conditions, the autistic group did not express the pattern seen in TD subjects. These results are consistent with our previous study in Adults with HFA.

Conclusion.– In Autistic Disorders, the presentation of facial fear cues does not enhance stimuli detection. As opposed to what is seen in TD subjects there is no subsequent facilitation of sensory processing for a stimulus appearing at the same location. Such studies point to the need to develop social cognition rehabilitation programs.

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Tu-S-417
Cross-modal neutral and emotional processing in pervasive developmental disorders NOS

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Pervasive developmental disorder not otherwise specified (PDD-NOS) represents up to two-thirds of autism spectrum disorders. However, it is most often negatively described (autistic sign exclusion). This study explores processing of neutral and emotional human stimuli (by auditory, visual and crossmodal channels) in 10 children with PDD-NOS (n = 10) compared to 35 typically developing children matched in developmental age. The neutral human stimuli consisted of faces and first names. The emotional human stimuli consisted of happy, sad, angry, and neutral faces and vocalizations. The results showed that the PDD-NOS group compared to the control group:
– accurately processed neutral human stimuli;
– had difficulty processing emotional stimuli in general and more easily identified happy compared to angry or neutral faces and vocalizations;
– had a strong discrepancy between emotional and neutral human stimuli processing;
– used the multimodal channel to compensate for unimodal deficits, especially for angry faces;
– was strongly heterogeneous.

Conclusion.– Children with PDD-NOS present global emotional human stimuli processing difficulties, which dramatically contrast with their ability to process neutral human stimuli. These children had difficulties comprehending emotion and partially compensated for this problem using multimodal processing. The group heterogeneity questions the validity of PDD-NOS notion.

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Tu-S-419
Case consultation as a child mental health promotion activity by the child and adolescent psychiatrists in cooperation with school staffs in the schools in a city of Japan

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We have been involved as a child and adolescent psychiatrist in the child mental health promotion activity in cooperation with the Municipal Board of Education in one city of Kansai area of Japan. The case consultation is the main of this school mental health activity, which is done in each school with the attendance of every teacher, and which is aiming at helping and promoting for the teacher to understand normal and abnormal mental development of the children and adolescents. Though this had started as a mean for the children and adolescents to maintain and promote mental health within the schools and at most both within schools and family environment, it was found out accidentally that this can be very useful to maintain and promote the mental health even immediately after the great disaster, such as occurred some 16 years ago in Hanshin-Awaji Great Earthquake for the children outside of the schools. The detailed procedure in each case consultation meeting will be introduced.

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Tu-S-420
Strategic proposition for child and adolescent mental health services in low-income countries in Asia

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Around 20% of children and adolescents in low income countries in Asia have psychiatric disorders that are severe enough to result in substantial distress and social impairment. These countries have severe shortage of resources and professionals and massive gap exists between need and service provision. Moreover, the affected children are stigmatized and victim of unrecognized their problems & maltreatment. Child mental health is not prioritized rather neglected. But these countries have unique strengths like relatively stable traditional society, a high degree of cohesiveness within the family, strong family and neighborhood support, warm teacher–student relationship inherent in culture and adequate potential manpower like parents, teachers, child health worker, primary care physicians, social workers, counselors, traditional healers, religious leaders and volunteers. Active involvement of this manpower is thought to be effective in management of child and adolescent mental health problems. Alternative service models for child and adolescent mental health need to be initiated and expanded in these countries that are feasible, local resource based, practicable, and possible. The plan consists of developing a resource-based non-specialist service with adequate supervision, integrated with existing mental health and child & adolescent mental health services, school-based services, non-governmental approach with community participation. Possible strategic actions include developing paediatric–psychiatric liaison services, establishing alternate multidisciplinary team, and training of the potential manpower, involving the community, developing culture-specific and cost-effective protocols. Innovative researches on possible services considering socio-cultural-economic and resilience factors of low-income countries hope to provide evidence in favor of a practicable child mental health services.

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Tu-S-421
Extracurricular education and mental health of children

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