

individuals were independent albeit leading fairly isolated lives. Childhood IQ-level was positively correlated with better adult outcome. In the majority of cases symptoms typical of the childhood period were still present in adulthood, but some clusters of behaviour (particularly hyperactivity) were much less prevalent than they had been in the past.

Conclusions: Children with autism as diagnosed in the 1960s, 1970s, and 1980s may have an even worse psychosocial outcome than previously believed.

P0266

Screening for poor mental health functioning in a US inner-city emergency department

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Background: Many mentally distressed individuals seek emergency department (ED) care in the US, but the extent and correlates of significant mental health problems in such patients is unknown.

Methods: All patients aged 18-60 presenting to an inner-city midwestern US ED April 2006-March 2007 were approached to participate in brief health screening. Exclusions were serious trauma preventing interview, unable to provide informed consent, pregnancy, acute suicidality, or presenting for psychiatric evaluation. Consenting patients completed a short web-tablet screen, including SF-12 for mental and physical health status, recent substance use and DSM-IV diagnoses of substance use disorders.

Results: The lowest 25% on the SF-12 Mental Health Component were assigned to “poor mental health functioning” (PMHF). 5641 patients participated (58% female, 57% African-American). In bivariate analysis, the PMHF group was significantly more likely to be unmarried, female, use cocaine and marijuana, and binge drink in the past year, and have DSM-IV substance use disorders. Multiple logistic regression found that being female (OR=1.8), older (OR=1.01), not being married (OR=1.2) and DSM-IV alcohol abuse and dependence (OR=1.7, 2.4), cocaine abuse and dependence (OR=1.9, 2.0), and marijuana dependence (OR=1.7) were all independent predictors of PMHF. In a separate model, use of cocaine (OR=2.7) and marijuana (OR=1.7) but not use of alcohol, were independent predictors of PMHF as well as gender, age, and marital status.

Conclusions: Therefore PMHF in ED patients is strongly associated with recent substance use. ED clinicians should regularly ascertain both mental health status and substance use and refer for additional services where appropriate.

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WHOQOL-HIV BREF reliability and scores in depressed and non-depressed HIV-positive patients in a specialized outpatient facility in Rio de Janeiro

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Introduction: Significant life expectancy increase in HIV-positive patients undergoing antiretroviral therapy (HAART) has motivated inquiries into their quality of life.

Objective: To describe quality of life and reliability of WHO's Quality of Life Instrument ((WHOQOL HIV BREF) in depressed or non-depressed HIV/AIDS outpatients in a specialized facility in Rio de Janeiro.

Method: Sectional study in 33 depressed (D) and 70 non-depressed (ND) HIV patients classified using Composite International Diagnostic Interview (CIDI10), Hamilton's depression scale, viral load, CD4 and demographic data. Means of all six WHOQOL HIV BREF domains were compared by the Student t test. Inter-interviewer reliability was evaluated by intraclass correlation coefficient (CCI) with CI of 95%.

Results: The sample comprised mostly of male (62.2%), single (42.9%) AIDS patients (51%), who considered themselves ill (66.3%) and were on HAART (78%). Reliability was excellent, varying from CCI 0.95 (0.93-0.97) for the environmental domain to CCI 0.99 (0.98-0.99) for psychological, level of independence and spiritual domains. Means for all domains in depressed patients (D) were lower than those seen in non-depressed patients (ND) ($p < 0.005$): physical domain 11.0 (D) and 15.3(ND); psychological domain 10.1(D) and 14.7(ND); level of independence domain 10.8(D) and 14.1(ND); social relationship domain 11.9(D) and 15.2(ND); environmental domain 11.9(D) and 15.1(ND); spiritual domain 11.5(D) and 15.5(ND).

Conclusion: WHOQOL HIV BREF's showed excellent reliability and its six domains discriminated several quality of life aspects in depressed and non-depressed HIV/AIDS's patients. Depressed patients have a worst perception of their quality of life for all WHOQOL HIV BREF's domains.

P0268

Mental disorder and service capacity as a function of population density: Modeling future investment and service delivery planning

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Introduction: This paper describes the use of mental health data from a centralized regional intake and access tracking system for regional mental health and psychiatry services and provincial data to describe mental disorder as a function of regional population density. Population-based utilization results are compared to available epidemiological data. Implications for existing and future service models are examined.

Method: Diagnoses from annual data collected in the regional CAMHP information system from 2002-2007 ($n = 25,000$ registrants) was used. Estimates of population calculated from the regional census were used to denominate the utilization diagnostic data. Cumulative and annual density results were represented graphically and using GIS mapping techniques.

Results: The rate of publicly funded service provision to unique individuals in the catchment area (9/1000) is much lower than the expected rates of debilitating mental disorder in the base population (30/1000). Modeling the costs of service provision shows that two evidence-based forms of service delivery could dramatically improve access and capacity of mental health services within the catchment.