Case 4: AO, 14 years old, recurring presentations to the emergency department with stuporous state, collapse, weakness, dizziness, headache, nausea. Perceived pressure to achieve academic excellence seems the psychological stressor. There followed exclusion from school for some months, on health and safety grounds.

Case 5: CM, 13 years old, presented with general malaise, arthralgia, headache and dizziness, with ataxic gait. Difficult transition to secondary school, and involvement in road collision 6 months previous noted. Repeated presentations with worsening symptoms. Objective difficulty eliciting lower limb deep tendon reflexes. Diagnostic lumbar puncture, 3rd admission, demonstrated elevated CSF protein. Subsequent development of symmetrical lower limb paraesthesia. Confirmed diagnosis, Guillain Barre syndrome, responsive to immunoglobulin therapy.

Conversion disorder is a diagnosis of exclusion and careful systematic approach should be applied, ensuring all organic causes of symptoms have been explored, before attributing symptoms to a psychogenic disorder.^{2,3}

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CAMHS PATIENTS ADMISSION IN CAVAN GENERAL HOSPITAL OVER 5 YEARS (2013 TILL 2017)

Sana Mariam Ali*, Alan Finan, Caroline A Hearne.

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Hse, Cavan, Ireland

Background 1 in 10 children and adolescent suffer from mental illness associated with considerable distress, this audit is done to focus on CAMHS inpatient admissions having suicidal ideation, eating disorder (anorexia nervosa/bulimia nervosa), anxiety disorder prevailing in Ireland in Cavan Monaghan community over 5 years and lack of dedicated pediatric liaison psychiatric team nationally that should be considered to be more active due to increasing ratio of CAMHS inpatient admissions in pediatric wards in local hospitals.

Study by National suicide Research Foundation shows deliberate self harm rose by 22% over 10 yrs to the end of 2016, more pronounced in female of age 10 to 14 yrs, 70 children of school going age died by suicide in 2017

Aims Over many years pediatric services has supported Cavan and Monaghan community based CAMHS services in the inpatient care of patients with various mental illness, this audit aims to assess the resources given to the care of these inpatients and the changes of workload over recent years

Standards National model of care in pediatric health care services in Ireland.

Survey of inpatient admission of children and adolescent with mental health RCPsych 2015

Quality Improvement network for multi agency CAMHS (QINMAC)

Difficulties of high risk patient in pediatric ward with reported self harm incidents on wards, the need of restraint, security staff and properly trained staff and police

Long waiting lists should be eliminated, should provide supportive and comfortable environment to patients with mental illness by trained staff.

Methodology Literature review of most recent Irish or International consensus guidelines on inpatient care of CAMHS patient.

Audit of number of patients under CAMHS admitted over 5 yrs (2013 till 2017)

Pull charts Data collection:

Name

D.O.B

MRN Age at admission

Date of admission

Diagnosis Length of inpatient stay

Result of 2018 audit.

Recommendation for improvement

Results 125 inpatient admission with the diagnosis of suicidal ideation, eating and anxiety disorder (Jan 2013 till Dec 2017)

49 female (68%) and 23 male (32%)

Average age 14 yrs.

Average Length of stay 6 days, median 3 days

Over 5 yrs 54% diagnosed suicidal ideation, 24% eating disorder, 15.16% anxiety disorder.

Conclusion 2017 peak of new admissions of all the three mental illness.

Female predominance in suicidal ideation and eating disorder

Male predominance in anxiety disorder

Recommendation To assess number of beds need for future.

Meet CAMHS for future service planning.

Re audit.

safeguarding.

Additional staff training.

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CHILDREN IN DISTRESS – A 10 YEAR DESCRIPTIVE STUDY OF CHILDREN AGED 0–12 YEARS REFERRED FOR EMERGENCY PSYCHIATRIC ASSESSMENT IN TALLAGHT UNIVERSITY HOSPITAL

Erica Maguire, Caroline McGrath, Patricia Byrne*. Tallaght University Hospital, Dublin, Ireland

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Aims A review of the literature demonstrates that relatively little is known about acute psychiatric presentations in children (0–12 years). This study aims to review acute psychiatric presentations of children aged 0–12 years to Tallaght University Hospital over a 10 year period.

Methods A retrospective descriptive case note study was completed. Subjects were defined as young people aged 12 years and under who were referred to the Psychiatric Liaison Service between July 2008 to June 2018. Data was anonymised and entered into a secure database for analysis.

Results 290 presentations of 241 children (0–12 years) were identified during the study period. 52% were male, 48% were female. The median age was 11 years. Children accounted for 7% of total referrals to the Psychiatric Liaison Service in 2008, however this figure had risen to 19% in 2018. 30% more children were referred in 2017 compared to 2016.

Overall, the three most common primary presenting complaints were emotional dysregulation (25%), conduct/oppositional defiant disorder (19%) and anxiety disorder (17.5%).

Over half (53%) of children presented with suicidal thoughts or behaviours, and 23% presented with an episode of enacted self-harm. Methods were evenly split between cutting, deliberate ingestion and use of a ligature in attempted strangulation or hanging at approximately 33% each. 8/10 required referral to CAMHS for ongoing follow up.

