We-S-515
Introducing the Choice and Partnership Approach (CAPA)
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Abstract 1.—Introducing the Choice and Partnership Approach (CAPA): The challenge facing many Mental Health services is delivering quality service within limited resources. Services can often be overwhelmed by demand and seemingly not have the capacity to manage the growing workloads effectively. The Choice and Partnership Approach (CAPA) is a clinical system that has been developed in London. It brings together: the active involvement of young people and their families; demand and capacity ideas; a new approach to clinical skills and job planning; introduces the seven HELPFUL habits of effective mental health services. In this presentation, we will introduce the 4 Big Ideas, values and components of CAPA and then illustrate how the system has been applied in Child and Adolescent Mental Health Services.

We-S-516
Creating effective child and adolescent mental health services
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So why should Services move from traditional ways of managing referrals and adopt a new system? The Choice and Partnership Approach (CAPA) is all about ensuring Services:

– do the right things (have a clear working goal with the client and their family, adding value at every step);
– with the right people (use clinicians with the appropriate clinical skills);
– at the right time (without any external or internal waits).

Integrated into the Choice and Partnership approach, we will outline Seven HELPFUL Habits of Effective Child and Adolescent Mental Health Services. We will illustrate how CAPA together with the Seven HELPFUL Habits are effective mechanisms for optimising capacity, balancing supply against demand while preserving a focus on the service user. We will also discuss the benefits reported by consumers, clinicians, managers and administrators.

http://dx.doi.org/10.1016/j.neurenf.2012.05.492

We-S-517
The impact of sharing effective ways of working internationally
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In New Zealand, the Werry Centre has been supporting Child and Adolescent Mental Health Services (CAMHS) to implement CAPA and the Seven HELPFUL Habits by providing workshops and supporting services across the country. Consequently CAPA is now implemented in 15 of the 20 District Health Board CAMHS providers in New Zealand. Acknowledging the importance of introducing a system which is relevant to the NZ/Aotearoa context the Werry Centre considered the alignment of CAPA’s ideas, principles and values to Maori models of Care.

Our findings confirm that CAPA does result in improvements in service delivery while being sensitive to the needs of Maori This includes reduced waiting times for first appointment, improved flow of referrals through the service, improved satisfaction reported by families, improved use of existing resources to meet referral demand, and improved use treatment goals and planning processes.

http://dx.doi.org/10.1016/j.neurenf.2012.05.493

Psychomotor disorders

We-S-518
Psychomotor disorders: Models and stakes
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Knowledge of the varying constraints applied to the children when they are involved in an action allows apprehension of both the conditions which may predict a psychomotor disorder and the factors that may allow for its maintenance. These constraints include the maturational process of brain functions, psychological and cognitive developmental processes and various environmental factors. Psychomotor disorders, due to their complicated nature and the frequency of comorbidities, need an interdisciplinary approach. Based on the explanatory
models on procedural learning, we aim to demonstrate the interest of such models and show how they may influence psychomotor practice.

http://dx.doi.org/10.1016/j.neurenf.2012.05.494

We-S-519
Psychomotor disorders and psychopathology: From models to therapeutic prospects
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The relationships between psychomotor disorders and psychopathology are common and ask the particular question of the nature of the links that bind. By explanatory model which the therapist works, depends on the choice of the preferred therapeutic methods. After set the internal logic of the current models, the author proposes, from his clinical position, to examine the possible axes of articulation between these different models. On this point of view, psychomotor disorders are paradigmatic from issues raised by neurosciences on the relationship between brain, development, and mind. Better understanding of the complexity of these disorders should allow us to better articulate the advance of knowledge with the wellbeing of our patients.

http://dx.doi.org/10.1016/j.neurenf.2012.05.495

We-S-520
Clinical approaches of psychomotor disorders
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Based on specific psychomotor disorders as attention-deficit disorders, we will discuss the clinical evaluation of these troubles and clinical methods that could be proposed.

