

presented. Consequences for therapy and scientific strategies will be discussed.

CME Course: Networking as a strategy in psychiatry

C17.01

Social network strategies for leading

M. Ventresca. *Said Business School, Stanford, CA, USA*

How do social networks add value for the work of leaders? What are key network mechanisms? How can you improve the strategic impact of your social capital? This session introduces the idea of 'social capital', along with social network concepts, tools, and strategies. The evidence comes from recent findings about how collaboration in basic research in biotechnology occurs, how firms explore innovative technologies, and on how individuals create professional advantage. The themes focus on how social networks change the terms of value creation, create de facto systems of opportunity and advantage, and extend basic leadership in contested, ambiguous professional settings. The session is interactive, rather than one-way lecture.

Read aheads for the session:

- Hargadon, A. 2006. 'Brokers of innovation.' *Focus*, vol. VIII, no. 1.
 - Uzzi, B and S Dunlap. 2005. 'How to build your network.' *HBR*, December.
- Reprint # R0512B
- Weick, K. 1996. 'Prepare your organization to fight fires' *HBR*, May-June.

Symposium: The WPA presidential global child mental health program

S08.01

The WPA presidential global child mental health program; An overview

T. Okasha. *Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt*

Half of the world's population are children or adolescents. Nearly 5% of them suffer from mental disorders and another five percent have conduct disorders.

Even in highly developed industrialized countries mental disorders in this age are often not recognized nor taken seriously. The situation is made worse by the lack of awareness of the magnitude and severity of the problems caused by mental disorders of children and adolescents by political and health decision-makers, by health professionals and by the general public; and by the fact that health professionals and others involved in child care and development have often only rudimentary knowledge about appropriate methods of prevention and treatment of mental and neurological disorders in childhood and adolescence.

It is for this reason that the World Psychiatric Association (WPA) carried out in collaboration with the World Health Organization (WHO) and the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) this unprecedented program.

This program aims at; increasing the awareness of health decision-makers, health professionals and the general public about the magnitude and severity of problems related to mental disorders in childhood and adolescence and about possibilities for their resolution; at promoting the application of measures of primary prevention of mental disorders in childhood and adolescence and of interventions that will contribute to the healthy mental development of children and adolescents; and support to the development of services for children and adolescents with mental disorders and to facilitate the use of effective methods of treatment.

S08.02

Preventive interventions in child and adolescent psychiatry with special reference to school drop-out

H. Remschmidt. *Department of Child & Adolescent Psychiatry, Philipps University, Marburg, Germany*

Background and Aims: International studies have demonstrated that the prevalence rates of psychiatric disorders in children and adolescents in population samples vary between 8 and 23 %. Our own school-based study in Germany in a selection-free sample revealed a prevalence of 12.7% in the age-group between 6 and 18. The need for treatment according to international studies is at least 5 %. Over the past 30 years, increasing figures have been described regarding aggressive behavior, alcohol and drug addiction, delinquency, depression, suicidal behavior, obesity, and eating disorders. This underlines the importance of prevention, subdivided in universal prevention addressed to a complete population, and targeted prevention (selective and indicated prevention aiming at groups with increased risk or already identified high-risk groups).

After the discussion of biological, psychological, and psychosocial risk factors and markers of resilience, an overview is given of some established prevention programmes for psychopathological disorders in children and adolescents, followed by the results of three prevention programmes on school drop-out carried out within the WPA Presidential Programme on Child Mental Health in Alexandria/Egypt, Nishnij Novgorod/Russia, and Porto Alegre/Brazil.

Methods: A comparison was made between intervention schools where defined interventions had taken place and control schools where only information was given and no formal interventions had been carried out.

Results and Conclusions: In all three locations, the preventive interventions were successful: The school drop-out rate could be significantly reduced within the course of one year. As school drop-out is associated with many other disorders and disadvantages, this is an encouraging result.

S08.03

Is there a link between slow learning, school failure and delinquency?

P.A. Rydelius. *Karolinska Institutet, Astrid Lindgren's Children's Hospital, Stockholm, Sweden*

In Sweden, CAP (Child and Adolescent Psychiatry) has a history of more than 100 years. The discipline developed out of paediatrics, education, child social welfare and psychiatry in that time order. In similarity to the situation in Switzerland, "school -psychiatry" was established as a branch of CAP with the aim to understand the link between cognition, behaviour and health and to promote health for children with slow learning capacity and mental retardation who in those days were children at a high risk for juvenile delinquency. The first CAP units opened at the end of World War I in the Stockholm Public School system and at the Paediatric Clinic of Norrtrull's Children's Hospital, one of

the two Paediatric University Clinics at the Karolinska Instituted in Stockholm. From 1920-1970, school psychiatry was an important part of child and adolescent work in Sweden. It was based on a true cooperation between CAP and Education using the principles from “heilpädagogie” i.e. “curative education”: as follows:

To support pupils’ creativity, language and speech competence and their social competence

To accept each pupil’s individual maturity/developmental level and behavior by introducing “School-maturity tests” before school-start.

