

highest potential density (15,000 synapses per neuron) coincides with the age at which autistic traits are clinically observed.

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Services and institutions

We-P-3155

The medical vision about psychotherapies and its relationship with Burnout

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The care of caregivers generated this study devoted to the analysis of the optics by which Brazilian physicians look upon psychotherapies. The lack of investment in emotional health has not been considered as one of the etiologic factors of cumulative stress plaguing the medical profession, the Burnout Syndrome, whose incidence has been increased in geometric proportions. This psychosocial, quali-quantitative research has a phenomenological and descriptive methodological design. The inquiry used a specific survey to check the opinions of 160 (160) Luxemburgo Hospital doctors. The frequency of negative opinions about psychotherapies, according to gender, age, marital status, graduation time, was statistically analyzed. The perception of occupational distress was unanimous between the participants. In fact, 59% (fifty-nine percent) of doctors showed a reticent look, indifference, an aversion, a resistance, a prejudice, or a negative evaluation about psychotherapies. The behavior of not worrying about their own emotional health, undoubtedly contributes to make up the Burnout. It was suggested the creation of prophylactic strategies to avoid the medical self-carelessness.

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When child psychiatry meets school psychology

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Access to care in child and adolescent psychiatry has always been and still is a major public health problem. Among the reasons we can cite the lack of C&A practitioners, STIGMA, lack of insurance coverage ect. School psychology has been a developing discipline in industrial countries since 1930th. In Tel Aviv municipality, psychological services in schools have been established in 1937 following the model of orthogenic child psychology. The child and adolescent psychiatrist work is integrated within the department of school psychology that includes 160 psychologists serving a population of 55,000 school-age children. Currently a model of trans-disciplinary intervention combining consultation liaison model and systemic approach is employed and will be developed in the lecture.

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The outcomes of an after-school day treatment program for children with severe emotional/behavioral disturbances

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Objective.— Aizone, a Korean model of after-school day treatment program, serves for children with emotional/behavioral disturbances mostly from low income families. It provides a variety of therapeutic interventions for children and their parents, including individual/group therapies under the concept of milieu therapy. Based on the evaluations before and after participation, the therapeutic outcomes were assessed and the factors contributing to the outcomes are investigated.

are investigated.

Method.— Among 97 children enrolled in this program for the last 3 years (average duration: 21 months, mean age: 8.6 years, male: female = 69:28, low class: 80%, divorced family: 38%), 54 children finished this program. For the quantitative analysis of the outcome, the Korean Wechsler Intelligence Test for Children, Continuous Performance Test of Attention, Korean-Child Behavior Checklist (K-CBCL) and MMPI were employed. For the qualitative analysis, their intake interview materials, projective test responses and intervention records were examined.

Results.— Fifty-four children who finished this program showed no significant improvement in intelligence according to WISC-I. However, significant decrease on visual ($P < 0.16$) and auditory ($P < 0.05$) response time deviation were shown on the CPT of Attention. Significant improvements were demonstrated throughout all the K-CBCL scales ($P < 0.00$) except physical problem area. In spite of no significant overall change on parents' pre- and post-MMPI profile, the parents of children with internalizing problems reveal more introvert tendency in the post-tests. For the qualitative analysis, three children with the most improvement and three children with the least improvements were selected and compared in the pre and post score changes of WISC-I, Attention-CPT and K-CBCL. The comparisons of these two groups suggested that the contributing factors of improvements are intimate emotional relationship experience in the therapeutic setting, life experiences which promote children's self-efficacy, parents' involvement and willingness for change.

Conclusions.— The outcomes of the Aizone program, a viable new model of after-school day treatment program for children with serious emotional/behavioral disturbances were demonstrated by the quantitative and qualitative analysis. The contributing factors for therapeutic effects are also discussed in the context of ecological systems.

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The impact of reading on the mental health of children in a low-income neighbourhood in Nigeria

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Over 45% of Nigeria's 160 million peoples are below 15 years. The tools to promote mental health, such as libraries and recreational facilities, are absent in most communities. Children from low-income families have greater difficulty with reading, which may be associated with mental health problems. The impact of regular reading following the placement of a library in a low-income neighbourhood in Nigeria is evaluated. Assessments of the children's cognitive abilities before and at specific periods during intervention, observation of and interviews with the children and their parents were analysed. Prior to the intervention, the children made poor eye contact, were observed to be timid and quiet, hardly communicated and had little knowledge of their surroundings. Six months after, the children's ability to express their emotions and self-esteem have improved and reductions in delinquent behaviour reported. Book reading activities are advocated as a mental health promotion measure for economically disadvantaged children.

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Changing a culture of restraint of children in an inpatient unit

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Seclusion and restraint reduction in inpatient units is an aim of the Victorian Department of Health and practice is monitored by the Chief Psychiatrist. Definitions of seclusion and restraint in the Australian setting will be given, as there