Review of UNHCR data on the impact of current conflict.

Literature review of mental health in conflict zones and role of telepsychiatry in conflict settings.

Review of the process of development of the Tele Mental Health Clinic in Myanmar.

Descriptive analysis of one year data of the clinic.

Results: The Tele-Mental Health clinic was developed following the collapse of the healthcare system after the 2021 military coup in Myanmar. The clinic uses innovative ways to recruit clinicians and to provide psychiatric services. While there is ongoing risk of military junta's persecution, arrest and torture, the clinic continues to thrive and expand.

Conclusion: Telepsychiatry can be used as a safe and effective way to bridge the barriers to mental health care throughout the current political turmoil in Myanmar. The evidence on the effectiveness, cost-effectiveness, process of implementation and long-term measures to overcome challenges are areas of future research interests.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Do We Need a Gwent Tier 3 FCAMHS Neurodevelopmental Assessment Pathway?

Dr Andrew Todd[1], Mr Michael Jones[1,2], Mr Adam Edwards[1], Mrs Nicola Crawley[1,3] and Mrs Danielle John[1,4]

[1]Aneurin Bevan University Health Board, Caerleon, United Kingdom; [2]Monmouthshire & Torfaen Youth Offending Service, Pontypool, United Kingdom; [3]Newport Youth Offending Service, Newport, United Kingdom and [4]Blaenau Gwent & Caerphilly Youth Offending Service, Blackwood, United Kingdom

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Aims: There are high rates of Neurodevelopmental Disorders (NDD) and mental health needs in young people who engage in offending behaviours. Incompletely assessed development can be a factor in engaging with legal proceedings and with those involved in their care. Young people open to the three Gwent Youth Offending Services (YOS) and Tier 3 Gwent Forensic Child & Adolescent Mental Health Service (FCAMHS) have previously been identified as having traits indicative of an underlying NDD. No specific ND assessment pathways exist within YOS for suspected Autism Spectrum Disorder (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD); those requiring assessment are referred to the CAMHS ND Team. Some cases are Not in Education, Employment or further Training (NEET), may not reside with family, and can struggle to engage in typical referral pathways.

An evaluation is taking place regarding the use of existing Gwent CAMHS and YOS resources for piloting a Tier 3 Gwent Forensic CAMHS Neurodevelopmental Assessment Pathway (FCAMHS NDAP).

Methods: Gwent FCAMHS is a small Multidisciplinary Team (MDT):

One part-time Consultant Forensic Child & Adolescent Psychiatrist.

Four Psychiatric Nurses.

One part-time Forensic Psychologist.

Between December 2023–December 2024 the number of YOS cases referred for and receiving ND assessment were logged. Assessment outcomes were considered with ongoing discussions with each of the YOS to ascertain ongoing roll-out of a pilot FCAMHS NDAP.

Results: Between December 2023–December 2024:

7 cases were referred (5 for possible ADHD, 2 for ASD).

6 of the referrals were not in mainstream education or NEET.

6 ND assessments were completed.

5 resulted in an NDD diagnosis (ADHD=4, ASD=1).

2 cases necessitated ADOS-2 assessment and 1 case was assessed using the Qb Test protocol.

Upon diagnosis, 2 elected to trial ADHD medication.

Referrals originated from all three YOS in Gwent: Newport (2), Blaenau Gwent-Caerphilly (4) and Monmouthshire-Torfaen (1).

Conclusion: Cases were diverted from the CAMHSND waiting list to FCAMHS. YOS support in case engagement and obtaining information was vital for the assessments. YOS managers recognise the role an FCAMHS NDAP has for some cases in the Gwent YOS who would struggle to engage in the typical pathway. Requests have been received for YOS staff training in NDD.

A formal roll-out of a Gwent FCAMHS NDAP pilot with specific inclusion criteria has been agreed with the YOS teams and Gwent FCAMHS, commencing January 2025. Quality Improvement methodology is utilised and training packages for YOS staff are being developed.

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A Game of Snakes and Ladders: An Audit of the Management of Patients Presenting With Functional Somatic Symptoms at a Paediatric Tertiary Care Centre

Dr Abigail Turley, Dr Amy Jaiteh and Dr Louisa Draper

Alder Hey Children's NHS Foundation Trust, Liverpool, United Kingdom

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Aims: This audit aimed to evaluate the initial assessment, investigation, management, and communication strategies for paediatric patients presenting with Functional Somatic Symptoms at Alder Hey Children's Hospital. The audit addressed a significant gap in existing national NHS and local guidelines for guidance of medical professionals in diagnosing and managing Functional Somatic Symptoms presenting to paediatric services.

Methods: A parallel-running retrospective analysis was performed jointly by the General Paediatrics team and the Child Health Psychology (Liaison) team on young people admitted under General Paediatrics and/or attending outpatient Psychiatric services over a four-month period. Summary narratives were generated for each patient detailing the journey from first presentation with functional symptoms to diagnosis and management. This was then interpreted by systematic data analysis – both qualitative and quantitative.

Results: The audit's key finding was the absence of a standardized approach to the assessment, investigation, and management of Functional Somatic Symptoms. Patients underwent excessive investigations across multiple departments without coordinated multidisciplinary team (MDT) involvement. Furthermore, very few received a formal diagnosis of Functional Somatic Symptoms by discharge; communication and psycho-education around this diagnosis with young people and their families was distinctly lacking.

Conclusion: These findings highlight an urgent need for the development of both national and local structured guidelines and integrated care pathways to improve the management of Functional