To introduce different school curricula for children with average intelligence, school-immaturity, slow learning capacity (IQ 70-90), mental retardation etc.

To introduce special training for teachers in order to have teachers that knew how children with “problems” should be taught.

To use screening and monitoring of skills i.e. screening of intellectual skill, language, reading, spelling, math’s, maturity, behavior, health at preschool start,

S08.04

Suicide prevention in youth

D. Wasserman. *The Swedish National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Stockholm, Sweden*

Suicide among young people age 15 – 24 constitutes a considerable burden on the global level. Data from 90 out of the 130 WHO members states show that suicide was the fourth leading cause among young males and the third for young females. Suicide rate is higher in young males (world average 10.5 per 100 000) than in young females (world average 4.1 per 100 000). A rising trend of suicide in young males is observed in many countries and particularly marked on other continents than Europe.

Since suicide risk is high among psychiatrically ill young people. Therefore, an adequate treatment of psychiatric disorders and improved detection of psychiatric illnesses in the general population is important. Preventive measures in the health care services after a suicide attempt and an early recognition of children and young people at risk in schools by screening, gate keepers training and other awareness programs are essential strategies.

The results of those studies as well as the worldwide initiative launched by the WHO in SUPRE for the prevention of suicide, will be presented.

Symposium: Future diagnostic trends in personality disorders

S09.01

Towards DSM-V personality disorder diagnoses: Moving from the dimensional-vs-categorical controversy to the useful-vs-unuseful perspective

A. Fossati. *Faculty of Psychology, San Raffaele Vita-Salute University, Milano, Italy*

Background and Aims: Despite its widespread use, the DSM-IV Personality Disorder (PD) diagnoses dissatisfied a large number of both prominent clinicians and researchers. This dissatisfaction seems to stem from psychometric or taxometric flaws of PD diagnoses, which lead to the current debate on the need for a dimensional

assessment of PD in the next DSM-V. It was quite surprising to observe that the central issue of the usefulness of the current PD diagnoses – regardless of their dimensional or categorical structure – to plan and administer treatment (which represents the application-oriented aspect of the state of our advancing knowledge on PDs) has been rarely addressed in the current debate.

Methods: The presentation will focus on a review of the published literature as well as on empirical data.

Results and Conclusions: The link between the ambiguity of the DSM-IV PD diagnostic system and many of the psychometric/taxometric flaws will be presented. The fact of insufficient research data on several PDs to enter evidence-based changes in the DSM-V will also be discussed. The unresolved controversies between hypothesized dimensional structures and etiological models of PDs, as well as the lack of evidence that shifting to a dimensional model will increase the usefulness of PD diagnoses to treat PD patients will also be presented. Finally, a mixed model, based both on PD core features and similarity to prototype will be presented in the light of maximizing clinical (and research) usefulness.

Symposium: General psychiatric patients who need reinstitutionalisation in forensic facilities

S11.01

Violence among severely mentally ill patients in general psychiatric services

S. Hodgins. *Department of Forensic Mental Health, Institute of Psychiatry King’s College, London, UK*

Previous studies have shown that most patients in forensic services are men with schizophrenic disorders who have a long history of treatment in general psychiatry, during which time they were committing crimes and engaging in aggressive behaviour. The present study was designed to examine violent behaviour among severely mentally ill (SMI) patients in general psychiatry and the treatments that they received. A representative sample of 220 inpatients with SMI in an urban area in the UK was examined. The prevalence of at least one conviction for a violent crime (46.7% of the men, 16.5% of the women) was higher among the patients than among an age and gender matched cohort of the UK population. The elevations in risk for violent offending by patients with SMI compared to the general population were similar to those observed previously in other countries. In the six months prior to interview, 49.2% of the men and 38.8% of the women engaged in physical aggression towards others, and one-in-five engaged in serious violence. Two years later, 79% of the patients were re-assessed. All patients had been receiving antipsychotic medications and meeting with their care co-ordinators (nurses, social workers), on average, once a week, but only 6 patients received treatments relating to substance misuse and 2 patients participated in an anger management programme. More than 80% of the patients experienced at least two negative outcomes defined as high symptom levels, aggressive behaviour, substance misuse, and physical victimisation. General