order to identify all the relevant assessment aspects of the technology involved, identified from scientific literature, experts' judgments and specific context analysis of Bambino Gesù Children's Hospital. A weight was associated to each assessment element and the alternatives' ranking was defined.

RESULTS:

This innovative system provides orthopedic images in standing or sitting position, being able to examine the spine and lower limbs under normal weight-bearing conditions. This system is recommended for particular clinical indications as scoliosis and other congenital deformities of the spine. It is able to acquire simultaneous posteroanterior and lateral images in a single scan without vertical distortion and with lower radiation exposure than CT scanning. 2D images acquired can be combined to obtain a 3D reconstruction scanning based on a semi-automated statistical model.

CONCLUSIONS:

The major advantages of BLDS are the relatively low dose of radiation and the possibility of obtaining a 3D reconstruction of the bones. Our preliminary results show that data on the clinical effectiveness are limited but the technical advancements of BLDS appear promising in terms of patient management and patient health outcomes associated with its use.

OP46 Redefining Mental Health Services For Youth: Evidence To Action

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INTRODUCTION:

Current organization of mental health services in Canada imposes a rupture during youth transition to adulthood, when severe mental health disorders start appearing. This can have a major impact on youth recovery and social integration. A health technology assessment (HTA) was initiated to evaluate the efficacy of programs that simultaneously target adolescents and young adults to support decision making.

METHODS:

A systematic review of systematic reviews was conducted. Four databases were searched (MEDLINE, Embase, Applied Social Sciences Index and Abstracts, and CINAHL) for articles published between 2000 and 2017. Article selection and quality assessment (ROBIS tool) were performed and inter-rater agreement was measured. To be included, the systematic review had to study specialized models or programs serving both adolescents and young adults. An analytical framework was constructed based on the categorization of performance measures for early intervention and the five dimensions of recovery. Group and individual interviews were conducted to collect contextual and experiential data.

RESULTS:

A total of 1,054 references were identified. After applying the selection criteria, five systematic reviews were selected. The majority of programs identified were developed for early psychosis. This HTA did not identify specialized programs for other types of mental illness or at-risk youth. Evidence on early interventions for psychosis is emerging in regards to their efficacy in improving functional and clinical recovery. However, evidence has yet to be established for their impact on access. Contextual and experiential data from our organization validated and completed the scientific findings. Facilitating and constraining factors in the implementation of a person-centered care model and inter-agency collaboration were identified.

CONCLUSIONS:

Services targeting at-risk youth should be developed as part of a continuum of care that is adapted to clinical stages so that all youths living with psychological distress can be treated, regardless of diagnosis or age. These services may draw inspiration from models of early intervention for psychosis. Recommendations from this HTA are currently being put into action in the West Island of Montreal.

OP48 A Contextual Model For Evaluating The Value Of Multi-Indication Drugs

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