**Objectives:** Determine how it has affected this population and what mental pathologies are occurring
**Methods:** Literature bibliographic review
**Results:** School closures and lockdown have been seen to have produced higher levels of anxiety, anger, and sleep and appetite disruption. On the one hand, the children had more anxiety and regressive behaviors, and the adolescents had more isolation, depressive symptoms and even autolytic ideation. The economic crisis and lockdown have affected the family environment, having reported greater situations of domestic violence and substance use among parents. Studies show a prevalence up to 28-34% of post-traumatic stress symptoms among adolescents. In Spain it has been determined that ¼ children present anxiety and / or depression. Their parents noticed in them greater irritability, less concentration and greater feelings of loneliness There has been an increase in addiction to new technologies. This is partly a method of maintaining social relationships, but prolonged use is associated with higher levels of anxiety and depression. Regarding to patients with mental pathology, they have presented greater tantrums, especially ADHD and ASD, due to the loss of structure and routine.
**Conclusions:** Confinement and fear of COVID have affected mental health of children and adolescents, with anxiety and depression occurring more frequently. Is highlighted the presence of feelings of loneliness among adolescents and the increase in the use of screens. Finally close to 80% of patients who had mental health conditions referred that this crisis had worsed their symtponms

**Keywords:** COVID19; mental health; chind and adolescent

## EPP0150

## Reading program research proposal

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**Introduction:** There is a significant problem of unidentified and unaddressed reading disabilities leading to psychiatric problems in children and adolescents because of not having proper tools of assessments in schools. This research proposal can be a revolutionary paradigm in identifying, classifying, modeling, and benefitting children and adolescents with a specific learning disorder (SLD).
**Objectives:** The objective of the current research proposal is to provide a framework of our reading program and collect data over time as cohorts to reflect the positive outcomes of the reading program.

| Sub-Objectives |
|---|
| 1. To provide an intervention that is accessible and feasible for children and their parents that will improve their academic and socio-emotional aspects. |
| 2. Educate parents regarding SLD. |
| 3. To provide reading training to address SLD in reading and improve reading. |
| 4. To provide Cognitive Behavioral Therapy (CBT) to target the anxiety and depression that results because of having a SLDin reading. |

**Methods:** After a reading assessment, students with specific reading disabilities will be registered in the program for 10 weeks. Every student will have reading training and CBT on different days of the week via video conference. Data will be collected retrospectively from the initial cohort and subsequent cohorts will be added to the data collection process for a final analysis when 60 students have completed the program.
**Results:** Initial two weeks of reading training and CBT shows positive and promising results so far.
**Conclusions:** Children need to be screened at a young age for a reading disability before they struggle academically, and develop psychiatric issues later in life.
**Conflict of interest:** The aim of this research proposal is to help us understand, evaluate and benefit children with Specific Learning Disorder (SLD) with our newly setup reading program at RUSH University Medical Center, Department of Child and Adolescent Psychiatry.

**Keywords:** Specific Learning Disorder; Reading Program; child and adolescent psychiatry; Reading

## EPP0151

## The interface between paediatrics and camhs (child and adolescent psychiatry): Mental state examination teaching for paediatric trainees

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**Introduction:** During an out-of-hours shift, the initial assessment of a CAMHS patient is performed by the paediatric trainee, usually the paediatric SHO (senior-house-officer). During my placement as a paediatric SHO, I was aware of a gap in formalised metal state examination teaching for paediatric juniors, which would be crucial for a thorough assessment of these patients, and to better guarantee they are safely managed until further assessment.
**Objectives:** The aim is to provide a short teaching session on mental state examining of the CAMHS patent to paediatric SHOs in order to improve their confidence in assessment.
**Methods:** In order to assess initial confidence in assessing the mental-state of a CAMHS patient, a pre-teaching questionnaire was given to the paediatric SHOs. A 30-minute teaching session on the mental state exam was then carried out and a post-teaching questionnaire was then given to the same trainees.
**Results:** Paired sample Wilcoxons signed rank test found that training significant improved trainees' confidence in taking a psychiatric mental state exam ($p= 0.005$, $r = 0.628$), and improved their confidence in presenting a mental state exam ($p = 0.0041$, $r = 0.6420$).
**Conclusions:** Being able to confidently assess the mental state of a CAMHS patient in an on call shift is important for the initial assessing paediatric trainee. However this is often not taught in the paediatric curriculum and trainees have expressed some anxiety in performing this assessment overnight, before a more comprehensive assessment by a CAMHS professional. A simple teaching session may help to reduce this anxiety and improve trainees' confidence.

**Keywords:** mental state; Teaching; paediatrics; interface

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