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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.391

Tu-S-417

**Cross-modal neutral and emotional processing in pervasive developmental disorders NOS**

M. Plaza*, L. Chaby  
Service de psychiatrie de l’enfant et de l’adolescent, GHU Pitié-Salpêtrière, Paris, France  
*Corresponding author.

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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.392

Tu-S-418

**Altered automatic face processing in autism spectrum disorders**

Y. Kamio  
Department of Child and Adolescent Mental Health, National Center for Neurology and Psychiatry, Tokyo, Japan

Although multi-faceted face processing abnormalities are recognized in individuals with ASD, those with milder and high-functioning ASD (HFASD) seem to acquire some compensatory strategies for face recognition. Based on our previous behavioral study using subthreshold emotional faces (Kamio et al., 2006), we hypothesized that the persistent impairment of face processing in ASD across lifespan may be the fast and automatic aspect associated with subcortical route. To address this issue, we measured the amplitude and latency of the N1 and P1 in response to briefly presented upright and inverted faces (fearful and neutral) as well as objects in adults with and without ASD (n = 10, 10, respectively). In the HFASD group, the N1 amplitude did not differ among faces and objects, whereas upright fearful faces evoked significantly greater N1 amplitude than objects did in the TD group, which difference disappeared by inverting stimuli. These neurophysiological findings suggest that even adults with HFASD have altered early visual processing specific to emotional faces within the lower level of visual cortex. Such disruption of subcortical route may affect cortico-subcortical connectivity and face-specific cortical system in ASD during development.

http://dx.doi.org/10.1016/j.neurenf.2012.05.393

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**

S. Shirataka  
Department of Child and Adolescent Psychiatry, Hakaui Research Institute of Developmental Disorders, Kobe Hakaui Hospital, Kobe, Japan

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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.394

Tu-S-420

**Strategic proposition for child and adolescent mental health services in low-income countries in Asia**

M.S.I. Mullick  
Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh

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 effected children are stigmatized and victim of unrecognizing 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.

http://dx.doi.org/10.1016/j.neurenf.2012.05.395

Tu-S-421

**Excurricular education and mental health of children**

H.J. Hong  
Department of Psychiatry, Hallym University Sacred Heart Hospital, Anyang, Korea