http://dx.doi.org/10.1016/j.neurenf.2012.05.496

Learning from the patient: using patient feedback to develop service

We-S-521
Learning from the patient
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In this workshop, we will be exploring the use of vignettes and semi-structured interviews to engage young people in sharing information about their experiences. The vignettes used, were stories about young people who were young carers. They were designed to be of a similar age group with a range of different family, cultural and support situations. The semistructured question, which in this study were developed using the issues that the young carers had generated with their workers, that they wanted others to know about their lives. These were then applied to each scenario. Vignettes were used to introduce sensitive information in a way that was one step removed, giving them some control about how much personal information they gave as the answers to the questions were based on the characters in the story. As you will see though, they just wanted their story to be heard.

http://dx.doi.org/10.1016/j.neurenf.2012.05.497

We-S-522
Learning from the patient
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Patient participation is an important element in improving the quality of service provision. The lack of internal market makes it imperative that the services develop their internal structure to review the services and cope with the individual patient demand. In this workshop, we will aim to help the participants understand the significance of the patient and carer participation. I will give brief overview of the “In Your Shoes” project run in Leicester CAMHS service. We will also have a discussion about the various ways a service can gather information, e.g. unit meeting, feedback forms, electronic methods (computer kiosks), etc. We will also discuss how to link the information obtained from these methods is used to feedback into the clinical and managerial staff to make the changes as suggested. A significant aspect is to inform the patients and their carers what changes have been brought about in the service based on their feedback.

http://dx.doi.org/10.1016/j.neurenf.2012.05.498

Update on bipolar disorder in children and adolescents

We-S-523
A large controlled family study of pediatric bipolar disorder
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Background.– To determine the risk for bipolar-I disorder in first-degree relatives of children with DSM-IV bipolar-I disorder (BP-I) via meta-analysis of published controlled studies and in an expanded blinded, controlled study.

Method.– We conducted a meta-analysis of controlled family studies of pediatric bipolar disorder probands. We also expanded previous work and conducted a very large, blinded, controlled family study using structured diagnostic interviews of 239 children with BP-I (n = 726 first-degree relatives), 162 attention deficit hyperactivity disorder (ADHD) without BP-I probands (n = 511 first-degree relatives), and 136 healthy control (without ADHD or BP-I) probands (n = 411 first-degree relatives).

Results.– Our meta-analysis of 5 published studies found a pooled odds ratio of risk for bipolar-I disorder to relatives of pediatric bipolar-I probands estimated to be 6.96 (95% CI: 4.8, 10.1). Our study was consistent with these results and found first-degree relatives of bipolar-I probands were significantly more likely than first-degree relatives of both ADHD and control probands (HR: 3.02; 95% Confidence Interval (CI): 1.85, 4.93; P < 0.001) and control probands (HR: 2.83; 1.65, 4.84; P < 0.001) to have bipolar-I disorder.

Conclusions.– Our results from controlled, blinded study in addition to meta-analysis document an increased familial risk for BP-I disorder in relatives of pediatric probands with DSM-IV BP-I.

http://dx.doi.org/10.1016/j.neurenf.2012.05.499

We-S-524
Phenomenology and longitudinal course of pediatric bipolar disorder. Naturalistic follow-up of a Spanish sample
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Objective.– Describe the phenomenology and course of pediatric Bipolar Disorder (BP) in a Spanish sample, to validate the diagnosis and to analyse risk factors of poor outcome.

Method.– We retrospectively reviewed the records of all children and adolescents with DSM-IV BP evaluated at the Child and Adolescent Psychiatry Unit, University of Navarra (Spain).

Results.– We note that 79% were boys and 21% were girls; 44.7% had BD-I, 53.3% BD-2, 31.6% BD-NOS, 15.8% BD-3, and 2.6% BD-4. Median age at diagnosis was 13.9. There was a 1.46-year delay in the diagnosis. The most frequent mood symptom at the time of diagnosis of BP was irritable (94.6%). 92.1% of the children had at least one comorbid disorder. Children with comorbid...