

Introduction: Sleep is an essential component of healthy development and is required for physical and mental health. Sleep disorders are highly prevalent in childhood and affect not only the children, but also their families and society. In spite of that, they are still under-reported, under-diagnosed, and sometimes untreated.

Objectives: Present some of the more common sleep problems in children and adolescents through four clinical vignettes; review the literature and summarise the recommended assessment of pediatric sleep disturbances as well as psychoeducational interventions for children and their families.

Methods: Four clinical vignettes are used to illustrate some of the common sleep problems and respective worries and doubts reported by parents. The results of a narrative literature review are presented, focusing on recommendations for clinical practice.

Results: The evaluation of sleep in children is performed by means of subjective or objective tools. The subjective assessment may be facilitated by the use of a screening tool, such as the BEARS instrument. Management begins with consistent implementation of good sleep hygiene practices. It is extremely important to educate and provide practical information to parents (and children if age-appropriate) on activities such as adoption of a bedtime routine, consistent bedtime and wake time, avoidance of caffeinated products, and daily physical activities.

Conclusions: Early identification and management of sleep problems may prevent negative consequences, such as daytime sleepiness, behavioural problems and poor academic performance. Healthy sleep practices have a vital role in primary and secondary prevention of sleep problems and, consequently, should be consistently reinforced and promoted to parents.

Conflict of interest: No

Keywords: sleep; sleep hygiene; psychoeducation; Children and adolescents

EPP0252

National study on the mental health of children and young people in Malta

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Introduction: Over half of all mental disorders (MD) begin by age fourteen, if untreated lead to significant long-term morbidity and mortality. Timely effective management of MD is a public health priority.

Objectives: -To use tools with high sensitivity and specificity to collect data on MD according to ICD-10 and DSM-V in YP aged 5-16 in Malta. -To estimate the point prevalence (PP) rates of MD and compare them to rates reported in other countries. -To identify lacunae in service provision and inform service development in Malta.

Methods: This is a 2 phase study. Phase 1: Following a power calculation a random sample of YP (n=600) was created. These were screened using standardized assessment tools on multiple informants (Table 1). Open ended clinical questions were asked for complete differential diagnosis and social function (Table 2). Phase 2: YP identified with a likely MD were further assessed using the Diagnostic and Wellbeing Assessment (DAWBA) to ascertain a categorical diagnosis. A proportion of those tested negative in the first phase were also assessed with the DAWBA to determine the percentage of false negatives.

Table 1: Assessment Tools

Parent	Child (if 11-16 years)	Teacher
Strengths and difficulties questionnaire (SDQ) (Sensitivity >80% with multiple informants)	Strengths and difficulties questionnaire (SDQ) (Sensitivity >80% with multiple informants)	Strengths and difficulties questionnaire (SDQ) (Sensitivity >80% with multiple informants)
Screen for Child Anxiety Related Disorders (SCARED) (81.8% sensitivity)	Screen for Child Anxiety Related Disorders (SCARED) (81.8% sensitivity)	
Autism Spectrum Quotient (AQ10) (Sensitivity 79%)	SCOFF Eating Problems (Sensitivity 84.6%)	
General Health Questionnaire GHQ (Sensitivity 64%)		
Family Assessment Device (FAD)		
(DAWBA in phase 2)	(DAWBA in phase 2)	

Table 2: Clinical Interview

Parent	Child (if 11-16 years)	Teacher
Household composition, Economic status, Accommodation	Social Support	Education ability
Demographics	Social Media	Awkward and Troublesome behavior
School exclusion	Cyber Bullying	Other Concerns
Stressful life events	Bullying	
Child's General Health	Drinking	
General Health Questionnaire on the Parent	Drugs	
Family Assessment Device		

Results: PP estimates of emotional, behavioural, hyperactivity, eating and autism spectrum disorders among Maltese YP will be reported.

Conclusions: Study findings will inform policy makers on the prevalence of MD in Malta which intern will elucidate insights into the needs service development.

Conflict of interest: No

Keywords: epidemiology; mental disorders; Service Development; CAMHS

EPP0253

Family focused practice in CAMHS: a case series and literature review

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Introduction: Family members are involved in the care of children with mental disorders (MD). While parental MD can negatively impact the child's development and mental health, MD in young people (YP) can also precipitate and exacerbate MD among parents. Family interactions influence the journey of recovery, having the opportunity to both facilitate or impede it.

Objectives: To present 2 clinical cases depicting the effect of family interactions on MD and recovery. To carry out a literature review on family focused practice (FFP) framework to determine its effectiveness, barriers and enablers.

Methods: The clinical cases reveal delayed and hindered recovery as a result of negative family interactions which need to be addressed using a FFP framework (Figure 1 and 2). A literature search on FFP was carried out using Pubmed, Psychinfo and google scholars. Since the concept of FFP has been used interchangeably with other terms, its theoretical frameworks were used as part of the inclusion criteria when scoping the literature. PRISMA guidelines were followed to screen and identify eligible papers.