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.

P410 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

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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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P411 A SYSTEMATIC APPROACH TO HEALTH RELATED PROBLEMS AND HAND DOMINANCE IN ALL CHILDREN WITH SPECIAL NEEDS IN THE SPECIAL SCHOOLS, IN MAGNESIA COUNTY, 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 rapture of membranes, perinatal/congenital infection, etc.