Conclusions Children aged 0–12 years are presenting in increasing numbers to Paediatric Services with acute mental health difficulties, including self harm and suicidal behaviours. More research is needed into the precipitating factors behind acute psychiatric presentations in children versus adolescents.

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HOW NICE ARE WE? A QUALITY IMPROVEMENT PROJECT TO IMPROVE COMPLIANCE TO MENTAL HEALTH SCREENING DURING CLINICAL CONSULTATION OF CHILDREN WITH CEREBRAL PALSY ACCORDING TO THE NICE GUIDELINES

Catherine Breen*, Ghia Harrison, Hilary Greaney. *Sligo University Hospital, Sligo, Ireland*

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Introduction NICE has published its first dedicated guideline on managing cerebral palsy (CP) in under 25s. The guideline highlights that children and young people with cerebral palsy have an increased prevalence of mental health issues.¹ Emotional and behavioral difficulties are reported in up to 1 in 4 children and young people with cerebral palsy.² These may be triggered by pain, discomfort or sleep disturbances and it is therefore important, as clinicians, to explore these issues during consultations.

Plan: Aims, objectives and methodology The aim of this project was to evaluate what percentages of children with Cerebral Palsy are asked about mental health issues during a clinical visit and to increase this percentage.. The 'Plan-Do-Study-Act' improvement cycle was used.

A retrospective review of charts was undertaken to evaluate if there was documentation of each child's mental health status at their annual review between January 2018 and August 2018 and results were recorded as 'Yes' or 'No'. All patients under the age of 19 years were included. These results were compared to the NICE guidelines. Each child's GMFCS was also recorded.

Do: Results Of the 18 patients that were audited, 44% (N=8) were assessed with regards to their mental health status. 60% (N=3) of those with a GMFSC 1 were asked while only 25% (N=1) of those within GMFCS 5 were asked. 50% of those within GMFSC 2 and 3 were asked.

Study This study showed that less than half of patients were asked, suggesting there is scope for increased awareness regarding mental health in children with CP. Currently there is a lack of evidence about the prevalence of such comorbidities in this population. Unless it is discussed, it is may be under reported and therefore it is vital we ask about it during clinical review.

Do A 'Cerebral Palsy Pro forma' will be introduced that will prompt doctors to discuss mental health during consultations. The results of this initial study were presented at a formal teaching meeting to discuss this project and the use of the new pro forma. The cycle will be repeated every 2 months.

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A SYSTEMATIC APPROACH TO HEALTH RELATED PROBLEMS AND HAND DOMINANCE IN ALL CHILDREN WITH SPECIAL NEEDS IN THE SPECIAL SCHOOLS, IN MAGNESIA COUNTY, GREECE

^{1,2}Anastasia-Anastasiou Katsiardani*, ²Konstantinos Katsiardanis, ²Zoi Korka, ^{1,2}Kalliopi-Pinelopi Katsiardani. ¹1st Department Of Paediatrics, Aristotle University Of Thessaloniki (AUTH), Thessaloniki, Greece; ²EFYKE (Company of Health care and Education), Volos, Greece

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Introduction It is common knowledge that children (C) with special needs (SN), or else disabled children (DC), exhibit a variety of disorders, such as learning difficulties(LD) impaired hand dominance and laterality, as well as various other problems, health-related or not,

Aim To create-complete record of all the children with SN among Special Schools (SS) and present the main problems that these children are dealing with and in particular, mental retardation (MR) and major psycho-motor disabilities (PD), in relation to incidences, mainly during the perinatal period.

Material and Method questionnaires regarding information during gestational- perinatal period, distributed to parents of C with SN and teachers in SS.

Results 115 cases were recorded in total: 74 boys(M), 41 girls (F). 112 questionnaires were filled: 9DC were attending a SS and the local department of ELEPAP (National-organization devoted to the rehabilitation of the disabled) . 22DC didn't respond due to severe psychomotor retardation(PR) and cerebral palsy. 19DC were diagnosed with genetic syndromes: {Down (4M, 5F), Williams (2M, 1F), Lowe (2M), Townes (1M), Charge association (1F), Sydam-Opitz dysplasia (1F)}, and 2 C , yet still undiagnosed. 15DC were autistic (9M,6F). Congenital anomalies/defects: callosal agenesis, cerebral aplasia, congenital choanal atresia, congenital deafness, middle-cerebral artery thrombosis, severe congenital heart-defects, and other problems during pregnancy. In regard to the age distribution : 47 DC were primary school students, 38 DC secondary and high school students, 5 DC were in Kindergarten, whereas the rest were <5 and >18 years old. In this study group, a high percentage of left-handedness children in noted, among children with a genetic disorder (37%) and autistic children(43%), as well. In the 'primary school' group, 1 out of 3 has left-handedness, whereas 2 out of 3 of them are ambidextrous. Half presents with enuresis (58% with right handedness). The incidence of hyperactivity disorder and low self is higher among DC than in their normal peers. Analysis of the perinatal history reveals higher incidence of admission in the Neonatal Intensive Care Unit, within the DC group, mainly due to perinatal asphyxia, low Apgar Score, cyanosis, need for oxygen supplementation, neonatal-seizures, metabolic-Disorder, meconium-stained amniotic-fluid, jaundice, premature rupture of membranes, perinatal/congenital infection, etc.