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Mental health of children and young people aged 5-16 in England: socio-demographic and clinical characteristics associated with support and service contact

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Introduction: Mental health problems are common in children and young people (CYP) in England, yet evidence suggests high levels of unmet need in this group. Understanding of the determinants of mental health-related service contact is needed to identify gaps in service provision and areas for targeted intervention to improve access.

Objectives: To determine the relationship between CYP characteristics and mental health-related support and service contact in England.

Methods: A secondary analysis of the 2017 NHS Digital Mental Health of Children and Young People (MHCYP-2017) cross-sectional survey dataset was performed. MHCYP-2017 was a national survey investigating the mental health of CYP using a stratified multistage random probability sampling approach, providing the official national statistics for England. Multi-informant data were collected through a combination of questionnaires and interviews. Expert clinical rating took place to formally identify the presence of mental disorders, according to established diagnostic criteria. This secondary analysis describes mental health-related support and service contact amongst 6681 participants aged 5-16 recruited to the MHCYP-2017 study. A range of socio-demographic and clinical characteristics were analysed as explanatory variables and their relationships with different types of support/service contact were examined through multivariable multinomial logistic regression. Analyses were stratified by age group: 5-10- and 11-16-year-olds.

Results: Overall, around 25% of parents reported CYP mental health-related contact with one or more types of support/service in the past 12 months due to concerns regarding CYP "emotions, behaviour, concentration or difficulties in getting along with people". Age stratified multivariable analyses revealed several statistically significant associations between participant socio-demographic/clinical characteristics and mental health-related support and service contact, independent of CYP mental health status and parental perception of difficulties. These associations were not necessarily consistent across mental health support categories, suggesting that several of the measured characteristics have differential relationships with different types of support and service contact. Whilst there were some differences between the 5-10 and 11-16 age groups, similar associations were seen for many of the explanatory variables. Socioeconomically disadvantaged and black and minority ethnic CYP were less likely to have had professional contact for mental health problems.

Conclusions: There may be higher levels of unmet need in socio-economically disadvantaged and black and minority ethnic CYP, warranting further investigation and efforts to address inequalities. Further longitudinal studies are needed to elucidate causal associations and mechanisms underlying these observations.

Disclosure of Interest: None Declared

EPP0937

Immunotherapy In Autism Spectrum Disorder; A Case Series

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Introduction: Researches has shown that a subset of the autism spectrum disorder (ASD) population presents with immune dysregulation. Based upon the immunological abnormalities, various treatment modalities have been applied to children with ASD. One immunomodulatory treatment that has been studied in ASD is intravenous immunoglobulins (IVIG).

Objectives: This report is based upon two hypotheses: autism etiology may be closely related to neuroinflammation; and, an effective treatment should restore the individual's communication skills. In this report, we present two cases who were diagnosed with ASD and received IVIG treatment.

Methods: Case A is a 5-year-old female patient who was diagnosed with ASD at the age of 3. The second case, B is a 9-year-old male patient who is a 7th grade student and was also diagnosed with ASD at the age of 3. The first patient's autism symptoms was noticed by her family at the age of 2. Although she had the ability to coordinate eye contact, understood simple commands, she was observed to lose all her acquired developmental skills one by one at around 18-24 months. Towards the age of 3, stereotypical movements such as turning around and flapping wings, started. Similarly, the second patient's acquired skills were lost around at the age of 2-3, after having recurrent infections. Based on deficits in social-emotional reciprocity, deficits in nonverbal communicative behaviors used for social interaction and restricted/repetitive patterns of behavior, both patients were diagnosed with ASD. Considering that auto-immune mechanisms may have been affected in ASD, IVIG treatment was initiated at 1 g/kg/month. Case A received IVIG once in a month, total 5 infusions had been applied. Case B received total 12 infusions with the same protocol. Treatment response was assessed with the Childhood Autism Rating Scale (CARS).

Results: In these two ASD cases which were treated with IVIG, a subjective partial reduction in autism symptoms and an objective decrease in CARS scores were detected. Current evidence suggests that there are various factors contributing to the development of autism and different combinations of these aspects give rise to different variations of some ASD subtypes. Recent studies in this field indicate a possible connection between the immune system impairments and ASD. This report, therefore, provide support for the notion that at least a subset of children with ASD might have immune abnormalities and may respond to the immune modulating effect of IVIG therapy.

Conclusions: Although, autoimmune or inflammatory etiologies may not explain the majority of cases of autism, it might at least be useful to understand some. Further studies with larger number of patients should be conducted about the use of IVIG in selected patients with ASD.

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