To review the literature of increasing mental health issues and waiting times for treatment in the paediatric population. To establish the most useful resources for preventing and treating mental health issues. To create a toolkit that can be used to improve mental health in children. The enforced isolation caused by the COVID-19 pandemic has led to an increase in mental health issues and severity of presentations to emergency departments. Prolonged waiting times for referral to psychiatry and psychology services have resulted in regression and many children are left untreated. We proposed the creation of a ‘Happiness Toolkit’ that can be given to children upon presentation to their primary care provider with a mental health issue. A literature review revealed six key resources that have been proven to boost self-esteem, develop resilience and promote positive mental health practices. This resource would provide immediate treatment to those children who would otherwise be forced to endure long waiting periods for referral. A leaflet detailing the practices along with a physical ‘box’ that the children must make were created.

A trial period of the resource took place in Mullingar Regional Hospital, Ireland, with a marked improvement in outcomes. Children reattending for clinic reported increased happiness and an unforeseen two-and-three-generational benefit was also observed as parents, grandparents and caregivers alike took part in the ‘Happiness Toolkit’ activities.

Although children presenting with severe mental health issues are treated immediately, those with mild to moderate conditions are placed onto waiting lists and may have to wait over a year and a half to be seen by a specialist. Our toolkit allows children and their families to engage in positive mental health practices that can not only prevent regression during this waiting period, but also lead to improved mental health or cessation of symptoms. This resource, provided free to children and parents, can play a vital role in preventing increased mental health presentations as a result of the pandemic.


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To describe the definitions of a great clinical teacher from the literature. To discuss the importance of teaching at different stages of a medical career. The highlight the benefits of teaching to the learner.

Five medical personnel at different stages of their career in paediatric training: student, intern, trainee, consultant and surgeon discussed their experiences of great clinical teaching. The literature studied encompassed a wide variety of fields and provided varying viewpoints on the characteristics that make a teacher great in the medical field.

While personal experiences varied greatly, many of the brilliant teachers were found to possess similar traits, particularly those of positive interactions with patients. Much of what is learned from teachers is not explicitly taught but is gained from observation and experience.

The role of the teacher is changing, particularly in light of the emergence of electronic communications during the COVID-19 pandemic. Educators must continuously evolve to meet these changes and appreciate that students are learning from them at every opportunity, whether they are explicitly teaching or not. Non-cognitive skills are as important, if not more important, than purely cognitive skills and these must be imparted to trainees by their clinical teachers.

**DO WE THINK OF SCHAMBERG’S DISEASE AS DIFFERENTIAL DIAGNOSIS OF PURPURA IN CHILDHOOD? – A CASE REPORT OF A SIX-YEAR-OLD BOY**

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**Introduction** Purpura pigmentosa progressiva (Schamberg) is one of clinical entities of pigmented purpuric dermatoses to which joint capillary damage (capillaritis), erythrocyte extravasation and hemosiderin deposition. As possible causes of pigmented purpuric dermatosis the literature lists trauma, pressure, medications, and vascular damage caused by the immune response. It is a benign, chronic disease that most commonly occurs in adulthood and less frequently before onset puberty, although there have been described cases of the disease in infants as well.

**Case Report** A six-year-old, previously healthy boy, was examined in the emergency paediatric clinic due to the appearance of a purpuric rash on the skin of both legs, more pronounced on the thighs. The rest of the clinical examination was completely normal. Apart from the skin changes, he had no other symptoms and was afebrile. In months before the rash appeared the boy was taking multivitamin preparation and the parents denied taking any other medications. The boy was in contact with a relative who had hand, foot and mouth disease two weeks prior to his presentation, but no obvious symptoms of the disease developed. The boy was admitted to the observation unit on suspicion of vasculitis and complete blood count, differential blood count, coagulation panel, aspartate aminotransferase, alanine aminotransferase, lactate dehydrogenase, urea, creatinine, albumin and urine sediment as well as hemoccult tested normal. Blood samples were taken for complement components C3 and C4, antineutrophil cytoplasmic antibodies (ANCA) and extractable nuclear antigen (ENA). Considering the patient was well and findings up to the point, the boy was discharged home with an outpatient follow-up recommendation. The skin changes partially receded over the next three days, but reappeared after a week. Upon arrival of normal findings of C3 and C4 components complex, and negative ENA and ANCA, a dermatological review was requested. Three months since the appearance of skin changes, they have persisted, in the form of brownish erythematous macules, especially on the medial and posterior thighs. Dermatoscopic and clinical examination concluded that the boy had pigmented progressive purpura (Schamberg disease). A topical corticosteroid therapy was prescribed, and dermatologic follow-up were recommended.

**Conclusion** Although Schamberg’s purpura is more common in adults, it is worth taking it into consideration when a paediatric patient with the purpuric skin changes presents. Schamberg’s disease is a benign, chronic dermatitis in which...