating minors (i.e. children and adolescents “unaccompanied by an adult responsible by law of custom”) as “new migratory actors” in the Mediterranean scenery of migration. Although the concept of “minor” represents largely a bureaucratic notion—particularly strengthened through the contemporary procedures of classification of migrants—the phenomenon represents an important viewpoint on some of the main contemporary issues of global youth expectations and subjectivities. The present contribution aim at presenting a specific case of juvenile migration (the migration of separated Moroccan children) as an example of this global dynamic. Joining interdisciplinary insights from anthropology and psychology, the author will present his ten years fieldwork between North Africa and Europe in order to discuss some of the most prominent subjective challenges implied by the experience of “migrating alone”.

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Psychotherapy research: preliminary results in autism

Tu-S-324
Aggregating the pragmatic case studies of the PPBRN
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The methodology of the network (PPBRN, Thurin et al., 2007) deals with process-outcome intensive case studies, fitted in the innovative field of Mixed Methods, which combines quantitative and qualitative approaches. A Descriptive Analysis Plan (DAP), written with R in 22 steps sheds new light on the therapist’s work through four levels of analysis: intensive case, group, subgroups and inter-case levels, the programmer’s challenge being aggregating the pragmatic cases studies into coherent groups. The programmer uses mixed data, repeated measures of the BSE, Behavioral Summarized Scale (Barthelemy et al., 1997), APEC, Autism Psychodynamic Evaluation of Changes (Haag et al., 2010) and CPQ, Child Psychotherapy Process Q-sort (Schneider and Jones, 2007), as well as details from the demographic data and therapy context. What can be said about psychotherapy effectiveness and mechanisms changes from 41 child autistic disorders aggregated intensive case studies?

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Tu-S-325
Autism and psychotherapy: One among 41 single pragmatic case studies
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The studies of the RRFP answer the criteria of the methodology of the pragmatic cases studies. Three levels of analysis are carried out: that of each case, that of aggregated cases, and that of paired similar cases comparisons. This contribution presents the first level of analysis, that of single case. We will start from his inclusion (time 0) until the final formulation of case after one year of psychotherapy. Step by step, we will follow the psychotherapy change process, through the evolution of pathological behaviors, development of new aptitudes, and transformation of the relationship with oneself and the world. We will discuss the highlights of this case in terms of outcome, but also in reference to the internal process of psychotherapy (through the observation of patient, therapist and their interaction), and the assumptions that can be made about change factors.

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Tu-S-326
What have we learned from the comparison of change trajectories of cases initially “Similar”?
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Unlike classic diseases whose courses meet general laws, pervasive developmental disorders are characterized by the great diversity of their trajectories of change. This diversity raises questions: is it the witness of unknown diagnosis subtypes, of dose of therapy, of effectiveness of a specific approach? Are they correlated with the influence of individual initial differences or of interacting